

SERFF Tracking Number: AENX-G126790189 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 46630
Company Tracking Number: HO AR0257401F01
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: 2009 LAW- 2009 Law Pharmacy & Business Operational
Project Name/Number: 2009 LAW- 2009 Law Pharmacy & Business Operational (SRC - Conversion)/HO AR0257401F01

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 LAW- 2009 Law
Pharmacy & Business Operational

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other
Filing Type: Form

SERFF Tr Num: AENX-
G126790189

SERFF Status: Closed-Approved-
Closed

Co Tr Num: HO AR0257401F01

Author: SPI AetnaSPI

Date Submitted: 08/27/2010

State: Arkansas

State Tr Num: 46630

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 09/07/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: 2009 LAW- 2009 Law Pharmacy & Business Operational Status of Filing in Domicile:
(SRC - Conversion)

Project Number: HO AR0257401F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/07/2010

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: 09/07/2010

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AetnaSPI

PPACA: Not PPACA-Related

Filing Description:

The form listed above is being submitted for your Department's review and approval on a general use basis. The subject form is new and does not replace any form previously approved by your Department.

The purpose of this filing is to make certain revisions to the prescription drug benefit section appearing in conversion policy form GR-96332. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions reflect the current practices and

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anticipated future trends in the pharmacy benefits marketplace, in which prescription drugs may be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.

Conversion policy form GR-96332 was approved by your Department on Month XX, 20XX.

Text appearing within brackets is meant to be variable and subject to inclusion, omission, or change. The variability in these forms is limited to the effective date fill-in, the copays, dispensing limits, and the two alternate phrases appearing in the Prescription Drug Expenses section in which case the first phrase is the standard print and the second phrase is a alternative which we would like to have available.

There is no rate impact associated with the revisions set forth in this amendments.

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Approvals Manager
 151 Farmington Avenue
 Mail Stop RW61
 Hartford, CT 06156
 CiesielskiJW@Aetna.com
 860-279-1282 [Phone]
 860-952-2069 [FAX]

Filing Company Information

Aetna Life Insurance Company
 151 Farmington Avenue
 Hartford, CT 06156
 (860) 273-7546 ext. [Phone]
 CoCode: 60054
 Group Code: 1
 Group Name: Aetna
 FEIN Number: 06-6033492
 State of Domicile: Connecticut
 Company Type:
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>AENX-G126790189</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46630</i>
<i>Company Tracking Number:</i>	<i>HO AR0257401F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2009 LAW- 2009 Law Pharmacy & Business Operational</i>		
<i>Project Name/Number:</i>	<i>2009 LAW- 2009 Law Pharmacy & Business Operational (SRC - Conversion)/HO AR0257401F01</i>		
Aetna Life Insurance Company	\$50.00	08/27/2010	39075910
Aetna Life Insurance Company	\$50.00	09/07/2010	39268584

SERFF Tracking Number: AENX-G126790189 State: Arkansas
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 Project Name/Number: 2009 LAW- 2009 Law Pharmacy & Business Operational (SRC - Conversion)/HO AR0257401F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2010	09/07/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/02/2010	09/02/2010	SPI AetnaSPI	09/07/2010	09/07/2010

SERFF Tracking Number: AENX-G126790189 *State:* Arkansas
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Disposition

Disposition Date: 09/07/2010

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, AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Supporting Document	Additional filing fee	Approved-Closed	Yes
Form	Prescription Drug Amendment (Separate Retail/MOD)	Approved-Closed	Yes
Form	Prescription Drug Amendment (Separate MOD)	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/02/2010

Submitted Date 09/02/2010

Respond By Date

Dear John Ciesielski,

This will acknowledge receipt of the captioned filing.

Objection 1

- Prescription Drug Amendment (Separate Retail/MOD), GR-96669 Ed. 09/09 (Form)
- Prescription Drug Amendment (Separate MOD), GR-96670 Ed. 09/09 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Project Name/Number: 2009 LAW- 2009 Law Pharmacy & Business Operational (SRC - Conversion)/HO AR0257401F01

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/07/2010
Submitted Date 09/07/2010

Dear Rosalind Minor,

Comments:

Filing fee

Response 1

Comments: As requested, additional filing fee added

Related Objection 1

Applies To:

- Prescription Drug Amendment (Separate Retail/MOD), GR-96669 Ed. 09/09 (Form)
- Prescription Drug Amendment (Separate MOD), GR-96670 Ed. 09/09 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Additional filing fee

Comment: Additional filing fee

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: AENX-G126790189 *State:* Arkansas
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Total fees &100

Sincerely,
SPI AetnaSPI

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 Product Name: 2009 LAW- 2009 Law Pharmacy & Business Operational
 Project Name/Number: 2009 LAW- 2009 Law Pharmacy & Business Operational (SRC - Conversion)/HO AR0257401F01

Form Schedule

Lead Form Number: GR-96669 Ed. 09/09

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/07/2010	GR-96669 Ed. 09/09	Certificate	Prescription Drug Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.600	AL GE AGR0009666 9 V001.PDF
Approved-Closed 09/07/2010	GR-96670 Ed. 09/09	Certificate	Prescription Drug Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.600	AL GE AGR0009667 0 V001 .PDF

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

Effective Date: This Amendment is effective on the later of:

[July 1, 20XX]; or

The date you become covered under this Policy.

1. The Mail Order Drug and Medicine Expenses section of your Policy is hereby deleted and replaced with the following:

Prescription Drug Expenses

This Policy pays for charges in excess of the copay amount for outpatient **generic** and **brand name prescription drugs** when prescribed in writing by a **prescriber** to treat an **illness** or **injury**.

The Plan also pays for charges for each prescription dispensed by a **Mail Order Pharmacy**.

Copay amount means the amount a person pays for a 30 day supply per prescription or refill or a 90 day supply per prescription or refill if dispensed by a **Mail Order Pharmacy**.

If the cost of the prescription drug is less than the applicable copayment [you will pay the full cost of the prescription drug] [your cost sharing of the prescription drug will not be more than 50%].

2. The following definitions replace those presently appearing in the Glossary section of your Policy.

Brand-Name Prescription Drug

A **prescription drug** with a proprietary name assigned to it by the manufacturer or distributor and so indicated by Medi-Span or any other similar publication designated by Aetna.

Generic Prescription Drug; Generic Drug

A **prescription drug**, whether identified by its chemical, proprietary, or non-proprietary name, that is accepted by the U.S. Food and Drug Administration as therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient and so indicated by Medispan or any other publication designated by Aetna.

Mail Order Pharmacy

A mail order drug company which has agreed with Aetna, an affiliate, or a third party vendor to provide its services to persons covered under this Policy.

Pharmacy

An establishment where **prescription drugs** are legally dispensed. **Pharmacy** includes both retail and **mail order pharmacies**.

Prescriber

Any **Physician** or **Dentist**, acting within the scope of his or her license, who has the legal authority to write an order for a **prescription drug**.

Prescription

An order of a **prescriber** for a prescription drug. If it is an oral order, it must promptly be put in writing with the **pharmacy**.

Prescription Drug

Any of the following:

- A drug, biological, or compounded **prescription** which, by Federal Law, may be dispensed only by **prescription** and which is required to be labeled "Caution: Federal Law prohibits dispensing without prescription".
 - An injectable drug prescribed to be self-administered or administered by any other person except one who is acting within his or her capacity as a paid healthcare professional. Covered injectable drugs include insulin.
 - Disposable needles and syringes which are purchased to administer a covered injectable **prescription drug**.
 - Disposable diabetic supplies.
3. Under the Payment Percentage section, the following subsection addressing the Plan's prescription drug benefit is substituted for the same subsection presently appearing in your Summary of Coverage.

100% in excess of the copayment amount per prescription or refill as to:

Prescription Drug Expenses

Copay Per Prescription or Refill

	[Up to a 30 day Supply]	[Over a 30 day but less than a 90 day Supply]
Generic Drugs	[\$10]	[\$10]
Brand Name Drugs	[\$20]	[\$20]
Maximum Benefit per month per Covered Person:	[\$75]	

This Amendment makes no other changes to your Policy.



Ronald A. Williams
Chairman and Chief Executive Officer

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

Effective Date: This Amendment is effective on the later of:

[July 1, 20XX]; or

The date you become covered under this Policy.

1. The Mail Order Drug and Medicine Expenses section of your Policy is hereby deleted and replaced with the following:

Mail Order Prescription Drug Expenses

This Policy pays for charges in excess of the copay amount for outpatient **generic** and **brand name prescription drugs** which are:

prescribed in writing by a **prescriber** to treat an **illness** or **injury**, and are dispensed by a **Mail Order Pharmacy**.

Copay amount means the amount a person pays for a 90 day supply per prescription or refill.

If the cost of the prescription drug is less than the applicable copayment [you will pay the full cost of the prescription drug] [your cost sharing of the prescription drug will not be more than 50%].

Not included under this benefit is any charge for a drug or medicine which is not dispensed by a **Mail Order Pharmacy**. The benefit payable for such drugs or medicines shall be determined on the same basis as charges for other covered medical expenses.

2. The following definitions replace those presently appearing in the Glossary section of your Policy.

Brand-Name Prescription Drug

A **prescription drug** with a proprietary name assigned to it by the manufacturer or distributor and so indicated by Medi-Span or any other similar publication designated by Aetna.

Generic Prescription Drug; Generic Drug

A **prescription drug**, whether identified by its chemical, proprietary, or non-proprietary name, that is accepted by the U.S. Food and Drug Administration as therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient and so indicated by Medispan or any other publication designated by Aetna.

Mail Order Pharmacy

A mail order drug company which has agreed with Aetna, an affiliate, or a third party vendor to provide its services to persons covered under this Policy.

Pharmacy

An establishment where **prescription drugs** are legally dispensed.

Prescriber

Any **Physician** or **Dentist**, acting within the scope of his or her license, who has the legal authority to write an order for a **prescription drug**.

Prescription

An order of a **prescriber** for a prescription drug. If it is an oral order, it must promptly be put in writing with the **pharmacy**.

Prescription Drug

Any of the following:

- A drug, biological, or compounded **prescription** which, by Federal Law, may be dispensed only by **prescription** and which is required to be labeled "Caution: Federal Law prohibits dispensing without prescription".
- An injectable drug prescribed to be self-administered or administered by any other person except one who is acting within his or her capacity as a paid healthcare professional. Covered injectable drugs include insulin.
- Disposable needles and syringes which are purchased to administer a covered injectable **prescription drug**.
- Disposable diabetic supplies.

3. Under the Payment Percentage section, the following subsection is substituted for the same subsection presently appearing in your Summary of Coverage.

100% in excess of the copayment amount per prescription or refill as to:

Mail Order Prescription Drug Expenses

Copay Per Prescription or Refill

Generic Drugs	[\$10]
Brand Name Drugs	[\$20]

Maximum Benefit per month per Covered Person: [\$75]

This Amendment makes no other changes to your Policy.



Ronald A. Williams
Chairman and Chief Executive Officer

SERFF Tracking Number: AENX-G126790189 State: Arkansas
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 Product Name: 2009 LAW- 2009 Law Pharmacy & Business Operational
 Project Name/Number: 2009 LAW- 2009 Law Pharmacy & Business Operational (SRC - Conversion)/HO AR0257401F01

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/07/2010
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/07/2010
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	09/07/2010
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter, AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	09/07/2010
Comments:		
Attachments:		
ALIC SRC Conversion Cover Letter (RX B&O).PDF		
AR - NAIC TRANSMITTAL DOCUMENT.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC FORM FILING	Approved-Closed	09/07/2010

SERFF Tracking Number: AENX-G126790189 State: Arkansas
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Product Name: 2009 LAW- 2009 Law Pharmacy & Business Operational
Project Name/Number: 2009 LAW- 2009 Law Pharmacy & Business Operational (SRC - Conversion)/HO AR0257401F01
ATTACHMENT

Comments:

Attachment:

AR - NAIC FORM FILING ATTACHMENT.PDF

	Item Status:	Status
Satisfied - Item: Additional filing fee	Approved-Closed	Date: 09/07/2010
Comments: Additional filing fee		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-96669 Ed. 09/09	40.6
GR-96670 Ed. 09/09	40.6

Signed: _____

Name:

Title:

Date: _____



John W. Ciesielski
Product & Regulatory Approvals
Law and Regulatory Affairs
151 Farmington Ave., RW61
Hartford, CT. 06156-7330
Phone Number: (845) 279-1282
Fax Number: (860) 952-2065
E-mail: CiesielskiJW@aetna.com

August 27, 2010

Insurance Commissioner Julie Benafield Bowman
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Subject: **Aetna Life Insurance Company** NAIC No. 001-60054; FEIN: 06-6033492
Accident & Health Insurance Coverage
Individual Conversion Policy Amendment Forms: GR-96669 Ed. 09/09
GR-96670 Ed 09/09

Dear Commissioner:

The form listed above is being submitted for your Department's review and approval on a general use basis. The subject form is new and does not replace any form previously approved by your Department.

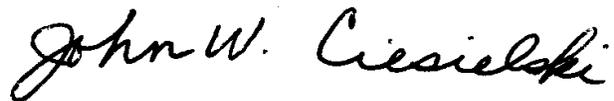
The purpose of this filing is to make certain revisions to the mail order drug benefit section appearing in policy form GR-96332-AR 01-06. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions more clearly reflect the current practices and the evolution of the pharmacy benefits marketplace to the point where prescription drugs may now be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.

We intend to use the subject amendment with policy form Policy Form GR-96332-AR 01-06, previously approved by your Department on June 12, 2006 (State Tr Num: 32610).

Text appearing within brackets is meant to be variable and subject to inclusion, omission, or change. The variability in these forms is limited to the effective date fill-in, the copays, dispensing limits, and the two alternate phrases appearing in the Prescription Drug Expenses section in which case the first phrase is the standard print and the second phrase is a alternative which we would like to have available.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski". The signature is written in a cursive style with a large, prominent 'J' and 'C'.

John W. Ciesielski, Senior Consultant
Product & Regulatory Approvals

JWC

Enclosures

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5. Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	HO AR0257401F01
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7. <input type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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8. Market	Group	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	

9. Type of Insurance	H16G Group Health - Major Medical
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10. Product Coding Matrix Filing Code	H16G.001C Any Size Group - Other
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11. Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
<p>The form listed above is being submitted for your Department's review and approval on a general use basis. The subject form is new and does not replace any form previously approved by your Department.</p> <p>The purpose of this filing is to make certain revisions to the prescription drug benefit section appearing in conversion policy form GR-96332. The intent behind these revisions is to further clarify certain administrative and claim related practices associated with our outpatient prescription drug benefit. These revisions reflect the current practices and anticipated future trends in the pharmacy benefits marketplace, in which prescription drugs may be purchased directly from pharmacies through wholesalers and other third party intermediaries and distributed on a retail or mail order basis.</p> <p>Conversion policy form GR-96332 was approved by your Department on Month XX, 20XX.</p> <p>Text appearing within brackets is meant to be variable and subject to inclusion, omission, or change. The variability in these forms is limited to the effective date fill-in, the copays, dispensing limits, and the two alternate phrases appearing in the Prescription Drug Expenses section in which case the first phrase is the standard print and the second phrase is a alternative which we would like to have available.</p> <p>There is no rate impact associated with the revisions set forth in this amendments.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Approvals Manager</u></p> <p>Signature <u>John W Ciesielski</u> Date <u>August 27, 2010</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	HO AR0257401F01	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Prescription Drug Amendment (Separate Retail/MOD)	GR-96669 Ed. 09/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Prescription Drug Amendment (Separate MOD)	GR-96670 Ed. 09/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	