

SERFF Tracking Number: FEMC-126774923 State: Arkansas
Filing Company: Federated Mutual Insurance Company State Tracking Number: 46538
Company Tracking Number:
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
Product Name: Individual Health Conversion
Project Name/Number: PPACA Rider/PPACA Rider

Filing at a Glance

Company: Federated Mutual Insurance Company

Product Name: Individual Health Conversion SERFF Tr Num: FEMC-126774923 State: Arkansas
TOI: H06 Health - Conversion SERFF Status: Closed-Approved- State Tr Num: 46538
Closed

Sub-TOI: H06.000 Health - Conversion Co Tr Num: State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Author: Lynn Ballstadt Disposition Date: 08/31/2010
Date Submitted: 08/18/2010 Disposition Status: Approved-Closed
Implementation Date: Implementation Date:

Implementation Date Requested: 09/23/2010

State Filing Description:

General Information

Project Name: PPACA Rider
Project Number: PPACA Rider
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/31/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 08/31/2010
Created By: Lynn Ballstadt
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Lynn Ballstadt

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

Filing Description:

Federated Mutual Insurance Company is submitting rider IC 99 00 (08-10 ed.) to comply with the Patient Protection and Affordable Care Act. The rider will be used with individual conversion policy form 1494 (MM-AR) Ed. 11-82.

Company and Contact

Filing Contact Information

Lynn Ballstadt,
121 East Park Square

laballstadt@fedins.com
507-455-5476 [Phone]

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Owatonna, MN 55060

Filing Company Information

Federated Mutual Insurance Company
 121 East Park Square
 PO Box 328
 Owatonna, MN 55060
 (800) 533-0472 ext. [Phone]

CoCode: 13935
 Group Code: 7
 Group Name:
 FEIN Number: 41-0417460

State of Domicile: Minnesota
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$125.00	08/18/2010	38862703

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/31/2010	08/31/2010

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Disposition

Disposition Date: 08/31/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	IC 99 00 (08-10 ed.)	Approved-Closed	Yes

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Form Schedule

Lead Form Number: IC 99 00 (08-10 ed.)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/31/2010	IC 99 00 (08-10 ed.)	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	IC 99 00 (08-10 ed.)	Initial			IC 99 00 (08-10 ed).pdf

**FEDERATED MUTUAL
INSURANCE COMPANY**
HOME OFFICE: 121 East Park Square, Owatonna, Minnesota 55060

HEALTH POLICY RIDER

Effective 9-23-2010 the **policy** is changed as follows:

Despite anything in the policy to the contrary, the following provisions apply under this policy for plan years beginning on or after September 23, 2010 to ensure compliance with Federal health care reform known as the Patient Protection and Affordable Care Act, including any amendments, regulations, rules or other guidance issued with respect to the act (“Act”):

1. The lifetime maximum dollar limit will be applied on a calendar year (annual) basis to covered services that are not preventive benefits as defined in the Act. The annual maximum will be the greater of the lifetime limit listed in the policy or until September 23, 2011 \$750,000; from September 23, 2011 to September 23, 2012 \$1,250,000; and from September 23, 2012 to September 23, 2013 \$2,000,000.
2. Coverage cannot be rescinded except for fraud or intentional misrepresentation of a material fact.
3. If coverage includes dependents, coverage for a dependent child will continue until the end of the calendar year in which the dependent child turns age 26 regardless of the marital status of such dependent child. Coverage does not include the spouse or child of such dependent child unless that child meets other coverage criteria established under state law.
4. Any preexisting condition exclusions do not apply to dependent children under age 19.
5. Coverage for preventive benefits, as defined in the Act, does not require payment of any deductible or coinsurance.
6. There will be no fee for filing for an external review.


SECRETARY


PRESIDENT

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/31/2010
Comments:		
Attachments:		
AR Rule 19 & 49 Cert.pdf		
AR Flesch Score Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/31/2010
Comments:		
Application form 1476 (AR-MM) Ed. 7-08 was approved on 5-13-08 under state tracking #38946.		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	08/31/2010
Comments:		
The attached outline of coverage was approved on 5-13-08 under state tracking #38946.		
Attachment:		
4101(AR-MM_OUTLINE)(07-10).pdf		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	08/31/2010
Comments:		
Attachment:		
AR - PPACA Individual Cert.pdf		



121 East Park Square
P.O. Box 328 • Owatonna, MN 55060
Phone: (507) 455-5200 • 800-533-0472

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

FEDERATED MUTUAL INSURANCE COMPANY

I hereby certify that Federated Mutual Insurance Company meets the provisions set forth in Rule and Regulation 19 and 49 as well as all applicable requirements of the Arkansas Department of Insurance.

Signature of Officer

Jeanne Hankerson
Name

First Vice President – Director of Compliance
Title and/or Business Affiliation

8-18-10
Date



121 East Park Square
P.O. Box 328 • Owatonna, MN 55060
Phone: (507) 455-5200 • 800-533-0472

FEDERATED MUTUAL INSURANCE COMPANY

Owatonna, Minnesota

CERTIFICATE OF COMPLIANCE

STATE OF ARKANSAS

IC 99 00 (08-10 ed.)

To the best of my knowledge and belief, these forms meet the Flesch minimum reading ease score required by the state of Arkansas.

Jeanne Hankerson - First Vice President

8-18-10

Date

HEALTH CONVERSION POLICY

Retain This For Your Records

This disclosure statement provides a very brief description of some important features of your policy. However, the policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Renewal Provision

The policy is guaranteed renewable. Federated Mutual Insurance Company cannot alter any policy provisions once this policy is in force. However, Federated does reserve the right to change the table of renewal premiums.

Termination Provision

Coverage terminates for the Insured on the date the policy terminates. For the spouse of the Insured, coverage terminates on the earliest of (a) the date the policy terminates and (b) the end of the premium period in which the spouse is divorced from the Insured. For a child of the Insured, coverage terminates on the earliest of (a) the date the policy terminates, (b) the end of the premium period in which the child marries and (c) the end of the premium period in which the child becomes 19. (However, handicapped children may be continued beyond age 19 subject to compliance with the requirements of the policy.)

Benefit Provisions

The plan checked outlines your benefits and premiums:

	Plan		
	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Comprehensive Major Medical Benefits			
Deductible per Year per Person	\$ 100.	\$ 500.	\$1,000.
Coinsurance	80% for all plans		
Out of pocket limit per Year per Person	\$1,100.	\$1,500.	\$2,000.
Lifetime Maximum	\$250,000 for all plans		
Hospital Room Limitation	Semi-Private for all plans		

Premium Provisions — Payable per quarter

Age	Plan A			Plan B			Plan C		
	Male	Female	Children Under 19	Male	Female	Children Under 19	Male	Female	Children Under 19
Under 30	\$1,458	\$3,741	\$2,016	\$999	\$2,741	\$1,429	\$804	\$2,031	\$1,076
30-39	2,073	3,899	2,016	1,429	2,899	1,429	1,166	2,159	1,076
40-49	2,915	4,214	2,016	2,002	3,214	1,429	1,585	2,391	1,076
50-59	4,432	5,196	2,016	3,432	4,196	1,429	2,741	3,196	1,076
60-64	5,885	6,351	2,016	4,804	5,023	1,429	3,804	4,023	1,076
65 & Over (Renewals Only)	7,649	8,257	2,016	5,944	6,232	1,429	4,944	5,232	1,076

Exclusions and Limitations

- The policy does not cover charges:
- payable under a workers' compensation or similar law.
 - not legally bound or required to pay.
 - for treatment, services and supplies not advised and approved by attendant physician.
 - for which benefits are payable under the converted group policy.
 - for custodial care.
 - resulting from an act of war, whether declared or not.
 - resulting from intentionally self-inflicted injury.
 - resulting from participation in a riot.

Pre-Existing Conditions Limitation

Not more than \$2,000 in benefits will be payable for an injury or disease for which a Covered Person received treatment within the 3-month period immediately prior to the date he became insured under the plan from which conversion was made.

This limitation will expire on the date the Covered Person has been insured under the plan from which conversion was made and this policy for a period of 12 successive months; or if earlier, on the date he has gone treatment free for such injury or disease for a period of 3 successive months while insured under the plan from which conversion was made and this policy.

Date _____ Employee _____

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
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	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.