

SERFF Tracking Number: AMRP-127658489 State: Arkansas
Filing Company: American Republic Insurance Company State Tracking Number: 49915
Company Tracking Number: M1498A
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: ARIC M1498A Hearing Aid Endorsement
Project Name/Number: ARIC M1498A Hearing Aid Endorsement/ARIC M1498A Hearing Aid Endorsement

Filing at a Glance

Company: American Republic Insurance Company

Product Name: ARIC M1498A Hearing Aid Endorsement SERFF Tr Num: AMRP-127658489 State: Arkansas

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved State Tr Num: 49915
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO) Co Tr Num: M1498A State Status: FEES PAID

Filing Type: Form Reviewer(s): Donna Lambert

Authors: Sarah Shives, Jamie Mueller, Michele Kulish Danielson Disposition Date: 10/04/2011

Date Submitted: 09/29/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 10/04/2011

State Filing Description:

General Information

Project Name: ARIC M1498A Hearing Aid Endorsement
Project Number: ARIC M1498A Hearing Aid Endorsement
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 10/04/2011

State Status Changed: 09/29/2011

Created By: Michele Kulish Danielson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Michele Kulish Danielson

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

I am submitting form M1498A for your review and approval. This form is new and does not replace any form on file with your Department. This form is being filed in order to bring policy forms A-3166AR, A-3167AR, A-3310AR, and A-3326AR into compliance.

The form is in final print subject only to minor modification in paper size, stock, color, border, font, company logo and adaptation to computer printing.

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If you have any questions regarding this filing, please contact me at 1-800-247-2190, ext 2364 or at michele.kulish.danielson@americanenterprise.com.

Sincerely

Michele Kulish Danielson
 Sr. Compliance Analyst

Company and Contact

Filing Contact Information

Michele Kulish Danielson, Product Analyst 3 michele.kulish.danielson@americanenterprise.com
 601 6th Ave 515-245-2364 [Phone]
 Des Moines, IA 50309 515-247-2470 [FAX]

Filing Company Information

American Republic Insurance Company CoCode: 60836 State of Domicile: Iowa
 601 6th Ave Group Code: 3527 Company Type: Life Accident and Health Insurance
 Des Moines, IA 50309 Group Name: State ID Number:
 (800) 987-8988 ext. [Phone] FEIN Number: 42-0113630

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Iowa does not charge for this filing. 1 form x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Republic Insurance Company	\$50.00	09/29/2011	52281139

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/04/2011	10/04/2011

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Disposition

Disposition Date: 10/04/2011

Implementation Date: 10/04/2011

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/04/2011	M1498A	Policy/Cont ractal	Hearing Aid Mandate Initial Fraternal Endorsement	Initial		61.000	M1498A.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				



601 Sixth Avenue, Des Moines, Iowa 50309
Customer Service • 1-800-247-2190

ENDORSEMENT

The coverage to which this endorsement is attached is amended to read as follows:

The following provision under Section 6, Exceptions has been amended to read as follows:

(L). eyeglasses or hearing care that is routine and examination for the prescription or the fitting thereof, eyeglasses, visual training, or any service or supply for the treatment of myopia or hyperopia.

The following provision has been added to read as follows:

“Hearing aids” means an instrument or device, including repair and replacement parts, that:

- Is designed and offered for the purpose of aiding persons with or compensating for impaired hearing;
- Is worn in or on the body; and
- Is generally not useful to a person in the absence of a hearing impairment.

Coverage is \$1,400 per ear every 3 years.

Coverage is \$1,400 per ear beginning on the first day of coverage.

Coverage is not subject to deductibles or copayments.

All other provisions of the coverage to which this Endorsement is attached remain unchanged.


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[Mary K. Durand]
[Secretary]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: FLESCH SCORE CERTIFICATION M1498A.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable, filing endorsement.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not applicable, this mandate is being handled as part of the overall pricing for the cost in Arkansas of offering individual coverage. It's incorporated into the re-rating.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not filing an outline of coverage. Not applicable.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary		
Bypass Reason: Not applicable.		

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Comments:

FLESCH SCORE CERTIFICATION

I certify that the form below achieved the score indicated:

Form Number

M1498A

Flesch Score

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Michele Kulish Danielson, Sr. Compliance Analyst

American Republic Insurance Company