

SERFF Tracking Number: AMRP-127668307 State: Arkansas  
Filing Company: World Insurance Company State Tracking Number: 49917  
Company Tracking Number: M1498W  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: WIC Hearing Aid & Gastric Pacemaker Endorsement  
Project Name/Number: WIC Hearing Aid & Gastric Pacemaker Endorsement/WIC Hearing Aid & Gastric Pacemaker Endorsement

## Filing at a Glance

Company: World Insurance Company

Product Name: WIC Hearing Aid & Gastric Pacemaker Endorsement SERFF Tr Num: AMRP-127668307 State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved

State Tr Num: 49917

Sub-TOI: H16I.005C Individual - Other

Co Tr Num: M1498W

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Authors: Sarah Shives, Jamie

Disposition Date: 10/18/2011

Mueller, Michele Kulish Danielson

Date Submitted: 09/29/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 11/18/2011

State Filing Description:

## General Information

Project Name: WIC Hearing Aid & Gastric Pacemaker Endorsement

Status of Filing in Domicile: Authorized

Project Number: WIC Hearing Aid & Gastric Pacemaker Endorsement

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 10/18/2011

State Status Changed: 10/18/2011

Deemer Date:

Created By: Michele Kulish Danielson

Submitted By: Michele Kulish Danielson

Corresponding Filing Tracking Number: AMRP-127148875

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

I am submitting form M1498W1, M1498W2, M1498W3, M1498W4, M1465W1-AR, M1465W2-AR, and M1465W3-AR, for your review and approval. These forms are new and do not replace any form on file with your Department. These forms are being filed in order to bring policy forms H-301, Form PP, H-187 up-to-date with state mandated benefits, including benefits for gastric pacemakers pursuant to HB 1915. Policy form A3606-AR (5-00) was previously submitted and approved under AMRP-127148875. These four individual policy forms are the remaining block of business we are administering. Endorsements M1465W, et al, contain endorsements for the hearing aid mandate offer pursuant to HB 1930.

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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.

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

World Insurance Company CoCode: 70629 State of Domicile: Nebraska  
 11808 Grant Street Group Code: 3527 Company Type: Life and Health  
 Omaha, NE 68103-8000 Group Name: American Enterprise State ID Number:  
 (402) 496-8289 ext. [Phone] FEIN Number: 47-0339860

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$350.00  
 Retaliatory? Yes  
 Fee Explanation: Nebraska does not charge for this filing. \$50 x 7 = \$350.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
World Insurance Company	\$350.00	09/29/2011	52303964

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/18/2011	10/18/2011

*SERFF Tracking Number:* AMRP-127668307      *State:* Arkansas  
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## **Disposition**

Disposition Date: 10/18/2011

Implementation Date: 11/18/2011

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Form	Hearing Aid Endorsement	Approved	Yes
Form	Hearing Aid Endorsement	Approved	Yes
Form	Hearing Aid Endorsement	Approved	Yes
Form	Hearing Aid Endorsement	Approved	Yes
Form	Gastric Pacemaker Endorsement	Approved	Yes
Form	Gastric Pacemaker Endorsement	Approved	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 10/18/2011	M1498W1	Policy/Cont Hearing Aid ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		63.000	M1498W1 (endorses Form PP).pdf
Approved 10/18/2011	M1498W2	Policy/Cont Hearing Aid ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.000	M1498W2 (endorses H187).pdf
Approved 10/18/2011	M1498W3	Policy/Cont Hearing Aid ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.000	M1498W3 (endorses H301).pdf
Approved 10/18/2011	M1498W4	Policy/Cont Hearing Aid ract/Fratern Endorsement al Certificate:	Initial		66.000	M1498W4 (endorses A3606- AR).pdf

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	Amendmen t, Insert Page, Endorseme nt or Rider			
Approved 10/18/2011 AR	M1465W1- Policy/Cont Gastric Pacemaker ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	40.000	M1465W1-AR (endorses H-301).pdf
Approved 10/18/2011 AR	M1465W2- Policy/Cont Gastric Pacemaker ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	40.000	M1465W2-AR (endorses Form PP).pdf
Approved 10/18/2011 AR	M1465W3- Policy/Cont Gastric Pacemaker ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	40.000	M1465W3-AR (endorses H-187).pdf



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## ENDORSEMENT

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

The following provision under Exclusions has been amended to read as follows:

- Eyeglasses, contact lenses, normal hearing care, or the exams for their prescriptions or fittings.

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.

A handwritten signature in cursive script that reads "Mary K. Durand".

[

[Mary K. Durand]  
[Secretary]

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## ENDORSEMENT

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

The following provision under Exclusions and Limitations, Expenses Not Covered By This Policy has been amended to read as follows:

(14) eye exams, glasses, or contact lenses.

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.

A handwritten signature in cursive script that reads "Mary K. Durand".

[

[Mary K. Durand]  
[Secretary]

]



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## ENDORSEMENT

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

The following provision under Exclusions and Limitations, Expenses Not Covered By This Policy has been amended to read as follows:

(J) eye exams, glasses, or contact lenses.

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.

A handwritten signature in cursive script that reads "Mary K. Durand".

[

[Mary K. Durand]

[Secretary]

]



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## ENDORSEMENT

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.

A handwritten signature in cursive script that reads "Mary K. Durand".

[

[Mary K. Durand]  
[Secretary]

]



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## ENDORSEMENT

This Endorsement is attached to the coverage for the purpose of adding the following provisions under the Benefits provision:

- Low dose mammography as follows: Age 35-39 – a single baseline mammography; Age 40-49 – every two years or more frequently as recommended by a physician; Age 50 or older – yearly; At any age based on a physician recommendation if the woman has had a prior history of breast cancer or where such woman's mother or sister has had a history of breast cancer.
- Benefits, subject to the deductible and coinsurance provision, for mastectomy and/or breast reconstruction surgery following a mastectomy;
  - up to forty-eight (48) hours for any hospital length of stay in connection with a mastectomy;
  - reconstruction of the breast on which the mastectomy has been performed
  - surgery and reconstruction of the other breast to produce a symmetrical appearance;
  - prostheses and physical complication from all stages of mastectomy, including lymphedemas.
- Benefits for children's preventative health care services on a periodic basis must include at minimum twenty (20) visits at approximately the following age intervals: birth, 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, 16 years, and 18 years. Children's preventative health care services which are rendered during a periodic review shall only be covered to the extent that these services are provided by or under the supervision of a single physician during the course of one (1) visit. Benefits for recommended vaccine and immunization services shall be exempt from any co-payment, coinsurance, deductible or dollar limit provisions in this policy.
- Medically Necessary equipment, supplies, and services for the Treatment of Type I, Type II, and gestational diabetes when prescribed by a licensed Physician. Diabetes self-management training is also a benefit under this provision. Medically Necessary and Physician-prescribed diabetes self-management training is limited to 1 per lifetime.
- Diabetes self-management training. Shall offer, in addition to the required 1 per lifetime training program, additional diabetes self-management training in the event the Physician prescribes Medically Necessary additional training because of a significant change in the Covered Person's symptoms or condition.
- Coverage for newborn children provided the same as other covered members of the family including illness, injury, congenital defects, premature birth, hypothyroidism, phenylketonuria, galactosemia, tests for sickle-cell anemia as well as testing of newborn infants mandated by law and shall include payment for routine nursery care and pediatric charges for a well newborn child for up to five (5) full days in a hospital nursery or until the mother is discharged from the hospital following the birth of the child, whichever is the lesser period of time.
- General anesthesia and Hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in such facilities, if the Provider treating the Covered Person certifies that, because of the person's Age or condition or problem, Hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the patient is:
  - a. A child under 7 years of Age who is determined by 2 dentists to require, without delay, necessary dental Treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;
  - b. A Covered Person with a diagnosed serious mental or physical condition; or

c. A Covered Person with a significant behavioral problem as determined by the Covered Person's Physician.

- Colorectal cancer examinations and laboratory tests for Covered Persons who are 50 years of Age or older; less than 50 years of Age and at high risk for colorectal cancer; and Covered Persons experiencing bleeding from the rectum or blood in the stool or a change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts more than 5 days.

Screening shall include the following examinations and laboratory tests: Annual fecal occult blood test utilizing the take-home sample method or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years; double contrast barium enema every 5 years; or a colonoscopy every 10 years.

- Treatment of loss or impairment of speech or hearing. "Loss or impairment of speech or hearing" shall include those communicative disorders generally treated by a speech pathologist or audiologist licensed by the Board of Examiners in Speech-Language Pathology and Audiology and which fall within the scope of his or her area of certification. Coverage provided for loss or impairment of speech or hearing does not include hearing instruments or devices.
- Medical foods and low protein modified food products for the Medically Necessary Treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism when administered under the direction of a licensed Physician. The cost of the medical food or low protein modified food products for a Covered Person must exceed the income tax credit of \$2,400 per person per year.
- Off-label prescription medication. Coverage for any drug approved by the United States Food and Drug Administration (FDA) for use in the Treatment of cancer, if the drug has been recognized as safe and effective for Treatment of that specific type of cancer in: The American Hospital Formulary Service drug information; The United States Pharmacopoeia dispensing information; or the drug has been recognized as safe and effective for Treatment of that specific type of cancer in 2 articles from medical literature that have not had their recognition of the drug's safety and effectiveness contradicted by clear and convincing evidence presented in another article from medical literature. Coverage includes Medically Necessary services associated with the administration of the drug, provided that such services are covered by the Certificate.
- Medical Treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment will include both surgical and nonsurgical procedures. Coverage will be provided for Medically Necessary diagnosis and Treatment of these conditions whether they are the result of accident, trauma, congenital defect, developmental defect, or pathology. This coverage shall be the same as that provided for any other musculoskeletal disorder in the body and will be provided whether prescribed or administered by a Physician or dentist.
- Gastric Pacemaker. We will pay benefits for expenses incurred for a gastric pacemaker for a Covered Person. Eligible charges shall be based on medical necessity or Our coverage criteria for other medical services. This benefit is subject to any Deductible, Copayment and Coinsurance amounts under the Certificate.
- "Gastric pacemaker" means a medical device that:
  - A. Uses an external programmer and implanted electrical leads to the stomach; and
  - B. Transmits low-frequency, high-energy electrical stimulation to the stomach to entrain and pace the gastric slow waves to treat gastroparesis.
- Prostate Cancer Screening. Coverage includes benefits for at least one (1) screening per year for the early detection of prostate cancer in men 40 years of age and older according to the most current National Comprehensive Cancer Network guidelines. The coverage for prostate cancer screening is not subject to any policy deductible and shall not exceed the actual cost of the prostate cancer screening up to the usual and customary allowance per screening.

- Contraceptive Drugs and Devices. Coverage includes benefits for prescribed drugs or devices approved by the United States Food and Drug Administration for use as a contraceptive.
- Orthotics and Prosthetics. We will provide coverage for eligible charges that are no less than 80 percent of Medicare allowable for the following when prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the state of Arkansas:
  - (A) An orthotic device;
  - (B) An orthotic service;
  - (C) A prosthetic device; and
  - (D) A prosthetic service.

Coverage does not include benefits for an orthotic device, an orthotic service, a prosthetic device, or a prosthetic service for a replacement that occurs more frequently than 1 time every 3 years unless medically necessary or indicated by other coverage criteria.

When replacement or repair is necessitated by anatomical change or normal use, we will cover the necessary repair and necessary replacement of an orthotic device or a prosthetic device unless the repair or replacement is necessitated by misuse or loss.

Benefits are subject to all applicable copayments, deductibles or coinsurance amounts that apply to other benefits.

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

  
[]  
[Mary K. Durand]  
[Secretary]



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## ENDORSEMENT

Please read the following changes to your policy. The following information is an update to your current policy. Please keep these pages with your policy. Your state of issue requires these benefits. This Endorsement is attached to the coverage for the purpose of adding the following provisions under the Covered Expenses provision:

- Low dose mammography as follows: Age 35-39 – a single baseline mammography; Age 40-49 – every two years or more frequently as recommended by a physician; Age 50 or older – yearly; At any age based on a physician recommendation if the woman has had a prior history of breast cancer or where such woman’s mother or sister has had a history of breast cancer.
- Benefits, subject to the deductible and coinsurance provision, for mastectomy and/or breast reconstruction surgery following a mastectomy;
  - up to forty-eight (48) hours for any hospital length of stay in connection with a mastectomy;
  - reconstruction of the breast on which the mastectomy has been performed
  - surgery and reconstruction of the other breast to produce a symmetrical appearance;
  - prostheses and physical complication from all stages of mastectomy, including lymphedemas.
- Coverage for newborn children provided the same as other covered members of the family including illness, injury, congenital defects, premature birth, hypothyroidism, phenylketonuria, galactosemia, tests for sickle-cell anemia as well as testing of newborn infants mandated by law and shall include payment for routine nursery care and pediatric charges for a well newborn child for up to five (5) full days in a hospital nursery or until the mother is discharged from the hospital following the birth of the child, whichever is the lesser period of time.
- General anesthesia and Hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in such facilities, if the Provider treating the Covered Person certifies that, because of the person’s Age or condition or problem, Hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the patient is:
  - a. A child under 7 years of Age who is determined by 2 dentists to require, without delay, necessary dental Treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;
  - b. A Covered Person with a diagnosed serious mental or physical condition; or
  - c. A Covered Person with a significant behavioral problem as determined by the Covered Person’s Physician.
- Colorectal cancer examinations and laboratory tests for Covered Persons who are 50 years of Age or older; less than 50 years of Age and at high risk for colorectal cancer; and Covered Persons experiencing bleeding from the rectum or blood in the stool or a change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts more than 5 days.

Screening shall include the following examinations and laboratory tests: Annual fecal occult blood test utilizing the take-home sample method or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years; double contrast barium enema every 5 years; or a colonoscopy every 10 years.

- Treatment of loss or impairment of speech or hearing. “Loss or impairment of speech or hearing” shall include those communicative disorders generally treated by a speech pathologist or audiologist licensed by the Board of Examiners in Speech-Language Pathology and Audiology and which fall within the scope of his or her area of certification. Coverage provided for loss or impairment of speech or hearing does not include hearing instruments or devices.

- Medical foods and low protein modified food products for the Medically Necessary Treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism when administered under the direction of a licensed Physician. The cost of the medical food or low protein modified food products for a Covered Person must exceed the income tax credit of \$2,400 per person per year.
- Off-label prescription medication. Coverage for any drug approved by the United States Food and Drug Administration (FDA) for use in the Treatment of cancer, if the drug has been recognized as safe and effective for Treatment of that specific type of cancer in: The American Hospital Formulary Service drug information; The United States Pharmacopoeia dispensing information; or the drug has been recognized as safe and effective for Treatment of that specific type of cancer in 2 articles from medical literature that have not had their recognition of the drug's safety and effectiveness contradicted by clear and convincing evidence presented in another article from medical literature. Coverage includes Medically Necessary services associated with the administration of the drug, provided that such services are covered by the Certificate.
- Medical Treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment will include both surgical and nonsurgical procedures. Coverage will be provided for Medically Necessary diagnosis and Treatment of these conditions whether they are the result of accident, trauma, congenital defect, developmental defect, or pathology. This coverage shall be the same as that provided for any other musculoskeletal disorder in the body and will be provided whether prescribed or administered by a Physician or dentist.
- Gastric Pacemaker. We will pay benefits for expenses incurred for a gastric pacemaker for a Covered Person. Eligible charges shall be based on medical necessity or Our coverage criteria for other medical services. This benefit is subject to any Deductible, Copayment and Coinsurance amounts under the Certificate.
- “Gastric pacemaker” means a medical device that:
  - A. Uses an external programmer and implanted electrical leads to the stomach; and
  - B. Transmits low-frequency, high-energy electrical stimulation to the stomach to entrain and pace the gastric slow waves to treat gastroparesis.
- Prostate Cancer Screening. Coverage includes benefits for at least one (1) screening per year for the early detection of prostate cancer in men 40 years of age and older according to the most current National Comprehensive Cancer Network guidelines. The coverage for prostate cancer screening is not subject to any policy deductible and shall not exceed the actual cost of the prostate cancer screening up to the usual and customary allowance per screening.
- Contraceptive Drugs and Devices. Coverage includes benefits for prescribed drugs or devices approved by the United States Food and Drug Administration for use as a contraceptive.
- Orthotics and Prosthetics. We will provide coverage for eligible charges that are no less than 80 percent of Medicare allowable for the following when prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the state of Arkansas:
  - (A) An orthotic device;
  - (B) An orthotic service;
  - (C) A prosthetic device; and
  - (D) A prosthetic service.

Coverage does not include benefits for an orthotic device, an orthotic service, a prosthetic device, or a prosthetic service for a replacement that occurs more frequently than 1 time every 3 years unless medically necessary or indicated by other coverage criteria.

When replacement or repair is necessitated by anatomical change or normal use, we will cover the necessary repair and necessary replacement of an orthotic device or a prosthetic device unless the repair or replacement is necessitated by misuse or loss.

Benefits are subject to all applicable copayments, deductibles or coinsurance amounts that apply to other benefits.

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

  
[  
[Mary K. Durand]  
[Secretary]  
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## ENDORSEMENT

This Endorsement is attached to the coverage for the purpose of adding the following provisions under the BENEFIT PROVISION COVERED CHARGES provision:

- Low dose mammography as follows: Age 35-39 – a single baseline mammography; Age 40-49 – every two years or more frequently as recommended by a physician; Age 50 or older – yearly; At any age based on a physician recommendation if the woman has had a prior history of breast cancer or where such woman's mother or sister has had a history of breast cancer.
- Benefits, subject to the deductible and coinsurance provision, for mastectomy and/or breast reconstruction surgery following a mastectomy;
  - up to forty-eight (48) hours for any hospital length of stay in connection with a mastectomy;
  - reconstruction of the breast on which the mastectomy has been performed
  - surgery and reconstruction of the other breast to produce a symmetrical appearance;
  - prostheses and physical complication from all stages of mastectomy, including lymphedemas.
- Benefits for children's preventative health care services on a periodic basis must include at minimum twenty (20) visits at approximately the following age intervals: birth, 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, 16 years, and 18 years. Children's preventative health care services which are rendered during a periodic review shall only be covered to the extent that these services are provided by or under the supervision of a single physician during the course of one (1) visit. Benefits for recommended vaccine and immunization services shall be exempt from any co-payment, coinsurance, deductible or dollar limit provisions in this policy.
- Medically Necessary equipment, supplies, and services for the Treatment of Type I, Type II, and gestational diabetes when prescribed by a licensed Physician. Diabetes self-management training is also a benefit under this provision. Medically Necessary and Physician-prescribed diabetes self-management training is limited to 1 per lifetime.
- Diabetes self-management training. Shall offer, in addition to the required 1 per lifetime training program, additional diabetes self-management training in the event the Physician prescribes Medically Necessary additional training because of a significant change in the Covered Person's symptoms or condition.
- Coverage for newborn children provided the same as other covered members of the family including illness, injury, congenital defects, premature birth, hypothyroidism, phenylketonuria, galactosemia, tests for sickle-cell anemia as well as testing of newborn infants mandated by law and shall include payment for routine nursery care and pediatric charges for a well newborn child for up to five (5) full days in a hospital nursery or until the mother is discharged from the hospital following the birth of the child, whichever is the lesser period of time.
- General anesthesia and Hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in such facilities, if the Provider treating the Covered Person certifies that, because of the person's Age or condition or problem, Hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the patient is:
  - a. A child under 7 years of Age who is determined by 2 dentists to require, without delay, necessary dental Treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;

- b. A Covered Person with a diagnosed serious mental or physical condition; or
- c. A Covered Person with a significant behavioral problem as determined by the Covered Person's Physician.

- Colorectal cancer examinations and laboratory tests for Covered Persons who are 50 years of Age or older; less than 50 years of Age and at high risk for colorectal cancer; and Covered Persons experiencing bleeding from the rectum or blood in the stool or a change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts more than 5 days.

Screening shall include the following examinations and laboratory tests: Annual fecal occult blood test utilizing the take-home sample method or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years; double contrast barium enema every 5 years; or a colonoscopy every 10 years.

- Treatment of loss or impairment of speech or hearing. "Loss or impairment of speech or hearing" shall include those communicative disorders generally treated by a speech pathologist or audiologist licensed by the Board of Examiners in Speech-Language Pathology and Audiology and which fall within the scope of his or her area of certification. Coverage provided for loss or impairment of speech or hearing does not include hearing instruments or devices.
- Medical foods and low protein modified food products for the Medically Necessary Treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism when administered under the direction of a licensed Physician. The cost of the medical food or low protein modified food products for a Covered Person must exceed the income tax credit of \$2,400 per person per year.
- Off-label prescription medication. Coverage for any drug approved by the United States Food and Drug Administration (FDA) for use in the Treatment of cancer, if the drug has been recognized as safe and effective for Treatment of that specific type of cancer in: The American Hospital Formulary Service drug information; The United States Pharmacopoeia dispensing information; or the drug has been recognized as safe and effective for Treatment of that specific type of cancer in 2 articles from medical literature that have not had their recognition of the drug's safety and effectiveness contradicted by clear and convincing evidence presented in another article from medical literature. Coverage includes Medically Necessary services associated with the administration of the drug, provided that such services are covered by the Certificate.
- Medical Treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment will include both surgical and nonsurgical procedures. Coverage will be provided for Medically Necessary diagnosis and Treatment of these conditions whether they are the result of accident, trauma, congenital defect, developmental defect, or pathology. This coverage shall be the same as that provided for any other musculoskeletal disorder in the body and will be provided whether prescribed or administered by a Physician or dentist.
- Gastric Pacemaker. We will pay benefits for expenses incurred for a gastric pacemaker for a Covered Person. Eligible charges shall be based on medical necessity or Our coverage criteria for other medical services. This benefit is subject to any Deductible, Copayment and Coinsurance amounts under the Certificate.
- "Gastric pacemaker" means a medical device that:
  - A. Uses an external programmer and implanted electrical leads to the stomach; and
  - B. Transmits low-frequency, high-energy electrical stimulation to the stomach to entrain and pace the gastric slow waves to treat gastroparesis.
- Prostate Cancer Screening. Coverage includes benefits for at least one (1) screening per year for the early detection of prostate cancer in men 40 years of age and older according to the most current National Comprehensive Cancer Network guidelines. The coverage for prostate cancer screening is not subject to any policy deductible and shall not exceed the actual cost of the prostate cancer screening up to the usual and customary allowance per screening.

- Contraceptive Drugs and Devices. Coverage includes benefits for prescribed drugs or devices approved by the United States Food and Drug Administration for use as a contraceptive.
- Orthotics and Prosthetics. We will provide coverage for eligible charges that are no less than 80 percent of Medicare allowable for the following when prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the state of Arkansas:
  - (A) An orthotic device;
  - (B) An orthotic service;
  - (C) A prosthetic device; and
  - (D) A prosthetic service.

Coverage does not include benefits for an orthotic device, an orthotic service, a prosthetic device, or a prosthetic service for a replacement that occurs more frequently than 1 time every 3 years unless medically necessary or indicated by other coverage criteria.

When replacement or repair is necessitated by anatomical change or normal use, we will cover the necessary repair and necessary replacement of an orthotic device or a prosthetic device unless the repair or replacement is necessitated by misuse or loss.

Benefits are subject to all applicable copayments, deductibles or coinsurance amounts that apply to other benefits.

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

  
[]  
[Mary K. Durand]  
[Secretary]

SERFF Tracking Number: AMRP-127668307 State: Arkansas  
 Filing Company: World Insurance Company State Tracking Number: 49917  
 Company Tracking Number: M1498W  
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
 Product Name: WIC Hearing Aid & Gastric Pacemaker Endorsement  
 Project Name/Number: WIC Hearing Aid & Gastric Pacemaker Endorsement/ WIC Hearing Aid & Gastric Pacemaker Endorsement

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved	10/18/2011
<b>Comments:</b>		
<b>Attachment:</b> WIC FLESCH SCORE CERTIFICATION.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved	10/18/2011
<b>Bypass Reason:</b> Not filing application, not applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved	10/18/2011
<b>Bypass Reason:</b> not applicable. Both mandates will be considered in the overall rerating of the product.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved	10/18/2011
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved	10/18/2011
<b>Bypass Reason:</b> not applicable.		
<b>Comments:</b>		

**FLESCH SCORE CERTIFICATION**

I certify that the form below achieved the score indicated:

<u>Form Number</u>	<u>Flesch Score</u>
M1498W1	63
M1498W2	62
M1498W3	62
M1498W4	66
M1465W1-AR	40
M1465W2-AR	40
M1465W3-AR	40



Michele Kulish Danielson, Sr. Compliance Analyst  
World Insurance Company