

SERFF Tracking Number: HUMA-127749431 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 50151
 Company Tracking Number: AR-11-013-H1
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: Arkansas Closed Block Notice
 Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company
 Product Name: Arkansas Closed Block Notice SERFF Tr Num: HUMA-127749431 State: Arkansas
 TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 50151
 Closed
 Sub-TOI: H16I.005A Individual - Preferred Co Tr Num: AR-11-013-H1 State Status: Approved-Closed
 Provider (PPO)
 Filing Type: Form Reviewer(s): Rosalind Minor
 Author: Latunia Riley Disposition Date: 11/07/2011
 Date Submitted: 11/01/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Informational Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type: Individual
 Overall Rate Impact: Filing Status Changed: 11/07/2011
 State Status Changed: 11/07/2011
 Deemer Date: Created By: Latunia Riley
 Submitted By: Latunia Riley Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related
 PPACA Notes: null
 Filing Description:
 Please see Cover letter

Company and Contact

Filing Contact Information

Latunia Riley, Contract Analyst lriley2@humana.com

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 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Product Name: Arkansas Closed Block Notice
 Project Name/Number: /

2 Riverwood Place 262-408-4617 [Phone]
 W24133 Riverwood Dr.
 Suite 250
 Waukesha, WI 53188

Filing Company Information

| | | |
|-----------------------------|-------------------------|------------------------------|
| Humana Insurance Company | CoCode: 73288 | State of Domicile: Wisconsin |
| 1100 Employers Boulevard | Group Code: 119 | Company Type: Life & Health |
| Green Bay, WI 54344 | Group Name: | State ID Number: |
| (800) 558-4444 ext. [Phone] | FEIN Number: 39-1263473 | |

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------|---------|----------------|---------------|
| Humana Insurance Company | \$50.00 | 11/01/2011 | 53368261 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 11/07/2011 | 11/07/2011 |

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(PPO)
Product Name: Arkansas Closed Block Notice
Project Name/Number: /

Disposition

Disposition Date: 11/07/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Product Name: Arkansas Closed Block Notice
 Project Name/Number: /

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|----------------------------------|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | Approved-Closed | No |
| Supporting Document | Application | Approved-Closed | No |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | Outline of Coverage | Approved-Closed | No |
| Supporting Document | PPACA Uniform Compliance Summary | Approved-Closed | No |
| Supporting Document | Arkansas Closed Block Notice | Approved-Closed | No |
| Supporting Document | NAIC Transmittal Document | Approved-Closed | No |

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 Product Name: Arkansas Closed Block Notice
 Project Name/Number: /

Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------------|----------------------|---------------------|---------------------|
| Bypassed - Item: | Flesch Certification | Approved-Closed | 11/07/2011 |
| Bypass Reason: | Not applicable | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|----------------|---------------------|---------------------|
| Bypassed - Item: | Application | Approved-Closed | 11/07/2011 |
| Bypass Reason: | Not applicable | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|----------------------------------|---------------------|---------------------|
| Bypassed - Item: | Health - Actuarial Justification | Approved-Closed | 11/07/2011 |
| Bypass Reason: | Not applicable | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|---------------------|---------------------|---------------------|
| Bypassed - Item: | Outline of Coverage | Approved-Closed | 11/07/2011 |
| Bypass Reason: | Not applicable | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|----------------------------------|---------------------|---------------------|
| Bypassed - Item: | PPACA Uniform Compliance Summary | Approved-Closed | 11/07/2011 |
| Bypass Reason: | Not applicable | | |
| Comments: | | | |

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 Product Name: Arkansas Closed Block Notice
 Project Name/Number: /

| | | |
|---|---------------------|---------------|
| | Item Status: | Status |
| | | Date: |
| Satisfied - Item: Arkansas Closed Block Notice | Approved-Closed | 11/07/2011 |
| Comments: | | |
| Attachment: | | |
| AR DOI Closed Block Ltr.pdf | | |

| | | |
|--|---------------------|---------------|
| | Item Status: | Status |
| | | Date: |
| Satisfied - Item: NAIC Transmittal Document | Approved-Closed | 11/07/2011 |
| Comments: | | |
| Attachment: | | |
| Arkansas NAIC Transmittal Document.pdf | | |



October 21, 2011

Jay Bradford
Commissioner of Insurance
Life and Health Division
1200 West Third Street
Little Rock, Arkansas 72201

RE: Notification – Suspension of New Sales
Humana Insurance Company– NAIC# 73288

Dear Commissioner Bradford:

We are sending this notice to satisfy requirements of Arkansas Insurance Code 23-79-153. It will also assist your office with responding to consumer questions.

We review our product offerings in an effort to keep pace with the changing health care industry. We sometimes standardize and simplify our product portfolio to continue to provide all our members with the quality service they have come to expect. Thus, we are suspending quoting of new sales for permanent plans in the individual medical market. We will continue new sales in the short term individual medical market.

We are not exiting the state. We'll continue to renew all in-force plans in the individual medical market.

No contract forms will be discontinued. Our forms support a number of permanent products in the individual medical market.

We will suspend quoting of new sales, as described above, no sooner than 30 days from the date of this letter.

If you have any questions, please contact me directly at 1-800-289-0260 extension 4617, or via e-mail at lriley2@humana.com.

Sincerely,

Latunia Riley

Latunia Riley
Compliance Analyst
Product Strategy

Life, Accident & Health, Annuity, Credit Transmittal Document

| | | |
|-----------|----------------------------------|----------|
| 1. | Prepared for the State of | Arkansas |
|-----------|----------------------------------|----------|

| | |
|-----------|----------------------------|
| 2. | Department Use Only |
| | State Tracking ID |
| | |

| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # | State # |
|----|---|-----------|-------------------------|--------------|--------|------------|---------|
| | Humana Insurance Company 1100 Employers Blvd. Green Bay, WI 54344 | Wisconsin | Life, Accident & Health | 119 | 73288 | 39-1263473 | |

| 4. | Contact Name & Address | Telephone # | Fax # | E-mail Address |
|----|--|-----------------------|--------------|--------------------|
| | Latunia Riley (Contract Analyst) Humana Insurance Company N19 W24133 Riverwood Drive Waukesha, WI 53188 | 800-289-0260 ext 4617 | 920-632-0029 | lriley2@humana.com |

| | | |
|-----------|------------------------------|--|
| 5. | Requested Filing Mode | <input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____ |
|-----------|------------------------------|--|

| | | |
|-----------|--------------------------------|--------------|
| 6. | Company Tracking Number | AR-11-013-H1 |
|-----------|--------------------------------|--------------|

| | | |
|-----------|--|-----------------------|
| 7. | <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission | Previous file # _____ |
|-----------|--|-----------------------|

| | | | |
|-----------|---------------|---|---|
| 8. | Market | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise | |
| | | Group | <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ |

| | | |
|-----------|--------------------------|--------------------------------------|
| 9. | Type of Insurance | H16I Individual Health-Major Medical |
|-----------|--------------------------|--------------------------------------|

| | | |
|------------|--|--|
| 10. | Product Coding Matrix Filing Code | H16I.005A Individual-Preferred Provider(PPO) |
|------------|--|--|

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---------------------------------|--|--------------------------------------|---|--|--------------------------------------|---|--------------------------------|--|--|--|---|---|---|---|---|--|--------------------------------------|--|
| 11. | Submitted Documents | <p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <p><input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input checked="" type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: <u>Arkansas Closed Block Notice</u></p> <p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> | <input type="checkbox"/> Policy | <input type="checkbox"/> Outline of Coverage | <input type="checkbox"/> Certificate | <input type="checkbox"/> Application/Enrollment | <input type="checkbox"/> Rider/Endorsement | <input type="checkbox"/> Advertising | <input type="checkbox"/> Schedule of Benefits | <input type="checkbox"/> Other | | <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Third Party Authorization | <input type="checkbox"/> Association Bylaws | <input type="checkbox"/> Trust Agreements | <input type="checkbox"/> Statement of Variability | <input type="checkbox"/> Certifications | <input type="checkbox"/> Actuarial Memorandum | | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Policy | <input type="checkbox"/> Outline of Coverage | <input type="checkbox"/> Certificate | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Application/Enrollment | <input type="checkbox"/> Rider/Endorsement | <input type="checkbox"/> Advertising | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Schedule of Benefits | <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Third Party Authorization | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Association Bylaws | <input type="checkbox"/> Trust Agreements | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Statement of Variability | <input type="checkbox"/> Certifications | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Actuarial Memorandum | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|-------------------------------------|---|-----------------------|
| 12. | Filing Submission Date | 10/21/2011 | |
| 13 | Filing Fee (If required) | Amount _____ \$50 | Check Date <u>EFT</u> |
| | | Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Check Number _____ |
| 14. | Date of Domiciliary Approval | Notice Unique to Arkansas | |
| 15. | Filing Description: | | |
| <p>See Cover Letter</p> <div data-bbox="544 1396 1117 1480" style="text-align: center; border: 1px solid black; padding: 5px; background-color: #cccccc;"> <p>View Complete Filing Description</p> </div> | | | |

| | | | |
|---|------------------------------------|-------------------------------|--|
| 16. | Certification (If required) | | |
| <p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> | | | |
| Print Name <u>Latunia Riley</u> | | Title <u>Contract Analyst</u> | |
| Signature <u>Latunia Riley</u> | | Date: <u>10/21/2011</u> | |

Digitally signed by Latunia Riley
DN: dc=com, dc=humad, ou=MILL, ou=Users, cn=Latunia Riley
Date: 2011.07.07 16:55:35 -0500

| | | |
|---|-------------------------------|--------------|
| 17. | Form Filing Attachment | |
| This filing transmittal is part of company tracking number | | AR-11-013-H1 |
| This filing corresponds to rate filing company tracking number | | N/A |

| | Document Name | Form Number | | Replaced Form Number |
|----|--|-------------|---|------------------------------|
| | Description | | | Previous State Filing Number |
| 01 | Arkansas Closed Block Notice Notice | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | N/A |
| 02 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 08 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |

LH FFA-1

| 18. | | Rate Filing Attachment | | |
|--|---------------|------------------------|---|------------------------------|
| This filing transmittal is part of company tracking number | | | | |
| This filing corresponds to form filing company tracking number | | AR-11-013-H1 | | |
| Overall percentage rate indication (when applicable) | | N/A | | |
| Overall percentage rate impact for this filing | | N/A % | | |
| | Document Name | Affected Form Numbers | | Previous State Filing Number |
| | Description | | | |
| 01 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |

LH RFA-1