

SERFF Tracking Number: USHG-126783849 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 46590
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: PPACA Pre-Ex Amendatory Endorsement
Project Name/Number: /

Filing at a Glance

Company: Freedom Life Insurance Company of America

Product Name: PPACA Pre-Ex Amendatory Endorsement SERFF Tr Num: USHG-126783849 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 46590

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Shannon Morgan Cubby Reviewer(s): Rosalind Minor

Date Submitted: 08/24/2010 Disposition Date: 08/31/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 08/31/2010

Explanation for Other Group Market Type:

State Status Changed: 08/31/2010

Deemer Date:

Created By: Shannon Morgan Cubby

Submitted By: Shannon Morgan Cubby

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

Filing Description:

Please see the attached Cover Letter.

Thank you,

Shannon Morgan Cubby

Company and Contact

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Filing Contact Information

Shannon M. Morgan, Product Analyst morgans@ushealthgroup.com
3100 Burnett Plaza 817-878-3748 [Phone]
801 Cherry Street, Unit 33 817-878-3310 [FAX]
Fort Worth, TX 76102

Filing Company Information

Freedom Life Insurance Company of America CoCode: 62324 State of Domicile: Texas
3100 Burnett Plaza Group Code: 839 Company Type: Accident, Life and Health
801 Cherry Street, Unit 33 Group Name: State ID Number:
Fort Worth, TX 76102 FEIN Number: 61-1096685
(817) 878-3328 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Freedom Life Insurance Company of America	\$50.00	08/24/2010	38981675

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: USHG-126783849 *State:* Arkansas
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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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	PPACA Pre-Existing Condition Limitations Amendatory Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: PPACA-PREEX-AE-FLIC

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/31/2010	PPACA-PREEX-AE-FLIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PPACA Pre-Existing Condition Limitations Amendatory Endorsement	Initial		43.250	PPACA- PREEX-AE- FLIC.pdf

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

[3100 Burnett Plaza 801 Cherry Street, Unit 33 Fort Worth, Texas 76102 1-800-387-9027]

AMENDATORY ENDORSEMENT

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 Non-Grandfathered Plans

This AMENDATORY ENDORSEMENT is issued to and made a part of the **Certificate** to which it is attached and becomes effective as of [September 23, 2010][January 1, 2011]. In the event of a conflict between the provisions of any other section of **Your Certificate** and the provisions of this AMENDATORY ENDORSEMENT, the provisions of this AMENDATORY ENDORSEMENT shall prevail and supersede any conflicting language contained in **Your Certificate**. This AMENDATORY ENDORSEMENT changes **Your Certificate** as follows:

The following is added to the definition of "**Pre-existing Condition**" in Section II. DEFINITIONS:

Pre-existing Condition limitations do not apply to **Insureds** who are under nineteen (19) years of age. [Additionally, with respect to **Insureds** who are under nineteen (19) years of age, and whose coverage was issued with an Amendatory Rider or Certificate Amendment which excluded coverage for such **Insured** for specifically named or described conditions, such Amendatory Rider or Certificate Amendment is hereby deleted in its entirety.]

This AMENDATORY ENDORSEMENT is subject to all the terms, conditions, limitations, exclusions and definitions of the **Certificate** to which it is attached not inconsistent herewith. In all other aspects **Your** coverage remains the same.



SECRETARY



PRESIDENT

SERFF Tracking Number: USHG-126783849 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Please see the attached Flesch Certification. Attachment: AR Pre-ex FLESCH.pdf</p>	Approved-Closed	08/31/2010
<p>Bypassed - Item: Application Bypass Reason: Not a policy filing. Comments:</p>	Approved-Closed	08/31/2010
<p>Satisfied - Item: PPACA Uniform Compliance Summary Comments: Please see the attached PPACA Compliance Checklist. Attachment: GMS HDHP PPACA Checklist.pdf</p>	Approved-Closed	08/31/2010
<p>Satisfied - Item: Cover Letter Comments: Please see the attached Cover Letter. Attachment: AR PPACA Pre-ex Cover Letter.pdf</p>	Approved-Closed	08/31/2010

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

READABILITY CERTIFICATION

I hereby certify that the forms, listed below, have been properly scored and have achieved the Flesch Score, as indicated.

<u>Form Number</u>	<u>Flesch Score</u>
PPACA-PREEX-AE-FLIC	43.25

Name: Ranita Grauwiler

Signature:  _____

Title: Vice President – Product Development

Dated: August 24, 2010

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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

3100 Burnett Plaza ♦ 801 Cherry Street, Unit 33, ♦ Fort Worth, Texas 76102 ♦ 1-800-387-9027

August 24, 2010

The Honorable Jay Bradford
Life and Health Division
Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: **Freedom Life Insurance Company of America**
NAIC 62324 FEIN #61-1096685
New Submission

Amendatory Endorsement:
PPACA-PREEX-AE-FLIC

Amending Previously "FILED" Form:
GMS-06-C-AR-FLIC
HDHP-06-C-AR-FLIC

Dear Commissioner Huff:

Attached please find the above-referenced amendatory endorsement, which is being filed for your review and approval. This amendatory endorsement is to bring the above-referenced previously approved form into compliance with the pre-existing condition limitation requirements of the Patient Protection and Affordable Care Act of 2010 (PPACA). This form along with form GMS-PPACA-NG-AE-AR-FLIC or HDHP-PPACA-NG-AE-AR-FLIC, both of which your Department approved on August 4, 2010 and August 9, 2010 respectively, is designed to accompany non-grandfathered plans. In an effort to facilitate the acceptance of this form by your Department, please note the following information:

- 1) One of the two bracketed effective dates will appear, depending on the issue date of the certificate. Based on the Calendar Year benefit structure, for plans issued after the enactment date of PPACA but before September 23, 2010, the changes are effective on January 1, 2010. For plans issued on or after September 23, 2010, the changes are effective September 23, 2010; and
- 2) The bracketed sentence within the provision is for use with previously issued certificate holders.

We reserve the right to amend the above-referenced form to correct any minor typographical errors we may have neglected to find prior to submission, and to amend the language in order to clarify the intent within the confines of the law.

The appropriate transmittal documents are attached.

Your consideration of this filing is appreciated. Should you have any questions, please contact me as listed below.

Sincerely,



Shannon Morgan Cubby
Product Analyst
Product Development
Tel. 800-387-9027 ext 748
Fax 817-878-3310
cubbys@ushealthgroup.com