

SERFF Tracking Number: CMLX-G127630105 State: Arkansas
Filing Company: Companion Life Insurance Company State Tracking Number: 49812
Company Tracking Number: AR001820100004
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: HOEM04GR11
Project Name/Number: HOEM04GR11/AR001820100004

Filing at a Glance

Company: Companion Life Insurance Company

Product Name: HOEM04GR11

SERFF Tr Num: CMLX-
G127630105

State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved

State Tr Num: 49812

Sub-TOI: H21.000 Health - Other

Co Tr Num: AR001820100004

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Author: SPI CompanionLife

Disposition Date: 10/18/2011

Date Submitted: 09/16/2011

Disposition Status: Approved

Implementation Date Requested: 10/17/2011

Implementation Date: 11/18/2011

State Filing Description:

General Information

Project Name: HOEM04GR11

Status of Filing in Domicile: Pending

Project Number: AR001820100004

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 10/18/2011

State Status Changed: 10/18/2011

Deemer Date:

Created By: SPI CompanionLife

Submitted By: SPI CompanionLife

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Our Group Life and Health Insurance Policy (MMP 2050, et al.) which provides various health indemnity benefits was previously approved in your state. Enclosed herewith for your consideration and approval are two riders that are specifically designed to provide additional benefits to employees who are covered by the above policy or other appropriately approved policies. These riders are new and will not replace any previously approved riders.

This filing was submitted to our domiciliary state, South Carolina, on September 6, 2011.

Company and Contact

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Filing Contact Information

Vivian Frederic, Contracts Compliance Specialist
 7909 Parklane Rd
 Columbia, SC 29223-5666
 vivian.frederic@companiongroup.com
 803-735-1251 [Phone] 46777 [Ext]
 800-836-5433 [FAX]

Filing Company Information

Companion Life Insurance Company
 7909 Parklane Rd, Suite 200
 Columbia, SC 29223-5666
 (803) 735-1251 ext. [Phone]

 CoCode: 77828 State of Domicile: South Carolina
 Group Code: 661 Company Type:
 Group Name: Companion Life Insurance Company State ID Number:
 FEIN Number: 57-0523959

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Life Insurance Company	\$100.00	09/16/2011	51691568

<i>SERFF Tracking Number:</i>	<i>CMLX-G127630105</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49812</i>
<i>Company Tracking Number:</i>	<i>AR001820100004</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>HOEM04GR11</i>		
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Correspondence Summary

Dispositions

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

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Optional Outpatient Manipulative Therapy Visit Indemnity Benefit Rider	SPI CompanionLife	10/04/2011	10/04/2011
Form	Optional Outpatient Physical Therapy Visit Indemnity Benefit Rider	SPI CompanionLife	10/04/2011	10/04/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
PRESIDENT'S SIGNATURE	Note To Filer	Donna Lambert	10/04/2011	10/04/2011

<i>SERFF Tracking Number:</i>	<i>CMLX-G127630105</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49812</i>
<i>Company Tracking Number:</i>	<i>AR001820100004</i>		
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<i>Product Name:</i>	<i>HOEM04GR11</i>		
<i>Project Name/Number:</i>	<i>HOEM04GR11/AR001820100004</i>		

Disposition

Disposition Date: 10/18/2011

Implementation Date: 11/18/2011

Status: Approved

HHS Status: HHS Approved

State Review: Not Reviewed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMLX-G127630105 State: Arkansas
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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
Supporting Document	List of Variables	Approved	Yes
Form (revised)	Optional Outpatient Manipulative Therapy	Approved	Yes
	Visit Indemnity Benefit Rider		
Form	Optional Outpatient Manipulative Therapy	Replaced	Yes
	Visit Indemnity Benefit Rider		
Form (revised)	Optional Outpatient Physical Therapy	Approved	Yes
	Visit Indemnity Benefit Rider		
Form	Optional Outpatient Physical Therapy	Replaced	Yes
	Visit Indemnity Benefit Rider		

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Amendment Letter

Submitted Date: 10/04/2011

Comments:

In accordance with your request, attached are copies of the riders with the officer's signature and title included within brackets.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
MMPMT 2050	Certificate Amendment, Outpatient Insert Page, Manipulative Endorsemen Therapy Visit or Rider	Optional	Initial				50.900	MMPMT 2050 - Outpatient Manipulative Therapy Visit Indemnity Rider.PDF
MMPPT 2050	Certificate Amendment, Outpatient Insert Page, Physical Endorsemen Therapy Visit or Rider	Optional	Initial				50.200	MMPPT 2050 - Outpatient Physical Therapy Indemnity Rider.PDF

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Note To Filer

Created By:

Donna Lambert on 10/04/2011 02:19 PM

Last Edited By:

Donna Lambert

Submitted On:

10/18/2011 02:01 PM

Subject:

PRESIDENT'S SIGNATURE

Comments:

You may want to consider placing the officer's signature and title in brackets so that they will be variable. Otherwise, the forms will have to be refiled if the president is replaced or if an officer of a different title should need to sign.

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Form Schedule

Lead Form Number: MMPMT 2050

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/18/2011	MMPMT 2050	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Optional Outpatient Manipulative Therapy Visit Indemnity Benefit Rider	Initial		50.900	MMPMT 2050 - Outpatient Manipulative Therapy Visit Indemnity Rider.PDF
Approved 10/18/2011	MMPPT 2050	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Optional Outpatient Physical Therapy Visit Indemnity Benefit Rider	Initial		50.200	MMPPT 2050 - Outpatient Physical Therapy Indemnity Rider.PDF

COMPANION LIFE INSURANCE COMPANY
Columbia, South Carolina 29223

Effective Date: _____
(if different from [Policy][Certificate])

[OPTIONAL] OUTPATIENT MANIPULATIVE THERAPY VISIT INDEMNITY BENEFIT

The [Policy][Certificate] to which this Rider is attached is hereby amended to include a new benefit as follows:

Outpatient Manipulative Therapy Visit Indemnity Benefit

If a Covered Person, while insured, requires Manipulative Therapy as an Outpatient as a result of Accident or Sickness, the Company will pay the Outpatient Manipulative Therapy Visit Indemnity Benefit, as shown below, up to the Maximum Number of Visits, as shown below.

Outpatient Manipulative Therapy Visit Indemnity Benefit:	[\$50-\$150 per visit]
Maximum Number of Manipulative Therapy Visits per Covered Person per Calendar Year:	[3-15]

Manipulative Therapy must be performed by a Physician to meet the functional needs of the Covered Person and the treatment must be designed to accomplish a specific diagnosis-related goal which enables the Covered Person to achieve measurable improvement in a reasonable and predictable length of time.

A visit includes all covered Manipulative Therapy Visits, modalities and services rendered on the same day.

Any exclusion or limitation in the [Policy][Certificate] relating to Manipulative Therapy will be disregarded to the extent that it is inconsistent with this benefit.

“Manipulative Therapy” means manual therapy, including manipulation of the spine, other joints and soft tissues.

This Rider only applies if it is elected and the required premiums are paid. This Rider is subject to all provisions of the [Policy][Certificate] which are not inconsistent with the provisions of this Rider. This Rider will terminate on the same date as the [Policy][Certificate] to which it is attached.

[



President

]

**COMPANION LIFE INSURANCE COMPANY
Columbia, South Carolina 29223**

Effective Date: _____
(if different from [Policy][Certificate])

[OPTIONAL] OUTPATIENT PHYSICAL THERAPY VISIT INDEMNITY BENEFIT

The [Policy][Certificate] to which this Rider is attached is hereby amended to include a new benefit as follows:

Outpatient Physical Therapy Visit Indemnity Benefit

If a Covered Person, while insured, requires Physical Therapy as an Outpatient as a result of Accident or Sickness, the Company will pay the Outpatient Physical Therapy Visit Indemnity Benefit, as shown below, up to the maximum number of visits, as shown below.

Outpatient Physical Therapy Visit Indemnity Benefit:	[\$50-\$150 per visit]
Maximum Number of Physical Therapy Visits per Covered Person per Calendar Year:	[3-15]

Physical Therapy must be (1) performed by a licensed Physical Therapist or provided by a licensed Physical Therapist Assistant acting under the direction of a licensed Physical Therapist and (2) performed under a management plan based on the Covered Person's diagnosis, history, physical examination and results of any laboratory and imaging studies.

Neither the licensed Physical Therapist nor the licensed Physical Therapist Assistant may be a member of the Covered Person's Immediate Family.

A visit includes all covered Physical Therapy visits and Physical Therapy services rendered to the Covered Person on the same day.

Any exclusion or limitation in the [Policy][Certificate] relating to Physical Therapy will be disregarded to the extent that it is inconsistent with this benefit.

"Physical Therapy" means the treatment of physical dysfunction or injury by the use of therapeutic exercise and the application of modalities, intended to restore or facilitate normal function or development. Physical Therapy does not include speech therapy or occupational therapy.

This Rider only applies if it is elected and the required premiums are paid. This Rider is subject to all provisions of the [Policy][Certificate] which are not inconsistent with the provisions of this Rider. This Rider will terminate on the same date as the [Policy][Certificate] to which it is attached.

[



President

]

SERFF Tracking Number: CMLX-G127630105
Filing Company: Companion Life Insurance Company
Company Tracking Number: AR001820100004
TOI: H21 Health - Other
Product Name: HOEM04GR11
Project Name/Number: HOEM04GR11/AR001820100004

State: Arkansas
State Tracking Number: 49812
Sub-TOI: H21.000 Health - Other

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - READABILITY CERTIFICATION.PDF	Approved	10/18/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable Comments:	Approved	10/18/2011

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable Comments:	Approved	10/18/2011

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

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not applicable Comments:	Approved	10/18/2011

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	Item Status:	Status
Satisfied - Item: List of Variables	Approved	Date: 10/18/2011
Comments:		
Attachment:		
List of Variables.PDF		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Companion 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
MMPMT 2050	50.9
MMPPT 2050	50.2

Signed: 
Name: Karl Kemmerlin
Title: Vice President and CFO
Date: September 16, 2011

LIST OF VARIABLES – FORMS MMPMT 2050 and MMPPT 2050

Page No.	Provision	Description of Variables
1	Rider Title	The word “Optional” will either be in or out depending on whether the benefit is provided to all employees or it is an optional employee benefit.
1	Benefit Range	The benefit range will be an amount within the ranges included within the riders.
1	[Policy][Certificate]	Policy will be used when the rider is attached to the policy. Certificate will be used when the rider is attached to the certificate.

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/16/2011	Form	Optional Outpatient Manipulative Therapy Visit Indemnity Benefit Rider	10/04/2011	MMPMT 2050 - Outpatient Manipulative Therapy Visit Indemnity Rider.PDF (Superseded)
09/16/2011	Form	Optional Outpatient Physical Therapy Visit Indemnity Benefit Rider	10/04/2011	MMPPT 2050 - Outpatient Physical Therapy Indemnity Rider.PDF (Superseded)

COMPANION LIFE INSURANCE COMPANY
Columbia, South Carolina 29223

Effective Date: _____
(if different from [Policy][Certificate])

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Outpatient Manipulative Therapy Visit Indemnity Benefit:	[\$50-\$150 per visit]
Maximum Number of Manipulative Therapy Visits per Covered Person per Calendar Year:	[3-15]

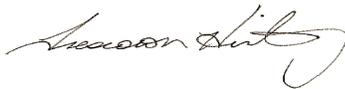
Manipulative Therapy must be performed by a Physician to meet the functional needs of the Covered Person and the treatment must be designed to accomplish a specific diagnosis-related goal which enables the Covered Person to achieve measurable improvement in a reasonable and predictable length of time.

A visit includes all covered Manipulative Therapy Visits, modalities and services rendered on the same day.

Any exclusion or limitation in the [Policy][Certificate] relating to Manipulative Therapy will be disregarded to the extent that it is inconsistent with this benefit.

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President

COMPANION LIFE INSURANCE COMPANY
Columbia, South Carolina 29223

Effective Date: _____
(if different from [Policy][Certificate])

[OPTIONAL] OUTPATIENT PHYSICAL THERAPY VISIT INDEMNITY BENEFIT

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Maximum Number of Physical Therapy Visits per Covered Person per Calendar Year:	[3-15]

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This Rider only applies if it is elected and the required premiums are paid. This Rider is subject to all provisions of the [Policy][Certificate] which are not inconsistent with the provisions of this Rider. This Rider will terminate on the same date as the [Policy][Certificate] to which it is attached.



President