

SERFF Tracking Number: MGCC-126792320 State: Arkansas
Filing Company: The Mega Life and Health Insurance Company State Tracking Number: 46644
Company Tracking Number: AE PFL PPACA GF IM (07/10)
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: HCR END 2010-GF IM
Project Name/Number: /

Filing at a Glance

Company: The Mega Life and Health Insurance Company

Product Name: HCR END 2010-GF IM

SERFF Tr Num: MGCC-126792320 State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 46644

Sub-TOI: H16I.005C Individual - Other

Co Tr Num: AE PFL PPACA GF IM State Status: FEES PAID
(07/10)

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Dianna Cordova, Kim
Perkins

Disposition Date: 09/02/2010

Date Submitted: 08/30/2010

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

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: 09/02/2010

Explanation for Other Group Market Type:

State Status Changed: 08/30/2010

Deemer Date:

Created By: Dianna Cordova

Submitted By: Dianna Cordova

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

Please refer to cover letter under the Supporting Documentation tab.

Company and Contact

Filing Contact Information

Dianna Cordova, Compliance Analyst II

dianna.cordova@healthmarkets.com

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9151 Boulevard 26 817-255-8283 [Phone]
 North Richland Hills, TX 76180 817-255-8153 [FAX]

Filing Company Information

The Mega Life and Health Insurance Company CoCode: 97055 State of Domicile: Oklahoma
 9151 Boulevard 26 Group Code: 264 Company Type: Health
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 59-2213662

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 x 1 Amendatory Endorsement=\$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Mega Life and Health Insurance Company	\$50.00	08/30/2010	39100627

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/02/2010	09/02/2010

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Disposition

Disposition Date: 09/02/2010

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	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 09/02/2010	AE PFL PPACA GF IM (07/10)	Policy/Cont ract/Fratern al	Amendatory Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AE PFL PPACA GF IM (07-10).pdf

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: [1-800-527-5504]

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 GRANDFATHERED POLICY/CERTIFICATE AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate and any attached Riders which are not inconsistent with this Amendatory Endorsement.

A new section titled "Patient Protection and Affordable Care Act" is hereby added to Your Policy/Certificate as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective [January 1, 2011], some of the benefits, terms, conditions, limitations, and exclusions contained in Your Policy/Certificate and any attached Riders will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your Policy/Certificate and any attached Riders, the provisions below shall apply only to the extent they are currently provided within Your Policy/Certificate and any attached Riders. In the event of a conflict between the provisions of any other section of Your Policy/Certificate and any attached Riders, and the provisions of this Amendatory Endorsement, the provisions of this Amendatory Endorsement shall prevail.

Definitions

- **"Essential Health Benefits"** means benefits, if any, covered under the Policy/Certificate and any attached Riders, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care. Such Essential Health Benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.
- **"Patient Protection and Affordable Care Act of 2010"** means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

Lifetime Dollar Limits on Essential Health Benefits

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and attached Riders as a Covered Expense/Service are no longer subject to lifetime dollar maximum(s). Accordingly, the **"Lifetime Maximum Amount"** and the **"Aggregate Maximum Amount"** and any references thereto are deleted in their entirety.

Visit Limitations on Essential Health Benefits

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and any attached Riders as a Covered Expense/Service and which are subject to visit limitations on a per Sickness or Injury basis, are amended by waiving such visit limitations. Daily dollar limits and visit limitations per specified

period such as daily, quarterly or annually, if any, will continue to apply. Visit limitations will continue to apply to any Covered Expenses/Services that do not qualify as Essential Health Benefits.

Other dollar limitations such as Deductibles, Coinsurance, Copayment, Access Fees, Maximum Allowable Amounts, and Usual and Customary Fees, if any, will also continue to apply.

Rescissions

We may not void or terminate Your Policy/Certificate and any attached Riders based on a misrepresentation by You unless You have performed an act or practice that constitutes fraud; or made an intentional misrepresentation of material fact as prohibited by the terms of Your Policy/Certificate.

Extension of Coverage to Dependents

The definition of "**Eligible Dependent**" is amended to read as follows:

"**Eligible Dependent** means Your lawful spouse and Your natural and adopted children and step-children who are under 26 years of age (the Limiting Age)."

The provisions of this Amendatory Endorsement are not intended to expand Covered Expenses/Services currently provided within Your Policy/Certificate to include Essential Health benefits, but rather apply only to the extent such Essential Health Benefits are currently covered by Your Policy/Certificate and any attached riders.

The provisions of this Amendatory Endorsement are effective on [January 1, 2011].

In Witness whereof, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

Signed for The MEGA Life and Health Insurance Company at North Richland Hills, Texas.



SECRETARY



PRESIDENT

SERFF Tracking Number: MGCC-126792320 State: Arkansas
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/02/2010
Comments:			
Attachment:			
Readability.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/02/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/02/2010
Bypass Reason:	Necessary rate filings, including Actuarial Memorandum and Rate description pages, will be submitted under separate cover in the near future.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/02/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/02/2010
Comments:			
Attachment:			

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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: HCR END 2010-GF IM
Project Name/Number: /
MEGA UNIFORM COMPLIANCE SUMMARY [TEMPLATE].pdf

		Item Status:	Status
Satisfied - Item:	Cover Letter	Approved-Closed	Date: 09/02/2010
Comments:			
Attachment:			
Cover Letter.pdf			

FLESCH READABILITY CERTIFICATE

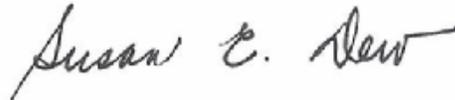
Form Number

Flesch Score

AE PFL PPACA GF IM (07/10)

52

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas.



Susan Dew
SVP, Chief Compliance Officer
The MEGA Life and Health Insurance Company

08/30/2010

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
	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>	<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.
	<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>	<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.
	<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>	<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.



**The MEGA Life and Health
Insurance Company**

Home Office: Oklahoma City, OK

9151 Boulevard 26 • North Richland Hills • Texas • 76180

*** PPACA COMPLIANCE FILING *
GRANDFATHERED PLANS
INDIVIDUAL MARKET**

August 30, 2010

**Arkansas Insurance Department
Life & Health Division
1200 W 3rd Street
Little Rock, AR 72201-1904**

The MEGA Life & Health Insurance Company...NAIC # 264-97055 / FEIN # 59-2213662

NEW AMENDATORY FORM
AE PFL PPACA GF IM (07/10)

DESCRIPTION
Patient Protection & Affordable Care Act of 2010
GRANDFATHERED Policy/Certificate Amendatory
Endorsement

Dear Examiner:

The enclosed Amendatory Endorsement form is hereby submitted for your review and approval. This form is new and is not intended to replace any forms previously approved by your Department.

The purpose of this form is to amend some of the benefits, terms, conditions, limitations, and exclusions contained in our Insured Persons' Policies/Certificates; including, any attached Riders, as a result of the Patient Protection and Affordable Care Act of 2010 (PPACA). The provisions reflected on this form will only apply to the extent such benefits are currently considered Covered Expenses/Services under the Insured Person's Policy/Certificate. The provisions are effective January 1, 2011.

The Company is committed to monitoring Federal and State regulations as they are passed in connection with PPACA, and will prepare and submit any necessary subsequent Amendatory Endorsement forms in the future.

Necessary rate filings; including, Actuarial Memoranda and Rate description pages, will be submitted under separate cover in the near future.

To the best of our knowledge, information and belief, the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your State.

If you have any questions or if anything further is needed to expedite the review of this filing, please call me collect at (817) 255-8283. Your assistance in this matter is greatly appreciated.

Respectfully Submitted,



Dianna Cordova
Product Compliance Analyst II
Product Compliance
Corporate Compliance

HealthMarkets[®]

9151 Boulevard 26 • North Richland Hills • TX 76180
P (817) 255-8283 • F (817) 255-8153
Dianna.Cordova@HealthMarkets.com • www.HealthMarkets.com