

SERFF Tracking Number: CEUL-126798906 State: Arkansas  
 Filing Company: Central United Life Insurance Company State Tracking Number: 46700  
 Company Tracking Number: PPACA  
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
 Product Name: PPACA Changes  
 Project Name/Number: PPACA/

## Filing at a Glance

Company: Central United Life Insurance Company

Product Name: PPACA Changes

SERFF Tr Num: CEUL-126798906 State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46700

Sub-TOI: H16I.005C Individual - Other

Co Tr Num: PPACA

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Robert Coleman, Genetha Roberson, Theresa Valsin, Angela Jones, Mary Lou Rainey, Scott Gadd

Date Submitted: 09/02/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 09/23/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: PPACA

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/09/2010

Explanation for Other Group Market Type:

State Status Changed: 09/09/2010

Deemer Date:

Created By: Genetha Roberson

Submitted By: Genetha Roberson

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

The following endorsement is being filed to bring our medical forms to PPACA compliance and therefore is being submitted for your review and approval.

Form No: PPACA

Form Description: Health Policy Endorsement

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 Effective Date: September 23, 2010

This endorsement will be used with applicable forms issued by Central United Life Insurance Company and with previously approved health products Central United Life Insurance Company has either assumed and/or acquired.

If you have any questions regarding this form or need additional information in order to complete your review, please call me at (713) 821-6435 or email me at groberso@manhattanlife.com.

## Company and Contact

### Filing Contact Information

Genetha Roberson, Compliance Analyst GRoberson@manhattanlife.com  
 10700 NW Freeway 713-821-6435 [Phone]  
 Houston, TX 77092 713-821-6551 [FAX]

### Filing Company Information

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas  
 Wortham Tower Group Code: 117 Company Type:  
 2727 Allen Parkway Group Name: State ID Number:  
 Suite 500 FEIN Number: 42-0884060  
 Houston, TX 77019-2100  
 (713) 529-0045 ext. [Phone]

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	09/02/2010	39203030

SERFF Tracking Number: CEUL-126798906 State: Arkansas  
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## Correspondence Summary

### Dispositions

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

*SERFF Tracking Number:* CEUL-126798906      *State:* Arkansas  
*Filing Company:* Central United Life Insurance Company      *State Tracking Number:* 46700  
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*Product Name:* PPACA Changes  
*Project Name/Number:* PPACA/

## **Disposition**

Disposition Date: 09/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CEUL-126798906 State: Arkansas  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Endorsement	Approved-Closed	Yes

SERFF Tracking Number: CEUL-126798906 State: Arkansas  
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## Form Schedule

### Lead Form Number: PPACA

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/09/2010	PPACA	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont Endorsement	Initial			PPACA.pdf

# CENTRAL UNITED LIFE INSURANCE COMPANY

[10700 Northwest Freeway, Houston, TX 77092]

Phone: [800/669-9030]

## ENDORSEMENT

This Endorsement becomes a part of the Policy or Certificate to which it is attached.

1. Any provision that terminates, reduces or revises the coverage provided by the policy at age 65 or eligibility for Medicare or that terminates coverage as of a specific date or after a specific period of coverage is hereby deleted.
2. The policy is guaranteed renewable, subject to the provision for Termination of Policy Form or Market Exit provision, set forth below.
3. The limiting age for natural, adopted or step children of the policyholder is hereby changed to age 26. To the extent that the policy provides that such children must be unmarried to remain covered dependents, that requirement is removed. Any requirements and provisions regarding other types of dependents in the policy remain in full force and effect.
4. Any lifetime maximum benefit for the policy as a whole, or per sickness or per injury, or per specific medical condition is hereby deleted. All annual maximum benefit limits and other benefit limitations of the policy remain in full force and effect.
5. The following section is added to the policy. To the extent other sections of the policy may be contradictory to this section, this section controls.

### TERMINATION OF POLICY OR MARKET EXIT

Your insurance, including insurance on Your dependents, will terminate on:

- A. the date on which We terminate all policies under this form based on Your state of residence on Your effective date of coverage. We will give You 90 days written notice prior to the date of termination and will offer You coverage under any individual health insurance policy which We are currently marketing in Your state;
- B. the date on which we elect to refuse to renew all individual hospital, medical or surgical insurance policies delivered or issued for delivery in this state, provided We notify the insurance commissioner of the election not later than the 180<sup>th</sup> day before the date coverage under the first individual hospital, medical or surgical insurance policy terminates; We notify each affected covered individual not later than the 180<sup>th</sup> day before the date on which coverage terminates for that individual; and We act uniformly without regard to any health-status related factor of covered individuals and dependents of covered individuals who may become eligible for coverage. If We elect to nonrenew all individual hospital, medical or surgical coverage in Your state, We may not issue such coverage in Your state during the five-year period beginning on the date of termination of the last such coverage not renewed.

6. The provision for voiding (rescission) of the policy for misstatements in the application, which may be included in a section entitled "Time Limit on Certain Defenses" or "Incontestable," is hereby revised to provide as follows:

After the effective date of coverage, only fraud or an intentional misstatement of a material fact in the application may be used to void (rescind) this coverage. We must give You 30 days prior notice of Our intent to void the coverage.

All other provisions remain unchanged.

IN WITNESS WHEREOF, Central United Life Insurance Company has caused this Endorsement to be signed by its President and Secretary at its Office in Houston, Texas and issued as of the "Effective Date" shown in the Policy Schedule.



Secretary



President

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	09/09/2010
<b>Comments:</b>		
<b>Attachment:</b> AR FLESCH CERT.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	09/09/2010
<b>Bypass Reason:</b> Does not apply to this PPACA filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	09/09/2010
<b>Bypass Reason:</b> Does not apply to this PPACA filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	09/09/2010
<b>Bypass Reason:</b> Does not apply to this PPACA filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	09/09/2010
<b>Comments:</b>		
<b>Attachment:</b> AR_PPACA Uniform Compliance Summary.pdf		

**ARKANSAS FLESCH CERTIFICATION**

I hereby certify that the form(s) listed below meet(s) the minimum reading ease score on a Flesch test basis in accordance with ACA 23-80-206

Form No(s)

Flesch Score:

PPACA

46.90

**CENTRAL UNITED LIFE INSURANCE COMPANY**

*Mary Lou Rainey*

\_\_\_\_\_  
Officer of the Company's Signature

Mary Lou Rainey, Corporate Secretary  
\_\_\_\_\_

September 2, 2010  
\_\_\_\_\_

Date

## 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
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> 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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions</b> – 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 <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Preventive Services</b> – 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 <b>no</b> , please explain.
	<p><b>Extends Dependent Coverage for Children Until age 26</b> – 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 <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Appeals Process</b> – 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 <b>no</b> , please explain.
	<p><b>Emergency Services</b> – 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 <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Access to Pediatricians</b> – 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 <b>no</b> , please explain.
	<p><b>Access to OB/GYNs</b> – 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 <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , 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
	<b>Preventive Services</b> – 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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Extends Dependent Coverage for Children Until age 26</b> – 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 <sup>◇</sup> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Appeals Process</b> – 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 <b>no</b> , 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><b>Emergency Services</b> – 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 <b>no</b> , please explain.
	<p><b>Access to Pediatricians</b> – 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>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Access to OB/GYNs</b> – 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>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.