

SERFF Tracking Number: HUMA-127783054 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 50134
Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01

Filing at a Glance

Company: Humana Insurance Company

Product Name: Stop Loss

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: HUMA-127783054 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 50134
Closed

Co Tr Num: AR-SLP-11-01

State Status: Approved-Closed

Authors: Evelyn Birk, Beth
Cummins

Reviewer(s): Rosalind Minor

Disposition Date: 11/03/2011

Date Submitted: 10/31/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Stop Loss

Project Number: AR-SLP-11-01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 11/03/2011

State Status Changed: 11/03/2011

Created By: Evelyn Birk

Corresponding Filing Tracking Number: OH-SLP-11-01

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Enclosed for your approval are the above referenced forms. These forms are intended for general use. They do not replace or supersede any form previously filed.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/28/2011

Domicile Status Comments: WI is our domicile
state.

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Evelyn Birk

The policy will be made available to Small and Large Employer groups that have administrative services only contracts for their group medical insurance coverage.

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 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Stop Loss
 Project Name/Number: Stop Loss/AR-SLP-11-01

Company and Contact

Filing Contact Information

Evelyn Birk, Custom Contract Analyst ebirk@humana.com
 500 W. Main Street 502-580-7178 [Phone]
 Louisville, KY 40202

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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$0.00	10/31/2011	
Humana Insurance Company	\$400.00	11/01/2011	53345044

SERFF Tracking Number: HUMA-127783054

State: Arkansas

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Company Tracking Number: AR-SLP-11-01

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Stop Loss

Project Name/Number: Stop Loss/AR-SLP-11-01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/03/2011	11/03/2011
Withdrawn	Rosalind Minor	11/01/2011	11/01/2011

Objection Letters and Response Letters

Objection Letters

Response Letters

Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/02/2011	11/02/2011	Evelyn Birk	11/03/2011	11/03/2011
Pending Industry Response	Rosalind Minor	10/31/2011	10/31/2011	Evelyn Birk	11/01/2011	11/02/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
SL APPLICATION UPDATED	Note To Reviewer	Evelyn Birk	11/03/2011	11/03/2011
forms	Note To Reviewer	Evelyn Birk	11/01/2011	11/01/2011
Request to re-open	Note To Filer	Rosalind Minor	11/01/2011	11/01/2011
submitted filing fees and requesting to resubmit after request to withdraw	Note To Reviewer	Evelyn Birk	11/01/2011	11/01/2011

SERFF Tracking Number: HUMA-127783054 State: Arkansas
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Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01

Please withdraw filing Note To Reviewer Evelyn Birk 10/31/2011 10/31/2011

SERFF Tracking Number: HUMA-127783054

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 50134

Company Tracking Number: AR-SLP-11-01

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Stop Loss

Project Name/Number: Stop Loss/AR-SLP-11-01

Disposition

Disposition Date: 11/03/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-127783054 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 50134
 Company Tracking Number: AR-SLP-11-01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Stop Loss
 Project Name/Number: Stop Loss/AR-SLP-11-01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification	Approved-Closed	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document (revised)	Application	Approved-Closed	Yes
Supporting Document	Application	Replaced	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document (revised)	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document (revised)	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Replaced	Yes
Supporting Document (revised)	Cover Letter	Approved-Closed	Yes
Supporting Document	Cover Letter	Replaced	Yes
Form (revised)	Agg Spec Amendment	Approved-Closed	Yes
Form (revised)	Group Stop-Loss Policy	Approved-Closed	Yes
Form (revised)	Stop-Loss Schedule of Coverage	Approved-Closed	Yes
Form (revised)	Domestic Clms Amendment	Approved-Closed	Yes
Form (revised)	Monthly Agg Advance	Approved-Closed	Yes
Form (revised)	Organ Trans Ded Step Down	Approved-Closed	Yes
Form (revised)	Term Liability Amendment	Approved-Closed	Yes
Form (revised)	Application for Grp Stop-Loss	Approved-Closed	Yes
Form	Application for Grp Stop-Loss	Replaced	Yes
Form	Agg Spec Amendment	Replaced	Yes
Form	Group Stop-Loss Policy	Replaced	Yes
Form	Stop-Loss Schedule of Coverage	Replaced	Yes
Form	Domestic Clms Amendment	Replaced	Yes
Form	Monthly Agg Advance	Replaced	Yes
Form	Organ Trans Ded Step Down	Replaced	Yes
Form	Term Liability Amendment	Replaced	Yes
Form	Application for Grp Stop-Loss	Replaced	Yes

SERFF Tracking Number: HUMA-127783054 *State:* Arkansas
Filing Company: Humana Insurance Company *State Tracking Number:* 50134
Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01

Disposition

Disposition Date: 11/01/2011

Implementation Date:

Status: Withdrawn

HHS Status: HHS Deferred

State Review: Reviewed-No Actuary

Comment:

This submission is being withdraw as you requested in your Note to Reviewer on 10/31/11.

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-127783054 State: Arkansas
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 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification	Approved-Closed	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document (revised)	Application	Approved-Closed	Yes
Supporting Document	Application	Replaced	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document (revised)	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document (revised)	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Replaced	Yes
Supporting Document (revised)	Cover Letter	Approved-Closed	Yes
Supporting Document	Cover Letter	Replaced	Yes
Form (revised)	Agg Spec Amendment	Approved-Closed	Yes
Form (revised)	Group Stop-Loss Policy	Approved-Closed	Yes
Form (revised)	Stop-Loss Schedule of Coverage	Approved-Closed	Yes
Form (revised)	Domestic Clms Amendment	Approved-Closed	Yes
Form (revised)	Monthly Agg Advance	Approved-Closed	Yes
Form (revised)	Organ Trans Ded Step Down	Approved-Closed	Yes
Form (revised)	Term Liability Amendment	Approved-Closed	Yes
Form (revised)	Application for Grp Stop-Loss	Approved-Closed	Yes
Form	Application for Grp Stop-Loss	Replaced	Yes
Form	Agg Spec Amendment	Replaced	Yes
Form	Group Stop-Loss Policy	Replaced	Yes
Form	Stop-Loss Schedule of Coverage	Replaced	Yes
Form	Domestic Clms Amendment	Replaced	Yes
Form	Monthly Agg Advance	Replaced	Yes
Form	Organ Trans Ded Step Down	Replaced	Yes
Form	Term Liability Amendment	Replaced	Yes
Form	Application for Grp Stop-Loss	Replaced	Yes

SERFF Tracking Number: HUMA-127783054 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 50134
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TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/02/2011

Submitted Date 11/02/2011

Respond By Date

Dear Evelyn Birk,

This will acknowledge receipt of the captioned filing.

Objection 1

- Application for Grp Stop-Loss, SLP-2011-APP-AR (Form)

Comment:

The stop loss application must contain a NOTICE as outlined under our Bulletin 6-2008.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: HUMA-127783054 State: Arkansas
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 Company Tracking Number: AR-SLP-11-01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Stop Loss
 Project Name/Number: Stop Loss/AR-SLP-11-01

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 11/03/2011
 Submitted Date 11/03/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: Stop loss application was updated per the bulletin 6-2008.

Related Objection 1

Applies To:

- Application for Grp Stop-Loss, SLP-2011-APP-AR (Form)

Comment:

The stop loss application must contain a NOTICE as outlined under our Bulletin 6-2008.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application for Grp Stop-Loss	SLP-2011-APP-AR		Application/Enrollment Form	Initial			AR STOP LOSS Application2011 - AR.pdf
Previous Version							
Application for Grp	SLP-2011-		Application/Enrollment	Initial			AR SL

SERFF Tracking Number: HUMA-127783054 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 50134
Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01
Stop-Loss APP-AR Form

Application_2011_A
R.pdf

Application for Grp SLP-2011- Application/Enrollment Initial
Stop-Loss APP-AR Form

No Rate/Rule Schedule items changed.

Sincerely,
Beth Cummins, Evelyn Birk

SERFF Tracking Number: HUMA-127783054 State: Arkansas
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Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/31/2011
Submitted Date 10/31/2011
Respond By Date

Dear Evelyn Birk,

This will acknowledge receipt of the captioned filing.

Objection 1

- Agg Spec Amendment, AR-SLP-2011-AASO-AR (Form)
- Group Stop-Loss Policy, SLP-2011-I&P-9/2011-AR (Form)
- Stop-Loss Schedule of Coverage, SLP-2011-SOC-AR (Form)
- Domestic Clms Amendment, SLP-2011-DCO-AR (Form)
- Monthly Agg Advance, SLP-2011-MAAO-AR (Form)
- Organ Trans Ded Step Down, SLP-2011-TSDO-AR (Form)
- Term Liability Amendment, SLP-2011-TLO-AR (Form)
- Application for Grp Stop-Loss, SLP-2011-APP-AR (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of 400.00. Please submit the filing fee of \$400.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

SERFF Tracking Number: HUMA-127783054 *State:* Arkansas
Filing Company: Humana Insurance Company *State Tracking Number:* 50134
Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01
Rosalind Minor

SERFF Tracking Number: HUMA-127783054 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 50134
Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/01/2011
Submitted Date 11/02/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: updated schedule items per our conversation by phone

Related Objection 1

Applies To:

- Agg Spec Amendment, AR-SLP-2011-AASO-AR (Form)
- Group Stop-Loss Policy, SLP-2011-I&P-9/2011-AR (Form)
- Stop-Loss Schedule of Coverage, SLP-2011-SOC-AR (Form)
- Domestic Clms Amendment, SLP-2011-DCO-AR (Form)
- Monthly Agg Advance, SLP-2011-MAAO-AR (Form)
- Organ Trans Ded Step Down, SLP-2011-TSDO-AR (Form)
- Term Liability Amendment, SLP-2011-TLO-AR (Form)
- Application for Grp Stop-Loss, SLP-2011-APP-AR (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of 400.00. Please submit the filing fee of \$400.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Changed Items:

Supporting Document Schedule Item Changes

SERFF Tracking Number: HUMA-127783054 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 50134
 Company Tracking Number: AR-SLP-11-01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Stop Loss
 Project Name/Number: Stop Loss/AR-SLP-11-01

Satisfied -Name: Flesch Certification
 Comment: Updating file due to incorrect withdraw.
 Satisfied -Name: Application
 Comment: Updating file due to incorrect withdraw.
 Bypassed -Name: Health - Actuarial Justification
 Comment:
 Bypass Reason: Stop loss filing, Updating file due to incorrect withdraw.
 Bypassed -Name: Outline of Coverage
 Comment:
 Bypass Reason: Not applicable, Updating file due to incorrect withdraw.
 Bypassed -Name: PPACA Uniform Compliance Summary
 Comment:
 Bypass Reason: Not PPACA related, Updating file due to incorrect withdraw.
 Satisfied -Name: Cover Letter
 Comment: Please see attached cover letter.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Agg Spec Amendment	AR-SLP-2011-AASO-AR		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			AR Agg Spec Amdmnt.pdf

Previous Version

Agg Spec Amendment	AR-SLP-2011-AASO-AR		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			OH Agg Spec Amdmnt.pdf
Group Stop-Loss Policy	SLP-2011-I&P-9/2011-AR		Policy/Contract/Fraternal Certificate	Initial			AR Policy 9-2011 AR.pdf

Previous Version

Group Stop-Loss Policy	SLP-2011-I&P-9/2011-AR		Policy/Contract/Fraternal Certificate	Initial			OH Policy 9-2011 OH.pdf
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<i>SERFF Tracking Number:</i>	<i>HUMA-127783054</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>50134</i>
<i>Company Tracking Number:</i>	<i>AR-SLP-11-01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Stop Loss/AR-SLP-11-01</i>		
Stop-Loss Schedule of Coverage	SLP-2011-SOC-AR	Schedule Pages	Initial AR Sch of Covgs.pdf
Previous Version			
Stop-Loss Schedule of Coverage	SLP-2011-SOC-AR	Schedule Pages	Initial OH Sch of Covgs 9-2011 OH.pdf
Domestic Clms Amendment	SLP-2011-DCO-AR	Certificate Amendment, Insert Page, Endorsement or Rider	Initial AR Domestic Claims Amdmnt.pdf
Previous Version			
Domestic Clms Amendment	SLP-2011-DCO-AR	Certificate Amendment, Insert Page, Endorsement or Rider	Initial OH Domestic Claims Amdmnt.pdf
Monthly Agg Advance	SLP-2011-MAAO-AR	Certificate Amendment, Insert Page, Endorsement or Rider	Initial AR Monthly Agg Advance Amndmnt.pdf
Previous Version			
Monthly Agg Advance	SLP-2011-MAAO-AR	Certificate Amendment, Insert Page, Endorsement or Rider	Initial OH Monthly Agg Advance Amndmnt.pdf
Organ Trans Ded Step Down	SLP-2011-TSDO-AR	Certificate Amendment, Insert Page, Endorsement or Rider	Initial AR Organ Trans Ded Step Down.pdf
Previous Version			

SERFF Tracking Number: HUMA-127783054

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 50134

Company Tracking Number: AR-SLP-11-01

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Stop Loss

Project Name/Number: Stop Loss/AR-SLP-11-01

Note To Reviewer

Created By:

Evelyn Birk on 11/03/2011 11:22 AM

Last Edited By:

Rosalind Minor

Submitted On:

11/03/2011 01:31 PM

Subject:

SL APPLICATION UPDATED

Comments:

SL APPLICATION application was updated per the bulletin 6/2008.

SERFF Tracking Number: HUMA-127783054

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 50134

Company Tracking Number: AR-SLP-11-01

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Stop Loss

Project Name/Number: Stop Loss/AR-SLP-11-01

Note To Reviewer

Created By:

Evelyn Birk on 11/01/2011 02:34 PM

Last Edited By:

Rosalind Minor

Submitted On:

11/03/2011 01:31 PM

Subject:

forms

Comments:

updated forms per our phone conversation

SERFF Tracking Number: HUMA-127783054 *State:* Arkansas
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Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01

Note To Filer

Created By:

Rosalind Minor on 11/01/2011 01:53 PM

Last Edited By:

Rosalind Minor

Submitted On:

11/03/2011 01:31 PM

Subject:

Request to re-open

Comments:

As discussed in our telephone conversation on this date, this submission is being re-opened.

No additional filing fee is needed.

SERFF Tracking Number: HUMA-127783054 State: Arkansas
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Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01

Note To Reviewer

Created By:

Evelyn Birk on 11/01/2011 07:55 AM

Last Edited By:

Rosalind Minor

Submitted On:

11/03/2011 01:31 PM

Subject:

submitted filing fees and requesting to resubmit after request to withdraw

Comments:

Please accept the filing fee of \$400.00 for this filing. I had asked to withdraw this file on 10/31/11 but I made the wrong withdraw. Can this be accepted back for review?

SERFF Tracking Number: HUMA-127783054

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 50134

Company Tracking Number: AR-SLP-11-01

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Stop Loss

Project Name/Number: Stop Loss/AR-SLP-11-01

Note To Reviewer

Created By:

Evelyn Birk on 10/31/2011 01:36 PM

Last Edited By:

Rosalind Minor

Submitted On:

11/03/2011 01:31 PM

Subject:

Please withdraw filing

Comments:

Please withdraw filing

SERFF Tracking Number: HUMA-127783054 State: Arkansas
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 Project Name/Number: Stop Loss/AR-SLP-11-01

Form Schedule

Lead Form Number: AR-SLP-2011-AASO-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/03/2011	AR-SLP-2011-AASO-AR	Certificate	Agg Spec Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AR Agg Spec Amdmnt.pdf
Approved-Closed 11/03/2011	SLP-2011-I&P-9/2011-AR	Policy/Cont ract/Fratern al	Group Stop-Loss Policy	Initial			AR Policy 9-2011 AR.pdf
Approved-Closed 11/03/2011	SLP-2011-SOC-AR	Schedule Pages	Stop-Loss Schedule of Coverage	Initial			AR Sch of Covgs.pdf
Approved-Closed 11/03/2011	SLP-2011-DCO-AR	Certificate	Domestic Clms Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AR Domestic Claims Amdmnt.pdf
Approved-Closed 11/03/2011	SLP-2011-MAAO-AR	Certificate	Monthly Agg Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AR Monthly Agg Advance Amndmnt.pdf
Approved-Closed 11/03/2011	SLP-2011-TSDO-AR	Certificate	Organ Trans Ded Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AR Organ Trans Ded Step Down.pdf

<i>SERFF Tracking Number:</i>	<i>HUMA-127783054</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>50134</i>
<i>Company Tracking Number:</i>	<i>AR-SLP-11-01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Stop Loss/AR-SLP-11-01</i>		
Approved- SLP-2011- Certificate Term Liability		Initial	AR Term
Closed TLO-AR Amendmen Amendment			Liability
11/03/2011 t, Insert			Amdmnt.pdf
	Page,		
	Endorseme		
	nt or Rider		
Approved- SLP-2011- Application/ Application for Grp		Initial	AR STOP
Closed APP-AR Enrollment Stop-Loss			LOSS
11/03/2011 Form			Application20
			11 - AR.pdf

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA INSURANCE COMPANY]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

AGGREGATING SPECIFIC OPTION

This Amendment alters the reimbursement from the Company to the Policyholder under the provisions of the Specific Stop-loss coverage afforded by this Policy.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Amendment:

AGGREGATING SPECIFIC DEDUCTIBLE means the cumulative amount of Eligible Expenses that must be reached before the Company will reimburse the Policyholder as otherwise defined under the Specific Stop-loss provisions of this Policy.

ARTICLE 1, SECTION 3 of this Policy is amended to read as follows:

SPECIFIC STOP-LOSS. For any Covered Person during the corresponding year of this Policy, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 3, the percent of Eligible Expenses, as indicated by the Stop-loss Coinsurance in the Schedule, that are in excess of both the Annual Specific Deductible and the Aggregating Specific Deductible, but only up to the applicable Specific Lifetime Maximum Benefit. The Annual Specific Deductible is set forth in the Schedule and applies separately to each Covered Person during each Policy Year. The Aggregating Specific Deductible is set forth in the Schedule and any subsequent amendments, and applies separately to each Policy Year. The Specific Lifetime Maximum Benefit for each Covered Person is set forth in the Schedule and any subsequent amendments.

Only Eligible Expenses above a Covered Person's Annual Specific Deductible are accumulated toward the Aggregating Specific Deductible. The Policy has one Aggregating Specific Deductible that applies to the cumulative sum of the corresponding Eligible Expenses of all Covered Persons.

For any Covered Person so identified in the Schedule, the reimbursement from the Company to the Policyholder will be based on a Unique Annual Specific Deductible and/or a Unique Specific Lifetime Maximum Benefit.

IN WITNESS WHEREOF, [Humana Insurance Company] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA INSURANCE COMPANY]

[MICHAEL B. MCCALLISTER, PRESIDENT]

[Humana Insurance Company]

Policyholder: [ABC Company]
Policy Number: [123456789]
Effective Date: [00/00/00]

This Policy is delivered in and governed by the laws of: [state]

This Policy is issued in consideration of the Policyholder's Application, a copy of which is attached and made part of this Policy, and such Policyholder's payment of premiums as provided under this Policy.

This Policy and the insurance it provides become effective on the date stated above at 12:01 A.M. at the address of the Policyholder. This Policy and the insurance it provides terminate at 12:01 A.M., same time zone, on the date of termination. **The provisions stated above and on the following pages are parts of this Policy.**

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA INSURANCE COMPANY]

POLICY NO.: [123456789]
EFFECTIVE DATE: [00/00/00]

ARTICLE 1 – STOP-LOSS PROVISIONS

SECTION 1.

INSURING AGREEMENT. In consideration of the Application and premium payment, this Policy is entered into by and between the Policyholder identified on the cover page of this Policy and [Humana Insurance Company] (the Company).

The Company will reimburse the Policyholder for Eligible Expenses that satisfy the applicable terms and conditions of this Policy, that are in excess of the applicable Stop-loss deductible amount(s) set forth in Sections 2 AND 3 of this ARTICLE, and that do not exceed the applicable Maximum Benefit. Reimbursement will be made for only Covered Benefits specified in the Application for this Policy and subsequent amendments. Reimbursement to the Policyholder under this Policy shall be subject to ARTICLE III - LIMITATIONS AND EXCLUSIONS.

SECTION 2.

AGGREGATE STOP-LOSS. After the end of each Policy Year, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 2, the percent of Eligible Expenses, as indicated by the Stop-loss Coinsurance on the Schedule, that are in excess of the Annual Aggregate Deductible, or the Minimum Annual Aggregate Deductible, whichever is greater, and that do not exceed the Annual Aggregate Maximum Benefit, if any, as specified in the Schedule. The amount, if any, to be Paid to the Policyholder by the Company under the Aggregate Stop-loss provisions of this Policy shall be determined after the end of each Policy Year and shall be calculated in the following manner:

(1) The number of Covered Units at the beginning of each month during the Policy Year will be multiplied by the Monthly Aggregate Deductible Factors specified in the Schedule. The product of this calculation shall be the Monthly Aggregate Deductible for that month. The sum of all the Monthly Aggregate Deductible Amounts for the Policy Year shall be the Annual Aggregate Deductible. If the Annual Aggregate Deductible is less than the Minimum Annual Aggregate Deductible set forth in the Schedule to this Policy, then the Minimum Annual Aggregate Deductible will be used instead of the Annual Aggregate Deductible. Retroactive changes to Covered Units submitted after the Settlement Period will not be included in the calculations of the Monthly Aggregate Deductible amounts.

In the event of a strike, lockout or work stoppage caused by any disagreement between the Policyholder and all or part of the employees covered under the Policyholder's Plan, the number of Covered Units for any month during which the event continues shall be the number of Covered Units for the month immediately preceding the month during which the event commenced.

(2) The Annual Aggregate Deductible and the Monthly Aggregate Deductible Factors shall apply separately to each Policy Year and shall be re-determined each succeeding Policy Year. The Company shall have the right to change the Monthly Aggregate Deductible Factors with written notice at least thirty (30) days prior to the effective date of the change. No change will be made to the Monthly Aggregate Deductible Factors on any date other than the Policyholder's Anniversary unless such change is due to a Change of Risk. Policyholder shall provide the Company with at least thirty (30) days advance written notice of any Change of Risk. Upon such notice, the Company may, in its sole discretion, determine whether changes to the Monthly Aggregate Deductible Factors are necessary.

(3) These Eligible Expenses **shall** apply toward the Annual Aggregate Deductible: Eligible Expenses that are within the Annual Specific Deductible of any Specific Stop-loss coverage and that do not exceed the [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit] or, if lower, any applicable [Unique Specific Lifetime Maximum Benefit] [and/or] [Unique Specific Annual Maximum Benefit].

(4) These Eligible Expenses shall **not** apply to any Annual Aggregate Deductible and are also excluded from the Aggregate Stop-loss coverage: (i) Eligible Expenses that are in excess of the Annual Specific Deductible (even if a Unique Specific Deductible applies); (ii) Eligible Expenses that have been or are reimbursable under any Specific Stop-loss coverage; and (iii) Eligible Expenses that are in excess of the [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit] or, if lower, any applicable [Unique Specific Lifetime Maximum Benefit] [and/or] [Unique Specific Annual Maximum Benefit].

SECTION 3.

SPECIFIC STOP-LOSS. For any Covered Person during the corresponding year of this Policy, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 3, the percent of the Eligible Expenses, as indicated by the Stop-loss Coinsurance in the Schedule, that are in excess of the Annual Specific Deductible, but only up to the applicable [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit]. The Annual Specific Deductible is set forth in the Schedule and applies separately to each Covered Person during each Policy Year. The [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit] for each Covered Person is set forth in the Schedule and subsequent amendments.

For any Covered Person so identified in the Schedule, the reimbursement from the Company to the Policyholder will be based on a Unique Annual Specific Deductible and/or a [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit].

SECTION 4.

AGGREGATE STOP-LOSS CLAIM SETTLEMENT. The Company will reimburse the Policyholder for any eligible Aggregate Stop-loss claim within the Settlement Period. Any such claim must be properly documented in accordance with ARTICLE IV, Sections 9 and 10 of this Policy.

SECTION 5.

SPECIFIC STOP-LOSS CLAIM SETTLEMENT. The Company will reimburse the Policyholder for any eligible Specific Stop-loss claims as soon as reasonably possible following receipt of the Policyholder's claim for reimbursement. Any such claim must be properly documented in accordance with ARTICLE IV, Section 10 of this Policy. In no event will the Company delay reimbursement to the Policyholder for a period of more than thirty (30) days following receipt of the Policyholder's claim for reimbursement, unless the Company deems it necessary to conduct an investigation or obtain additional information from the Policyholder to perfect the claim.

SECTION 6.

EXPENSES INCURRED BEFORE THE EFFECTIVE DATE OF THIS POLICY. If so requested in the Application and approved by the Company, for the initial Policy Year, the Company will treat as Eligible Expenses all expenses otherwise satisfying the Policy's definition of Eligible Expenses that are Incurred during the "Run-In" time period specified in the Schedule immediately before the Policy's effective date and that are Paid during the initial Policy Year under the [Aggregate Stop-loss] [and] [Specific Stop-loss] provisions of this Policy. This Section 6, however, shall only apply to those Eligible Expenses that do not exceed the Run-In Limits set forth in the Schedule. Additionally, the Company shall not be responsible for Eligible Expenses incurred that could not be documented or any Eligible Expenses which were previously processed and Paid in accordance with the provisions of any prior Stop-loss policy not issued by the Company.

SECTION 7.

THIRD PARTY RECOVERIES OR REIMBURSEMENTS. In the event the Company pays a claim under either or both the Aggregate Stop-loss or Specific Stop-loss provisions of this Policy, the Company shall be subrogated to the rights of the Policyholder and shall be entitled to be reimbursed first from any net proceeds subsequently recovered from responsible third parties, their insurers or others who may be responsible to pay or indemnify the Covered Person or the Covered Person's estate. Any balance remaining after the Company has been reimbursed shall then be credited or remitted to the Policyholder.

ARTICLE II - DEFINITIONS

ANNUAL AGGREGATE DEDUCTIBLE means the dollar amount shown on the Schedule that must be satisfied by Eligible Expenses before any Eligible Expenses become reimbursable under the Aggregate Stop-loss provisions of this Policy.

ANNUAL AGGREGATE MAXIMUM BENEFIT means the maximum amount shown on the Schedule that the Company may be required to pay the Policyholder under the Aggregate Stop-loss provisions of the Policy for that Policy Year.

ANNUAL SPECIFIC DEDUCTIBLE means the dollar amount shown on the Schedule that must be satisfied by Eligible Expenses for any one Covered Person, before any Eligible Expenses for that Covered Person become reimbursable under the Specific Stop-loss provisions of this Policy, for any one Policy Year.

CHANGE OF RISK means any one, or more than one, of the following events: (i) a substantial change in the benefits provided under the Policyholder's Plan; (ii) a [10%] or greater change in the number of Covered Units in one month when compared to the prior month or a [25%] or greater change in the number of Covered Units in any three month period when compared to the prior three month period; (iii) the addition or deletion of a business location at which Covered Units are employed by the Policyholder; (iv) the change of administrator or managed care network.

COBRA means the continuation of employee and dependent health benefits provided under Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985 as amended.

COBRA UNITS means those individuals originally covered under the Policyholder's Plan who elect to continue in the Policyholder's Plan via COBRA.

COVERED PERSON means a person who is both eligible for benefits and validly enrolled for coverage under the Policyholder's Plan. Such person is not directly covered under this Policy and is not entitled to receive any direct payment or reimbursement hereunder.

COVERED UNITS means the sum of those eligible employees (including, if applicable under the Policyholder's Plan, retirees, surviving spouses, and COBRA Units), who are both eligible for benefits and validly enrolled for coverage under the Policyholder's Plan on a monthly basis. Covered Units shall include both employees enrolled for "employee only" coverage as well as employees enrolled for "employee and dependent" coverage.

ELIGIBLE EXPENSES means demand for payment for services or supplies provided to or on behalf of a Covered Person, that are covered under the terms and provisions of the Policyholder's Plan, that are not excluded under the terms of this policy, and that are both Incurred by the Covered Person and Paid by the Policyholder's Plan or a claims administrator on behalf of the Policyholder's Plan within the time periods specified in the Schedule to this Policy. Such expenses are eligible for reimbursement under this Policy, subject to the Stop-loss Coinsurance, once the corresponding deductibles of this policy are satisfied, but only up to any applicable maximum benefit amount.

EXPIRATION DATE means the last anniversary of the last Policy Year on which this Policy remains in force.

INCURRED means the date on which a covered medical service was rendered or a covered medical supply was purchased for a Covered Person under the Policyholder's Plan.

INCURRED AND PAID means a coverage option that includes claims Paid after the end of the Policy Year.

MINIMUM ANNUAL AGGREGATE DEDUCTIBLE means that amount calculated as set forth in the Application and as specified in the Schedule. The Minimum Annual Aggregate Deductible always remains the responsibility of the Policyholder and is not subject to reimbursement by the Company under the Aggregate Stop-loss provisions of this Policy.

MONTHLY AGGREGATE DEDUCTIBLE means the product of the multiplication of the number of Covered Units at the beginning of each month by the corresponding Monthly Aggregate Deductible Factor. The sum of all Monthly Aggregate Deductibles for a Policy Year, or such shorter period resulting from a Termination of the Policy under ARTICLE IV, Section 4, is the Annual Aggregate Deductible.

MONTHLY AGGREGATE DEDUCTIBLE FACTORS means those dollar amounts shown on the Schedule, which, when multiplied by the corresponding number of Covered Units for a month, produce the Monthly Aggregate Deductible for that month.

NUMBER OF COVERED UNITS means the total number of Covered Units existing in any month during the Policy Year.

PAID means the date the payment check or draft is issued by the Policyholder's Plan or by a claims administrator on behalf of the Policyholder's Plan, provided it is promptly delivered to the payee, and provided also that the account upon which the payment is drawn contains sufficient funds to permit the check or draft to be honored.

PLAN ADMINISTRATOR means that person or entity identified in the documents describing the Policyholder's Plan as responsible for the operation and administration of the Policyholder's Plan. If no such person or entity is identified, then the person or entity establishing or maintaining the Plan will be deemed to be the Plan Administrator. The Company is never the Plan Administrator.

POLICY ANNIVERSARY means the Effective Date on which the Policy renews, if permitted to renew by the Company.

POLICYHOLDER means the legal entity named as the policyholder on the face page of this Policy.

POLICYHOLDER'S PLAN means the plan of benefits which are provided under the Policyholder's written welfare benefit plan or other employee health care benefit plan and which are eligible for Stop-loss reimbursement as set forth in the Application for this Policy. No benefits provided under the Policyholder's Plan, which are insured under a separate policy, are eligible for reimbursement under this Policy.

POLICY YEAR means the period of time from the Effective Date of this Policy to the Policy Anniversary during the first year and the period of time between Policy Anniversaries for each year thereafter.

SCHEDULE means the Schedule of Coverage attached to this Policy, as periodically amended, which contains information specific to this Policy, the Policyholder and the Policyholder's Plan.

SETTLEMENT PERIOD means the Sixty (60) day period immediately following the end of each Policy Year, or, if specified in the Schedule, the end of any time period following the Policy Year. In the event of termination of this policy, **SETTLEMENT PERIOD** means the Sixty (60) day period immediately following the termination date of this Policy or, if specified in the Schedule, the end of any time period following the Termination date of this Policy Policyholder's Plan, that are within the Annual Specific Deductible of any Covered Person.

SPECIFIC ANNUAL MAXIMUM means the amount set forth in the Schedule that is the maximum total Specific benefit payable under the terms, conditions and limitations of this Policy during the period an individual is a Covered Person under the Policyholder's Plan, regardless of the number of years the Covered Person is eligible for coverage under the Policyholder's Plan and regardless of whether expenses for the Covered Person were incurred and/or Paid during the current Policy Year.

SPECIFIC LIFETIME MAXIMUM means the amount set forth in the Schedule that is the maximum total Specific benefit payable under the terms, conditions and limitations of this Policy during the period an individual is a Covered Person under the Policyholder's Plan, regardless of the number of years the Covered Person is eligible for coverage under the Policyholder's Plan and regardless of whether expenses for the Covered Person were incurred and/or Paid during this Policy Year.

STOP-LOSS COINSURANCE means the percent of Eligible Expenses that are reimbursable to the Policyholder under the terms of this Policy.

TERMINATION means the end of this Policy and the Stop-loss coverage it provides. Termination may occur at the end of the Policy Year or on a date other than an Anniversary Date, as specified in ARTICLE IV, Section 4 of this Policy.

UNIQUE ANNUAL SPECIFIC DEDUCTIBLE means the dollar amount that must be satisfied by Eligible Expenses for any one Covered Person who is identified separately in the Schedule, before any Eligible Expenses for that Covered Person become reimbursable under the Specific Stop-loss provisions of this Policy.

UNIQUE SPECIFIC ANNUAL MAXIMUM BENEFIT means the maximum amount the Company may be required to pay the Policyholder under the Specific Stop-loss provisions of this Policy for any Covered Person identified in the Schedule with a Unique Specific Annual Maximum Benefit.

UNIQUE SPECIFIC LIFETIME MAXIMUM BENEFIT means the maximum amount the Company may be required to pay the Policyholder under the Specific Stop-loss provisions of this Policy for any Covered Person identified in the Schedule with a Unique Specific Lifetime Maximum Benefit.

ARTICLE III - LIMITATIONS AND EXCLUSIONS

THE COMPANY will not reimburse the Policyholder for any of the following, nor will any of the following be applied toward satisfaction of the Annual Aggregate Deductible, the Annual Specific Deductible or any Unique Annual Specific Deductible; nor shall any of the following be considered Eligible Expenses under this Policy:

SECTION 1.

Any liability, expense or loss Incurred by the Policyholder as a result of its failure to comply with any applicable law, rule or regulation (for example, if the Policyholder has not filed and/or registered with the state of New York as required by the state's Health Care Reform Act of 1996, as amended. In this example, only expenses associated with claims for medical services, and not the surcharge to fund indigent care, will be considered Eligible Expenses.);

SECTION 2.

Any liability, expense or loss that is not specifically covered under the Policyholder's Plan or that is in excess of the benefits covered under the Policyholder's Plan, even if the Policyholder or the Plan Administrator should decide to cover such an expense;

SECTION 3.

Any expenses Paid or authorized for payment by the Policyholder's Plan, its Plan Administrator, or its claims administrator for a person who is not a Covered Person under the Policyholder's Plan;

SECTION 4.

Any expenses that are Incurred prior to the effective date of coverage of a Covered Person;

SECTION 5.

Any payments made or authorized by the Policyholder's Plan, its Plan Administrator, or its claims administrator with respect to Eligible Expenses that are in excess of the lesser of usual, customary and reasonable charges or the maximum allowable fee as defined in the Policyholder's Plan;

SECTION 6.

Any expenses Paid or authorized for payment by the Policyholder's Plan, its Plan Administrator, or its claims administrator that are Incurred on a date on which this Policy is not in force, except as specified under ARTICLE I, Section 6 or as specified under an Incurred and Paid Option reflected in the Schedule;

SECTION 7.

Any payments made or authorized by the Policyholder, its Plan Administrator, or its claims administrator on behalf of a Covered Person due to a bodily injury, sickness or death arising out of, and in the course of, employment with respect to which benefits are Paid or payable under any Worker's Compensation or Occupational Disease Act or Law;

SECTION 8.

Any expense, loss, damage or legal fees resulting from any claims or demand arising under the Policyholder's Plan which may be made against the Policyholder, the Plan Administrator or the Plan for other than the benefits due or on behalf of a Covered Person under the terms and provisions of the Policyholder's Plan;

SECTION 9.

Any expense relating to gene therapies, xenografts, cloning, or non-human organ or tissue transplants;

SECTION 10.

Any cost of claims administration, payments or other services provided by the Policyholder's claims administrator, or for consulting fees or for expense of any litigation;

SECTION 11.

Any Eligible Expenses that are eligible for reimbursement to the Policyholder under any other excess or Stop-loss policy;

SECTION 12.

Any Eligible Expenses that are greater than the [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit] [and/or] [Unique Specific Lifetime Maximum Benefit] [and/or] [Unique Specific Annual Maximum Benefit], applicable to a Covered Person;

SECTION 13.

Any expense Incurred that is eligible for reimbursement through any national health plan regardless of a Covered Person's country of citizenship;

[SECTION 14.

Any non-emergency Eligible Expenses Incurred outside of the geographic boundaries of the United States of America, or its territories, by any Covered Person. However, Eligible Expenses Incurred for emergency care outside the geographic boundaries of the United States of America, or its territories, for any Covered Person, will be considered for reimbursement up to [\$250,000], *less* the Annual Specific Deductible applicable to such Covered Person, per Policy Year.]

ARTICLE IV - CONTRACT PROVISIONS

SECTION 1.

ENTIRE CONTRACT, STATEMENT, CHANGES. This Policy and the Application of the Policyholder, a copy of which is attached, and the Schedule, shall constitute the entire contract between the parties. The term Application as used in this ARTICLE shall refer to the original Application and to any subsequent amendments or supplemental Applications submitted by the Policyholder to the Company with respect to the coverage afforded under this Policy. The term Schedule shall refer to the original Schedule and to any revised Schedule forming a part of this Policy as set forth in this ARTICLE IV, Section 1.

Any statement made by the Policyholder will be deemed a representation and not a warranty. No such statement shall void this insurance or reduce any benefits under this Policy unless it is contained in a written Application signed by the Policyholder, a copy of which has been furnished to the Policyholder.

This Policy may be changed at any time by mutual agreement between the Company and the Policyholder. No change in this Policy shall be valid unless approved in writing by an Executive Officer of the Company and endorsed or attached to this Policy. No agent, broker or consultant has authority to change this Policy or to waive any of its provisions; to extend the time for payment of premium; or to bind the Company by making any promise or representation or by giving or receiving any information.

The Company may revise the Schedule in accordance with the provisions of ARTICLE I, Section 2 (2) of this Policy. In the event such revisions are unacceptable to Policyholder, Policyholder may terminate this Policy in accordance with Section 4, of this ARTICLE IV. Payment of any amount due under this Policy by Policyholder after the revised Schedule has been provided to Policyholder by the Company shall constitute the Policyholder's acceptance of the revised Schedule. The revised Schedule shall then become part of this Policy without the necessity of obtaining Policyholder's signature on the Schedule.

This Policy is a contract solely between the Policyholder and the Company. This Policy does not create – nor should it be construed to create – any rights or legal relationships between the Company and the Policyholder's employees and/or their dependents. Any payments made under this Policy shall be only for the benefit of the Policyholder. No Covered Person shall have any rights to any of the proceeds of any Stop-loss insurance provided under this Policy.

SECTION 2.

INCONTESTABILITY. After two years from the Effective Date of this Policy, no representation of the Policyholder in its Application shall be used to void this Policy. In the event the Policyholder submits a supplemental or amended application, the two-year period specified in this Section shall run from the date Policyholder submits such supplemental or amended application with respect to representations contained therein.

SECTION 3.

POLICY TERM. The term of this Policy begins on the Effective Date at 12:01 A.M., at the address of the Policyholder and ends at 12:01 A.M., same time zone, on the first Policy Anniversary. Subsequent terms also begin and end at 12:01 A.M., at the address of the Policyholder, and run from Anniversary to Anniversary. Except as provided in this ARTICLE IV, Sections 4 and 6, the Company will not initiate any termination proceedings during the twelve (12) month period immediately following the Policyholder's acceptance of any Anniversary premium rate adjustment.

SECTION 4.

TERMINATION OF ENTIRE POLICY. If any premium is not Paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. But if the Policyholder has given the Company written notice in advance of an earlier date of termination during the grace period, then this Policy shall terminate as of the earlier date.

The Policyholder may terminate this Policy on any monthly premium due date by providing advance written notice to the Company when such Termination shall become effective, but no such Termination shall become effective during any period for which a premium has been Paid to the Company.

The Company may terminate this Policy on any Policy Anniversary by providing at least sixty (60) days advance written notice of the Company's intent to terminate this Policy. Subject to ARTICLE IV, Section 2 hereof, the Company may also terminate this Policy on any monthly premium due date by providing at least ten (10) days advance written notice to the Policyholder of the Company's intent to terminate this Policy if the Policyholder has misrepresented any material fact in the Application for this Policy or if, at any time, the Policyholder breaches any of the conditions of this Policy.

The Company reserves the right to terminate this Policy on the date the Policyholder's Plan is substantially changed so as to constitute a Change of Risk, if the Policyholder has not given the Company written notice as specified in this Policy prior to the effective date of such change.

The Company also reserves the right to terminate this policy on the date of termination of the administrative services agreement between Policyholder and its designated claims administrator.

The Company may also terminate this Policy immediately upon the Company's receipt of information from the Policyholder's claims administrator that the Policyholder has failed to fund its bank account established to pay benefits under the Policyholder's Plan or if any of Policyholder's checks issued for benefit payments have been returned for insufficient funds.

If this Policy terminates, the Policyholder shall be liable to the Company for all unpaid premiums for the period during which this Policy was in force.

If this Policy terminates prior to the Policy's Anniversary, the Company's Annual Aggregate Maximum Benefit shall be limited to the same percentage that the number of months the Policy was in effect bears to the number of months in the stated Policy Year. (For example, when a policy with a 12 month Policy Year is terminated at the end of 6 months, the Annual Aggregate Maximum Benefit will be limited to ½ or 50% of the amount specified in the Schedule.)

If this Policy terminates prior to the Policy's Anniversary, and if an Incurred and Paid coverage option is reflected in the Schedule, coverage shall be limited to claims Paid during a period after the termination effective date equal to the period that the Incurred and Paid option exceeded the Policy year. (For example, when a policy with a 12/15 Incurred and Paid option is terminated at the end of the 6th month of the plan year, the coverage option will revert to a 6/9 Incurred and Paid option.)

If this Policy terminates, the Minimum Annual Aggregate Deductible set forth in the Schedule to this Policy shall apply in full, even if the Policy is terminated prior to the Policy's Anniversary.

SECTION 5.

PREMIUM RATES. The premium rates for the initial term of this Policy are shown in the Application for this Policy and are guaranteed until the first Anniversary. The Company shall have the right to modify the rates for the coverage(s) provided hereunder except that no such modification will take effect on other than an Anniversary unless, due to an action of the Policyholder, the nature of the insurance risk is substantially changed in which event the Company shall have the right to modify premium rates upon ten (10) days advance written notice to the Policyholder. In all other instances, the company shall provide the Policyholder with thirty (30) days advance written notice of any change in premium rates.

SECTION 6.

PREMIUM PAYMENT. Premiums are due and payable monthly in advance at the address indicated on the statement. Failure to pay any premium on or before its due date shall constitute a default entitling the Company to terminate the Policy, if premiums are not Paid by the end of the grace period.

SECTION 7.

AUTHORIZED DEDUCTIONS. The Policyholder authorizes the Company to deduct monies that otherwise may be due and payable to the Company from any outstanding monies that the Company, for any reason, may owe the Policyholder. This clause will not prevent the termination of this Policy for the non-payment of premium under Section 4 of this ARTICLE IV.

SECTION 8.

GRACE PERIOD. A grace period of thirty (30) days will be granted to the Policyholder for the payment of each premium falling due after the first premium, during which grace period this Policy shall continue in force unless the Policyholder has given the Company written notice of discontinuance in accordance with ARTICLE IV, Section 4 hereof.

The Policyholder shall be liable to the Company for the payment of any premium due for the time this Policy continues in force during the grace period.

SECTION 9.

RECORDS. The Policyholder shall forward the information required by the Company in connection with the administration of this Policy and the determination of the premiums and payments. The Policyholder shall forward to the Company, or make available for inspection, all records that have a bearing on this insurance. Such records shall be open to the Company for inspection at any time for up to six years after termination of this Policy, including, if any, the period of a Terminal Liability Option. The Company shall not be liable for the fulfillment of any obligation dependent upon information to be furnished by the Policyholder prior to the Company's receipt of that information in a form satisfactory to the Company. Incorrect information may be corrected if the Company has not acted to its prejudice by relying on it.

SECTION 10.

CLAIM PROVISIONS. Accounting records and other written proof of the basis upon which payments were made must be furnished to the Company as soon as reasonably possible following the end of the Policy Year or such other period to which this Stop-loss insurance applies.

The Company shall not be liable for the reimbursement of any claim prior to the Company's receipt of all information, in a form satisfactory to the Company, it deems necessary to perfect the claim. Incorrect information may be corrected if the Company has not acted to its prejudice by relying on it.

SECTION 11.

LITIGATION. No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after a properly documented claim has been submitted in accordance with the requirements of this Policy. No such demand or action shall be brought after the expiration of three (3) years after the date upon which the Applicable Settlement Period ended or in the case of a claim under the Specific Stop-loss coverage, the earlier of that date or three (3) years after the date upon which the properly documented claim that is the subject of the litigation was submitted. If any time limitation of this Policy with respect to making a demand for bringing an action at law or in equity to recover on this Policy is less than that permitted by the law of the jurisdiction of Issue, that limitation is hereby extended to agree with the minimum permitted by that law.

SECTION 12.

ADMINISTRATION OF THE POLICYHOLDER'S PLAN. The Policyholder, or a designee acceptable to the Company, will make payments under the Policyholder's Plan and will properly investigate and settle or defend against all claims arising from the operation of said Plan. The Company will not reimburse the Policyholder for any expense Incurred in such investigation, settlement or defense, nor will any such expense be used to satisfy the Stop-loss deductible provisions of this Policy. The Company has no obligation to defend any legal action or claim brought to recover benefits due under the Policyholder's Plan. The Policyholder agrees to indemnify the Company and hold the Company harmless from any liability or expenses including but not limited to attorneys' fees and legal expenses Incurred by the Company in connection with and as a result of the Company being named as a defendant in any legal action brought to recover benefits due or otherwise connected with the Policyholder's Plan. The Company does, however, at its own election and expense, have the right to participate with the Policyholder in the defense of or to appeal any action, suit or proceeding in which the Company may, in its own judgment, become involved.

SECTION 13.

TAXES. Policyholder shall hold the Company harmless from any state premium taxes the Company may incur with respect to claims Paid (as distinct from the premiums Paid to the Company by the Policyholder) under the Policyholder's Plan. The Policyholder agrees to reimburse the Company annually for such tax expenses, if any, as determined by the Company. Such reimbursement shall be payable by Policyholder upon notification by Company to the Policyholder that reimbursement under this Section 13 is due.

Health Care Reform Taxes & Fees – Premium rates will be adjusted to account for taxes and fees incurred by the insurer as required under ACA. These taxes and fees will be included as a pass through in the premium rates and not increased for additional margin/contingencies.

State Premium Tax – Premium rates will also be adjusted for changes in state premium tax as they become effective. Again, these taxes and fees incurred by the insurer will be included as a pass through in the premium rates and not increased for additional margin/contingencies.

SECTION 14.

INSOLVENCY. In the event of the Policyholder's insolvency, all Stop-loss insurance proceeds are to be Paid directly to the liquidator, receiver, trustee or statutory successor of the Policyholder without diminution because of the Policyholder's insolvency.

SECTION 15.

REINSTATEMENT. If this Policy has terminated for any reason and the Policyholder requests that it be reinstated, the Company may, at its sole option, reinstate this Policy. The Policyholder agrees to furnish the Company with any forms, records or data the Company may require to evaluate the requested reinstatement.

If this Policy has terminated and is subsequently reinstated, the Policyholder agrees to pay the Company any premiums due but unpaid on the date of termination and all premiums that would have been due had this Policy remained in effect continuously and without interruption.

SECTION 16.

WAIVER. The waiver by either the Company or Policyholder of its right to enforce or require compliance with any provision of this Policy shall not constitute a waiver of any future right to enforce or require compliance with such provision. The Company's delay or failure to exercise any right or enforce any obligation in this Policy, and no course of dealings between the Company and Policyholder, shall operate as a waiver.

SECTION 17.

OFFSET. In all cases, the Company shall have the right to offset against payments due under the Policy any amount due the Company by the Policyholder (including, but not limited to, amounts previously reimbursed by the Company if the Policyholder's check or wire transfer for benefit payments has been returned or denied for insufficient funds).

SECTION 18.

CONFORMITY WITH STATUTES. Any provision of the policy that is not in conformity with applicable state law(s) or other applicable law(s) shall not be rendered invalid, but shall be construed and applied as if it were in full compliance with the applicable state law(s) and other applicable law(s).

IN WITNESS WHEREOF, [Humana Insurance Company] has caused this Agreement to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA INSURANCE COMPANY]

[MICHAEL B. MCCALLISTER, PRESIDENT]

STOP-LOSS SCHEDULE OF COVERAGE

[HUMANA INSURANCE COMPANY]

This Schedule of Coverage forms a part of the Policy issued to the Policyholder and shall be effective as of _____ and continue in effect until _____ unless sooner amended or revised.

Name of Policyholder's Plan: _____

Plan Administrator: _____
(Humana is *not* the Plan Administrator as defined by ERISA)

Plan Administrator address: _____

.....

[1. Covered entities other than Policyholder (affiliates/subsidiaries or other related entities):

Name	Location	Relationship	Business	Number of Employees

]

[2. Classes of employees excluded from coverage:

_____]

3. Covered Benefits:

Specific Stop-loss
<input type="checkbox"/> [Medical]
<input type="checkbox"/> [Prescription Drug]
<input type="checkbox"/> [Mental Health]
<input type="checkbox"/> [_____]

Does Aggregate coverage mirror Specific coverage above? Yes No
[If no, please indicate which claim types are covered under the Aggregate coverage:
_____]

4. Coverage Options:

Stop-loss Contract	Explanation
<input type="checkbox"/> [___]/12	Claims Incurred during the period: [__/__/____] – [__/__/____] and Paid during the 12 months immediately following the Policy Effective Date
<input type="checkbox"/> 12/12	Claims Incurred and Paid during the 12 months immediately following the Policy Effective Date
<input type="checkbox"/> 12/[____]	Claims Incurred during the 12 months following the Policy Effective Date and Paid during the period: [__/__/____] - [__/__/____]
<input type="checkbox"/> [____]/[____]	Claims Incurred during the period: [__/__/____] – [__/__/____] and Paid during the period: [__/__/____] – [__/__/____] [All claims Paid prior to [__/__/____]]

Note: Only claims administered by Humana accumulate to specific and/or aggregate stop loss coverage.

Does Aggregate coverage mirror Specific coverage above? Yes No

[If no, please indicate they contract terms for the Aggregate contract terms:

Claims Incurred during the period: __/__/____ - __/__/____ and Paid during the period: __/__/____ - __/__/____]

5. Run In. Yes No

If Yes, the Company will apply during the initial Policy Year all Eligible Expenses incurred during the selected period preceding the Effective Date of the Policy and Paid during the initial Policy Year.

[Note: The maximum run-in limit is [1-50%] of the annual aggregate deductible.]

[Aggregate Stop-loss	[Specific Stop-loss
<input type="checkbox"/> 3 Months	<input type="checkbox"/> 3 Months
<input type="checkbox"/> 6 Months	<input type="checkbox"/> 6 Months
<input type="checkbox"/>	<input type="checkbox"/>
Limit:]	Limit:]

Note: Run-in claims accumulate to specific and/or aggregate stop loss only after the run-out period has terminated with the prior administrator and all claim data has been provided electronically to Humana.

[6. Monthly Aggregate Advance Option Yes No]

[7. Aggregating Specific Option Yes No

Amount – [\$]]

[8. Stop-loss Coinsurance:

Note: Select only one of the options below.

A. Standard Stop-loss Reimbursement (100%) Yes No

This option provides reimbursement for all covered Stop-loss claims at 100%.

B. Stop-Loss Coinsurance Yes No [_____]%

Under this option, Stop-loss claims will be reimbursed using this designated Stop-loss coinsurance.

C. Domestic Coinsurance (Healthcare providers only) Yes No [_____]%

Non-Domestic Claims will be reimbursed at 100%

Proposed Policyholders who are healthcare providers or an affiliation of providers that render health care services to individuals covered under the Policyholder’s self-funded plan shall provide a list or file of affiliated providers including name, address, and identification number, and inform the Company of updates to this listing as they occur. These stop loss claims for those “Domestic” providers will be reimbursed using this designated stop-loss coinsurance. All other providers will be reimbursed at 100%.]

[9. Annual Aggregate Maximum Benefit: [\$_____] [Unlimited]]

[10. Annual Specific Deductible: [\$_____] [Unlimited]]

[11. Annual Specific Maximum: [\$_____] [Unlimited]]

[12. Specific Lifetime Maximum: [\$_____] [Unlimited]]

[13. Minimum Annual Aggregate Deductible:

[_____% of initial Monthly Aggregate Deductible multiplied by 12] [or] [\$_____]]

[14. Covered Persons with unique Specific Stop-loss deductible amounts and maximums:

Name	Unique Annual Specific Stop-loss Deductible Amount	Unique Specific Maximum Benefit
		\$_____ <input type="checkbox"/> Lifetime <input type="checkbox"/> Annual <input type="checkbox"/> Not Applicable <input type="checkbox"/> [Unlimited]
		\$_____ <input type="checkbox"/> Lifetime <input type="checkbox"/> Annual <input type="checkbox"/> Not Applicable <input type="checkbox"/> [Unlimited]
		\$_____ <input type="checkbox"/> Lifetime <input type="checkbox"/> Annual <input type="checkbox"/> Not Applicable <input type="checkbox"/> [Unlimited]
		\$_____ <input type="checkbox"/> Lifetime <input type="checkbox"/> Annual <input type="checkbox"/> Not Applicable <input type="checkbox"/> [Unlimited]

]

15. Monthly Rates:

	[Aggregate Stop-loss Premium	[Specific Stop-loss Premium
Employee Only		
Employee + Spouse		
Employee + Child		
Employee + 1		
Family		
[Other]]]

[Aggregate Stop-loss Monthly Deductible Factors						
Plan Type	EE Only	EE + SP	EE + Child	EE + One	Family	[Other
]

[16. Organ Transplant Step Down Deductible Option Yes No

Note: This option is only available if the Policyholder's Plan incorporates [Transplant] benefits consistent with Humana's standard, as approved by Humana.

[Step-Down Amount – [\$10,000], less than the specific or unique specific deductible.]]

[17. Terminal Liability Option. Yes No

If Yes, this coverage will include all Eligible Expenses Paid during the selected period that follows the *Policy Termination Effective Date*.

The Policyholder must utilize Humana to administer run-out claims in order to implement/execute the Terminal Liability Option.

A. Terminal Liability Period:

[Aggregate Stop-loss	[Specific Stop-loss
<input type="checkbox"/> 3 Months	<input type="checkbox"/> 3 Months
<input type="checkbox"/> 4 Months	<input type="checkbox"/> 4 Months
<input type="checkbox"/> 6 Months	<input type="checkbox"/> 6 Months
<input type="checkbox"/> 12 Months]	<input type="checkbox"/> 12 Months]

B. Terminal Liability Maximum Benefit: [\$ _____]
 [The average of the last three (3) months of enrollment times 2.5]
 [The average of the last [_____] months of enrollment times 2.5]

C. Terminal Liability Rates:

	[Aggregate Terminal Liability Premium	[Specific Terminal Liability Premium
Employee Only		
Employee + Spouse		
Employee + Child		
Employee + 1		
Family		
[Other]]]

D. Terminal Liability Factors:

Plan Type	EE Only	EE + SP	EE + Child	EE + One	Family	[Other
]

]

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA INSURANCE COMPANY]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

DOMESTIC CLAIMS OPTION

This amendment is available only when the Policyholder is a healthcare provider, or an affiliation of providers that renders healthcare services to individuals covered under the Policyholder's self-funded health plan. This amendment alters the Stop-Loss coverage for claims under the Policyholder's self-funded plan associated with services rendered by the designated providers affiliated with the Policyholder. The Policyholder and the Company agree that the Policyholder is responsible for notifying the Company of the providers affiliated with the Policyholder in a format mutually agreeable to both the Policyholder and the Company.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Domestic Claims Amendment:

1. **DOMESTIC CLAIMS** means Eligible Expenses associated with services rendered by the designated providers affiliated with the Policyholder.
2. **NON-DOMESTIC CLAIMS** means Eligible Expenses associated with services rendered by providers that are not designated as being affiliated with the Policyholder.
3. **DOMESTIC COINSURANCE PERCENTAGE** is the factor applied to any Domestic Claims that are eligible for reimbursement under this policy.

[The first sentence of Section 2 in **ARTICLE I** is amended to read as follows:

AGGREGATE STOP-LOSS. After the end of each Policy Year, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 2, Domestic Claims, after being adjusted by the Domestic Coinsurance Percentage, and Non-Domestic Claims that when added together are in excess of the Annual Aggregate Deductible, or the Minimum Annual Aggregate Deductible, whichever is greater, and that do not exceed the Annual Aggregate Maximum Benefit, if any, as specified in the Schedule.]

[Sub-paragraph (3) in Section 2 of **ARTICLE I** is amended to read as follows:

These Eligible Expenses **shall** apply toward the Annual Aggregate Deductible: Eligible Expenses that are within the Annual Specific Deductible of any Specific Stop-loss coverage and that do not exceed the Specific Lifetime Maximum Benefit or, if lower, any applicable Unique Specific Lifetime Maximum Benefit. Domestic Claims will be multiplied by the Domestic Coinsurance Percentage before applying the Domestic Claims toward the Annual Aggregate Deductible.]

[The first sentence of Section 3 in **ARTICLE I** is amended to read as follows:

SPECIFIC STOP-LOSS. For any Covered Person during the corresponding year of this Policy, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 3, Domestic Claims, after being adjusted by the Domestic Coinsurance Percentage, and Non-Domestic Claims that when added together are in excess of the Annual Specific Deductible, but only up to the applicable Specific Lifetime Maximum Benefit.]

The definition of Eligible Expenses in **ARTICLE II** of this Policy is amended to read as follows:

ELIGIBLE EXPENSES means demand for payment for services or supplies provided to or on behalf of a Covered Person, that are covered under the terms and provisions of the Policyholder's Plan, that are not excluded under the terms of this Policy, and that are both Incurred by the Covered Person and Paid by the Policyholder's Plan or a claims administrator on behalf of the Policyholder's Plan within the time periods specified in the Schedule to this Policy. Such expenses are eligible for reimbursement under this Policy, subject to the Domestic Coinsurance Percentage, once the corresponding deductibles of this policy are satisfied, but only up to any applicable maximum benefit amount.

IN WITNESS WHEREOF, [Humana Insurance Company] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA INSURANCE COMPANY]

[MICHAEL B. MCCALLISTER, PRESIDENT]

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA INSURANCE COMPANY]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

MONTHLY AGGREGATE ADVANCE OPTION

This Amendment allows determinations and adjustments to the Aggregate Stop-loss Insurance reimbursement to be made monthly, based on the Policy Year to date cumulative claim experience under the Policyholder's Plan and the provisions of the Group Stop-loss Policy. These determinations may result in the Company making monthly advances against the reimbursement to the Policyholder or in the Policyholder making repayment to the Company of a portion of previous advance monthly reimbursements.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Monthly Aggregate Advance Option:

1. **AGGREGATE STOP-LOSS ADVANCE PAYMENTS** means reimbursements from the Company to the Policyholder during the Policy Year under the provisions of this Monthly Aggregate Advance Option.
2. **CUMULATIVE ELIGIBLE EXPENSES** means the Policy Year to date sum of the Eligible Expenses, as set forth herein.
3. **CUMULATIVE MONTHLY AGGREGATE DEDUCTIBLE** means the Policy Year to date sum of the Monthly Aggregate Deductible amounts, as set forth herein.
4. **CUMULATIVE NET AGGREGATE** amount means the Cumulative Eligible Expenses minus the Cumulative Monthly Aggregate Deductible.
5. **MONTHLY AGGREGATE DEDUCTIBLE** means the product of the Monthly Aggregate Deductible Factors, as specified in the Schedule to this Policy, and the Covered Units for the month in the Policy Year, as set forth herein.

6. **MONTHLY AGGREGATE REIMBURSABLE AMOUNT** means the Cumulative Net Aggregate amount at the end of any month during the Policy Year, whenever the Cumulative Net Aggregate amount is greater than zero as set forth herein, multiplied by the Stop-loss Coinsurance, as specified in the Schedule to this Policy.

ARTICLE 1, SECTION 2 of this Policy is amended to read as follows:

AGGREGATE STOP-LOSS. The Company will reimburse the Policyholder the percent of Cumulative Eligible Expenses, as indicated by the Stop-loss Coinsurance on the Schedule, that are in excess of the Cumulative Monthly Aggregate Deductible and that do not exceed the Annual Aggregate Maximum Benefit, if applicable, as set forth in the Schedule to this Policy and subsequent amendments.

The Company shall determine the amounts to be paid under this Monthly Aggregate Advance Option after the end of each Policy Month in the following manner:

- (1) The Monthly Aggregate Deductible Factor(s) set forth in the Schedule will be multiplied by the number of Covered Units at the beginning of the first month of the Policy Year to determine the Monthly Aggregate Deductible for the first two months of the first Policy Year. Thereafter, the Monthly Aggregate Deductible Factor(s) set forth in the Schedule will be multiplied by the number of Covered Units at the beginning of the second month immediately prior to the month of the Policy Year for which the Monthly Aggregate Deductible is being calculated. Whenever the Schedule shows multiple Monthly Aggregate Deductible Factors, the Monthly Aggregate Deductible amount shall be the sum of the products. Retroactive changes to Covered Units submitted after the Settlement Period will not be included in the calculations of the Monthly Aggregate Deductible Amounts.
- (2) The Cumulative Monthly Aggregate Stop-loss Deductible amount shall be the sum of the Policy year to date Monthly Aggregate Deductible amounts. For the last month of the plan year, if the Cumulative Monthly Aggregate Deductible is less than the Minimum Annual Aggregate Deductible set forth in the Schedule to this Policy, then the Minimum Annual Aggregate Deductible will be used in lieu of the Cumulative Monthly Aggregate Deductible.

In the event of a strike, lockout or work stoppage caused by any disagreement between the Policyholder and all or a part of the employees covered under its plan, the number of Covered Units for any month during which such event continues shall be the number of Covered Units for the month immediately preceding the month during which such event commenced.

- (3) At the end of each month, the Company will calculate the Cumulative Eligible Expenses, the Cumulative Monthly Aggregate Deductible, the Cumulative Net Aggregate, and the Monthly Aggregate Reimbursable Amount. The Company shall advance the Policyholder the Monthly Aggregate Reimbursable Amount plus any reimbursements the Policyholder has made to the Company for previous Aggregate Stop-loss Advance Payments for the current Policy Year minus the total of any previous Aggregate Stop-loss Advance Payments for the current Policy Year, if that net amount is greater than zero, by the fifteenth business day of the following month. Such payments by the Company shall be considered advances to the Policyholder against any Aggregate Stop-loss claim otherwise made by the Policyholder at the end of the Policy Year during which such advances are made.

Whenever the Monthly Aggregate Reimbursable Amount is less than the total of any previous Aggregate Stop-loss Advance Payments the Company has provided the Policyholder for the Policy Year, minus any reimbursements the Policyholder has made to the Company for previous Aggregate Stop-loss Advance Payments for the current Policy Year, the Policyholder will reimburse the Company by the fifteenth business day of the following month an amount equal to the total of all Aggregate Stop-loss Advance Payments previously paid by the Company to the Policyholder for the Policy Year minus the Monthly Aggregate Reimbursable Amount and minus any reimbursements the Policyholder has made to the Company for previous Aggregate Stop-loss Advance Payments for the current Policy Year. Such payments by the Policyholder shall be considered as offsets to any Aggregate Stop-loss claim otherwise made by the Policyholder at the end of the Policy Year during which such reimbursements are made.

Any Aggregate Stop-loss Advance Payments to the Policyholder during the Policy Year, which have not been previously repaid, must be repaid to the Company, with accrued interest, within 15 business days of the final accounting to the extent such advances exceed any amount due the Policyholder upon final accounting for the full Policy Year. Such final accounting shall be completed within the Settlement Period.

- (4) The Annual Aggregate Deductible and the Monthly Aggregate Deductible Factors shall apply separately to each Policy Year and shall be re-determined each succeeding Policy Year. The Company shall have the right to change the Monthly Aggregate Deductible Factors. However, the Company will provide written notice at least thirty (30) days prior to the effective date of such change.

No change will be made to the Monthly Aggregate Deductible Factors on any date other than the Policyholder's Anniversary unless such change is due to a Change of Risk under the Policyholder's Plan. Policyholder shall provide the Company at least thirty (30) days advance written notice of any Change of Risk. Upon such notice, the Company, in its sole discretion, shall determine whether resulting changes to the Monthly Aggregate Deductible Factors are necessary.

Payments made for Eligible Expenses by the Policyholder or a claims administrator on behalf of the Policyholder's Plan, that are within the Annual Specific Deductible of any Specific Stop-loss coverage provided by this Policy shall be applied toward the Annual Aggregate Deductible, except as set forth in Section 2 (5) of this Article I. Payments made for Eligible Expenses by the Policyholder or a claims administrator on behalf of the Policyholder's Plan, that exceed the Annual Specific Deductible, including Eligible Expenses in excess of the Specific Lifetime Maximum Benefit, shall not be applied toward the Annual Aggregate Deductible.

- (5) In the case where a Covered Person has a Unique Annual Specific Deductible, only payments made for Eligible Expenses by the Policyholder or a claims administrator on behalf of the Policyholder's Plan, which are within the standard Specific Deductible and which do not exceed any applicable annual or lifetime maximum, as shown on the Schedule, will be applied to the Annual Aggregate Deductible.
- (6) In the event that Policyholder is required by the terms of this Amendment to repay any Aggregate Stop-loss Advance Payments with accrued interest, the interest charge shall be calculated on a daily basis using [12%] simple interest per annum as of the date on the check for each Aggregate Stop-loss Advance Payment.

ARTICLE IV, SECTION 4 of this Policy is amended by adding the following paragraph:

If this Policy terminates for any reason, any Aggregate Stop-loss Advance Payments made to the Policyholder under this Amendment, along with accrued interest, shall be immediately due and payable to the Company to the extent such advances exceed any amount due the Policyholder upon final accounting for the term this Policy was in force. Such final accounting shall be completed within thirty (30) days of the termination of this Policy.

IN WITNESS WHEREOF, [Humana Insurance Company] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA INSURANCE COMPANY]

[MICHAEL B. MCCALLISTER, PRESIDENT]

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA INSURANCE COMPANY]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

ORGAN TRANSPLANT STEP DOWN DEDUCTIBLE OPTION

This Amendment allows an adjustment to a Covered Person's Annual Specific Deductible associated with an organ transplant for the Policy Year in which an organ transplant occurs, subject to the terms and conditions set forth below.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments, Applications and Schedules attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Organ Transplant Step Down Deductible Option:

1. [HUMANA'S CENTERS OF EXCELLENCE TRANSPLANT FACILITY] means a facility approved and contracted by [Humana Insurance Company] to perform specified organ transplants as a participant in [Humana's Centers of Excellence Transplant Facility].
2. ORGAN TRANSPLANT means that which is described in the Organ Transplant Benefit under the Policyholder's Plan.

INSURING AGREEMENT

The coverage afforded under this Amendment shall not become effective unless the Policyholder's Plan:

- (1) Requires precertification from [Humana Insurance Company] for all organ transplants, including related pre-transplant and post-discharge services.
- (2) Includes significant benefit penalties for an organ transplant that was performed without the required precertification from [Humana Insurance Company].
- (3) Treats facilities in [Humana's Centers of Excellence Transplant Facility] as participating providers and facilities not in [Humana's Centers of Excellence Transplant Facility] as non-participating providers.
- (4) Provides no coverage for organ transplants performed in a facility not in [Humana's Centers of Excellence Transplant Facility], or limit benefits for such organ transplants to a maximum of [\$35,000] per organ transplant.
- (5) Reimburses the Covered Person for travel and lodging expenses associated with the organ transplant procedures for the Covered Person and one member of the Covered Person's family (two members if the patient is under age 18 years) up to a maximum of [\$10,000] per organ transplant.
- (6) Is reviewed and approved by [Humana Insurance Company] for compliance with the above organ transplant benefit provisions.

If the Policyholder's Plan satisfies all of the requirements set forth above, the Covered Person has an organ transplant performed at a [Humana's Center of Excellence Transplant Facility] and the organ transplant was precertified,

- (1) The Covered Person's Annual Specific Deductible will be reduced by [\$10,000] for the Policy Year in which the organ transplant occurs.
- (2) Access fees, if any, assessed against the Policyholder's Plan for [Humana's Centers of Excellence Transplant Facility] will be reimbursed to the Policyholder.
- (3) Travel and lodging expenses associated with the organ transplant and paid by the Policyholder's Plan will be included as eligible expenses reimbursable by this Policy.

IN WITNESS WHEREOF, [Humana Insurance Company] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA INSURANCE COMPANY]

[MICHAEL B. MCCALLISTER, PRESIDENT]

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA INSURANCE COMPANY]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

TERMINAL LIABILITY OPTION

This Amendment provides extended [Aggregate only][Specific only] [Aggregate and Specific] Stop-loss protection for claims Incurred during the final Policy Year of a terminated Group Stop-loss Policy, subject to the terms and conditions set forth below.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments, Applications and Schedules attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Terminal Liability Option:

1. **ELIGIBLE EXPENSES FOR PURPOSES OF THIS TERMINAL LIABILITY OPTION**, means demand for payment for services or supplies provided to or on behalf of a Covered Person, that are covered under the terms and provisions of the Policyholder's Plan, which are not excluded under this Policy, and that are Incurred by the Covered Person during the final Policy Year of a terminated Group Stop-loss Policy.

[2. **TERMINAL LIABILITY AGGREGATE DEDUCTIBLE** means the dollar amount of Eligible Expenses for which the Policyholder is responsible before the Company has an obligation to reimburse the Policyholder under this Amendment.]

3. **TERMINAL LIABILITY CLAIM SETTLEMENT PERIOD** means the [three (3)] month period commencing the day after the end of the final month of the Terminal Liability Option period.

4. **TERMINAL LIABILITY MAXIMUM BENEFIT** means the maximum amount the Company may be required to reimburse the Policyholder for Eligible Expenses under this Amendment.

5. **TERMINAL LIABILITY PERIOD** means the period of time following the Policy Termination Effective Date, as indicated on the Schedule.

INSURING AGREEMENT

The coverage afforded under this Amendment shall not become effective unless the premium for this coverage is paid to the Company by the Policyholder prior to the Termination of the Policy to which this Amendment applies. Failure of the Policyholder to pay the required premium within the specified period shall cause this Amendment to be null and void. The total Terminal Liability premium will be determined as follows:

1. Multiply the Terminal Liability premium rates from the Schedule of Coverage times the greater of:
 - a. The average of the number of Covered Units in each of the [three (3)] months immediately prior to the Policy's Termination; or
 - b. [95%] of the Covered Units from the first month of the final Policy Year.
2. Multiply the product from bullet one (1) above times a lag factor of [2.5].

[AGGREGATE STOP-LOSS. Subject to the terms, conditions and limitations of the Policy, and any amendments to the Policy, the Company agrees to reimburse the Policyholder for all Eligible Expenses, subject to the Stop-loss Coinsurance if any, which were Incurred during the final Policy Year and Paid during the final Policy Year or during the Terminal Liability Period and which, in the aggregate, are in excess of the Terminal Liability Aggregate Deductible, but not more than the Terminal Liability Maximum Benefit, if any.

All claims for Eligible Expenses must be properly documented in accordance with ARTICLE IV, SECTIONS 8 and 9 of the Policy. Eligible Expenses Incurred during the final Policy Year will accumulate toward the Terminal Liability Aggregate Deductible, if they are Paid during the final Policy Year or the Terminal Liability Period. If the Terminal Liability Aggregate Deductible is exceeded by the Paid claims, the Company will reimburse the Policyholder at the end of the month that the Terminal Liability Aggregate Deductible was exceeded, subject to the Terminal Liability Maximum Benefit and the Stop-loss Coinsurance, if any.

Aggregate Stop-loss coverage under this Terminal Liability Option becomes effective on the termination effective date of the Group Stop-loss Policy.

Payments made for Eligible Expenses by the Policyholder that are within the Annual Specific Deductible amount shall be included in the Aggregate Stop-loss coverage afforded by this Amendment.

The Terminal Liability Aggregate Deductible is calculated as follows:

1. Multiply the Terminal Liability Factors from the Schedule of Coverage times the greater of:
 - a. The average of the number of Covered Units in each of the [three (3)] months immediately prior to the Policy's Termination; or
 - b. [95%] of the Covered Units from the first month of the final Policy Year.
2. Sum each class product from bullet one (1).
3. Multiply the total sum from bullet two (2) above times a lag factor of [2.5].
4. Add the Annual Aggregate Deductible from the final policy year to the product from bullet three (3) above to determine the Terminal Liability Aggregate Deductible.

[Illustration:

In the first month of the Policy, enrollment was 640 Covered Units. Ninety five percent (95%) of 640 Covered Units equals 608 Covered Units.

<u>Covered Units in Each Class</u>				
	Month 10	Month 11	Month 12	<u>Average</u>
Employee	177	178	182	179
Employee and Spouse	223	219	212	218
Employee and Dependent	90	88	89	89
Family	142	137	135	138
Total				624

<u>Class</u>	<u>Factor</u>	<u>x</u>	<u>Average No. Covered Units</u>	
Employee	\$409.90	x	179	= \$ 73,372
Employee and Spouse	\$516.12	x	218	= \$112,514
Employee and Dependent	\$562.12	x	89	= \$ 50,029
Family	\$763.17	x	138	= \$105,317
Total				\$341,232
<u>Lag factor</u>			x	2.5
				<u>\$853,080</u>
<u>Annual Aggregate Deductible from the final year =</u>				<u>+ \$2,781,297</u>
<u>Terminal Liability Aggregate Deductible =</u>				<u>\$3,634,377</u>

The Company shall have the right to change the Terminal Liability Factors upon at least thirty-one (31) days written notice prior to the effective date of the change. No change will be made on any date other than the Policyholder's Anniversary Date unless there is a Change of Risk under the Policyholder's Plan. The Annual Aggregate Deductible after termination of the Policy will not be prorated in the event such termination occurs off anniversary.]

[SPECIFIC STOP-LOSS. Subject to the terms, conditions and limitations of the Policy, and any amendments to the Policy, the Company agrees to reimburse the Policyholder for all Eligible Expenses for any Covered Person, subject to the Stop-loss Coinsurance if any, which were Incurred during the final Policy Year and Paid during the final Policy Year or during the Terminal Liability Period and that are in excess of the Annual Specific Deductible, or the Unique Annual Specific Deductible, but not more than the applicable Specific Lifetime Maximum Benefit, if any.

Specific Stop-loss coverage under this Terminal Liability Option becomes effective on the termination effective date of the Group Stop-loss Policy.]

[or]

[The Terminal Liability Option applies to Aggregate Stop-loss only. Payments made for Eligible Expenses by the Policyholder that exceed the Annual Specific Deductible amount are excluded from coverage afforded by this Amendment.]

IN WITNESS WHEREOF, [Humana Insurance Company] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA INSURANCE COMPANY]

[MICHAEL B. MCCALLISTER, PRESIDENT]

APPLICATION FOR GROUP STOP-LOSS INSURANCE



HUMANA INSURANCE COMPANY

ALL TERMS ARE DEFINED IN THE SPECIMEN POLICY

The statements and information provided in this Application and the Employer Disclosure Statement, incorporated by reference herein, will be relied upon and form the basis of any Policy of Insurance issued to the Proposed Policyholder. Statements and descriptions in this Application shall be deemed to be representations and not warranties. No Stop-loss coverage will be in place until this Application has been signed by the Proposed Policyholder and accepted in writing by the Company, and the Company has received the initial premium payment.

Proposed Policyholder: _____
(Exact legal name)

(P.O. Box, Street)

(City) (State) (Zip Code)

Employee Benefit Plan Name: _____

Policy Effective Date: _____

1. Indicate Affiliates/Subsidiaries or other related entities to be included in this insurance, if any.

Name	Location	Relationship	Business	Number of Employees

2. This policy replaces:

Prior Carrier Termination Date

APPLICATION FOR GROUP STOP-LOSS INSURANCE



3. Identify any class(es) of employees of the Proposed Policyholder to be excluded from coverage:

4. Covered Benefits:

<p>Specific Stop-loss</p> <p>Medical Prescription Drug Mental Health _____</p>

Yes

No

5. Coverage Options:

Stop-loss Contract	Explanation
___/12	Claims Incurred during the period: _____ - _____ and Paid during the 12 months immediately following the Policy Effective Date.
12/12	Claims Incurred and Paid during the 12 months immediately following the Policy Effective Date.
12/___	Claims Incurred during the 12 months following the Policy Effective Date and Paid during the period: _____ - _____
	Claims Incurred within ___ months prior to the start of Policy Year and Paid within ___ months following start of Policy Year. _____ _____ _____

Yes

No

APPLICATION FOR GROUP STOP-LOSS INSURANCE



9. Stop-loss Coinsurance

Note: Select only one of the options below.

A. Standard Stop-loss Reimbursement (100%) Yes No

This option provides reimbursement for all covered Stop-loss claims at 100%.

B. Stop-loss Coinsurance Yes No _____%

Under this option, Stop-loss claims will be reimbursed using this designated Stop-loss coinsurance.

C. Domestic Coinsurance Yes No _____%

10. Annual Aggregate Maximum Benefit: \$ _____

11. Annual Specific Deductible: \$ _____

12. Annual Specific Maximum: \$ _____

13. Specific Lifetime Maximum: \$ _____

14. Minimum Annual Aggregate Deductible: (Complete one or the other, not both.)

\$ _____ or _____% of first Monthly Aggregate Deductible multiplied by [12.]

APPLICATION FOR GROUP STOP-LOSS INSURANCE



15. Covered Persons with unique Specific stop-loss deductible amounts and maximums:

Name	Unique Annual Specific Stop-loss Deductible	Unique Specific Maximum Benefit

16. Monthly Rates:

17. Organ Transplant Step-Down Deductible Option

Note: This option is only available if the Policyholder's Plan incorporates [Transplant] benefits consistent with Humana's standard, as approved by Humana.

Yes

No

APPLICATION FOR GROUP STOP-LOSS INSURANCE



18. Terminal Liability Option

Yes No

If Yes, this coverage will include all Eligible Expenses paid during the selected period that follows the *Policy Termination Effective Date*.

The Policyholder must utilize Humana to administer run-out claims in order to implement/execute the *Terminal Liability Option*.

A. Terminal Liability Period:

Aggregate Stop-loss	Specific Stop-loss
3 Months	3 Months
4 Months	4 Months
6 Months	6 Months
12 Months	12 Months



APPLICATION FOR GROUP STOP-LOSS INSURANCE



CONDITIONS OF APPLICATION

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By: _____

Witness: _____

Dated: _____

Dated at: _____

To be effective on _____

Humana Underwriting Countersignature

Signature: _____ Printed Name : _____ Date: _____

SERFF Tracking Number: HUMA-127783054

State: Arkansas

Filing Company: Humana Insurance Company

State Tracking Number: 50134

Company Tracking Number: AR-SLP-11-01

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Stop Loss

Project Name/Number: Stop Loss/AR-SLP-11-01

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Updating file due to incorrect withdraw. Attachment: AR PPO Certificate of Readability.pdf	Approved-Closed	11/03/2011
Satisfied - Item: Application Comments: Updating file due to incorrect withdraw. Attachment: AR SL Application_2011_AR.pdf	Approved-Closed	11/03/2011
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Stop loss filing, Updating file due to incorrect withdraw. Comments:	Approved-Closed	11/03/2011
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable, Updating file due to incorrect withdraw. Comments:	Approved-Closed	11/03/2011
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	11/03/2011

SERFF Tracking Number: HUMA-127783054 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 50134
Company Tracking Number: AR-SLP-11-01
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Stop Loss
Project Name/Number: Stop Loss/AR-SLP-11-01
Bypass Reason: Not PPACA related, Updating file due to incorrect withdraw.

Comments:

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	11/03/2011

Comments:

Please see attached cover letter.

Attachment:

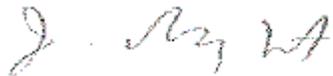
AR Form Cover Letter - HIC.pdf

HUMANA INSURANCE COMPANY

CERTIFICATE OF READABILITY

AR-SLP 11-01

I hereby certify that these forms exceed the minimum reading ease score of 40 required by the State of Arkansas.



J Gregory Catron
Vice President
Humana Insurance Company

September 30, 2011

Date

Individual responsible for this filing:

Evelyn Birk
Contract Analyst
Humana Insurance Company
101 East Main Street
Louisville, KY. 40202
Telephone (502)580-7178

APPLICATION FOR GROUP STOP-LOSS INSURANCE



HUMANA INSURANCE COMPANY

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Proposed Policyholder: _____
(Exact legal name)

(P.O. Box, Street)

(City) (State) (Zip Code)

Employee Benefit Plan Name: _____

Policy Effective Date: _____

1. Indicate Affiliates/Subsidiaries or other related entities to be included in this insurance, if any.

Name	Location	Relationship	Business	Number of Employees
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. This policy replaces:

Prior Carrier Termination Date

APPLICATION FOR GROUP STOP-LOSS INSURANCE



3. Identify any class(es) of employees of the Proposed Policyholder to be excluded from coverage:

4. Covered Benefits:

<p>Specific Stop-loss</p> <p>Medical Prescription Drug Mental Health _____</p>
--

Yes

No

5. Coverage Options:

Stop-loss Contract	Explanation
___/12	Claims Incurred during the period: _____ - _____ and Paid during the 12 months immediately following the Policy Effective Date.
12/12	Claims Incurred and Paid during the 12 months immediately following the Policy Effective Date.
12/___	Claims Incurred during the 12 months following the Policy Effective Date and Paid during the period: _____ - _____
	Claims Incurred within ___ months prior to the start of Policy Year and Paid within ___ months following start of Policy Year.

Yes

No



APPLICATION FOR GROUP STOP-LOSS INSURANCE



6. Run In:

Yes No

If Yes, the Company will apply during the initial Policy Year all Eligible Expenses incurred during the selected period preceding the Effective Date of the Policy and Paid during the initial Policy Year.

Aggregate Stop-loss	Specific Stop-loss
3 Months 6 Months _____	3 Months 6 Months _____
Limit: _____	Limit: _____

7. Monthly Aggregate Advance Option

Yes No

8. Aggregating Specific Stop-loss

Yes No

Note: Aggregating Specific option is only available if Specific Stop-loss coverage is chosen and will cover the same services indicated for Specific Stop-loss.

If Yes, indicate **Aggregating Specific Deductible:** \$ _____

APPLICATION FOR GROUP STOP-LOSS INSURANCE



9. Stop-loss Coinsurance

Note: Select only one of the options below.

A. Standard Stop-loss Reimbursement (100%) Yes No

This option provides reimbursement for all covered Stop-loss claims at 100%.

B. Stop-loss Coinsurance Yes No _____%

Under this option, Stop-loss claims will be reimbursed using this designated Stop-loss coinsurance.

C. Domestic Coinsurance _____%

10. Annual Aggregate Maximum Benefit: \$ _____

11. Annual Specific Deductible: \$ _____

12. Annual Specific Maximum: \$ _____

13. Specific Lifetime Maximum: \$ _____

14. Minimum Annual Aggregate Deductible: *(Complete one or the other, not both.)*

\$ _____ or _____% of first Monthly Aggregate Deductible multiplied by [12.]

APPLICATION FOR GROUP STOP-LOSS INSURANCE



15. Covered Persons with unique Specific stop-loss deductible amounts and maximums:

Name	Unique Annual Specific Stop-loss Deductible	Unique Specific Maximum Benefit

16. Monthly Rates:

17. Organ Transplant Step-Down Deductible Option

Note: This option is only available if the Policyholder's Plan incorporates [Transplant] benefits consistent with Humana's standard, as approved by Humana.

Yes

No

APPLICATION FOR GROUP STOP-LOSS INSURANCE



18. Terminal Liability Option

Yes No

If Yes, this coverage will include all Eligible Expenses paid during the selected period that follows the *Policy Termination Effective Date*.

The Policyholder must utilize Humana to administer run-out claims in order to implement/execute the *Terminal Liability Option*.

A. Terminal Liability Period:

Aggregate Stop-loss	Specific Stop-loss
3 Months	3 Months
4 Months	4 Months
6 Months	6 Months
12 Months	12 Months



APPLICATION FOR GROUP STOP-LOSS INSURANCE



CONDITIONS OF APPLICATION

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By: _____

Witness: _____

Dated: _____

Dated at: _____

To be effective on _____

Humana Underwriting Countersignature

Signature: _____ Printed Name : _____ Date: _____

September 29, 2011

Ms. Rosalind D. Minor
Certified Rate and Form Analyst
Life and Health Division

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: HUMANA INSURANCE COMPANY
Group Stop-Loss Insurance
FEIN # 39-1263473
NAIC # 73288
INTERNAL FILING NUMBER: AR-SLP-11-01
Form Numbers:

SLP-2011-AASO-AR	Agg Spec Amendment
SLP-2011-I&P-9/2011-AR	Group Stop-Loss Policy
SLP-2011-SOC-AR	Stop-Loss Schedule of Coverage
SLP-2011-DCO-AR	Domestic Clms Amendment
SLP-2011-MAAO-AR	Monthly Agg Advance
SLP-2011-TSDO-AR	Organ Trans Ded Step Down
SLP-2011-TLO-AR	Term Liability Amendment

Dear Ms. Rosalind D. Minor:

Enclosed for your approval are the above referenced forms. These forms are intended for general use. They do not replace or supersede any form previously filed.

The policy will be made available to Small and Large Employer groups that have administrative services only contracts for their group medical insurance coverage.

Should you have any questions, please do not hesitate to contact me directly at 1-502-580-7178 or via electronic mail at ebirk@humana.com.

Sincerely,

Evelyn Birk

Ms. Evelyn Birk
Contract Analyst

Enclosures

SERFF Tracking Number: HUMA-127783054 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 50134
 Company Tracking Number: AR-SLP-11-01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Stop Loss
 Project Name/Number: Stop Loss/AR-SLP-11-01

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)
11/01/2011	Form	Application for Grp Stop-Loss	11/03/2011	AR SL Application_2011_AR.pdf (Superseded)
10/31/2011	Form	Agg Spec Amendment	11/01/2011	OH Agg Spec Amdmnt.pdf (Superseded)
10/31/2011	Form	Group Stop-Loss Policy	11/01/2011	OH Policy 9-2011 OH.pdf (Superseded)
10/31/2011	Form	Stop-Loss Schedule of Coverage	11/01/2011	OH Sch of Covgs 9-2011 OH.pdf (Superseded)
10/31/2011	Form	Domestic Clms Amendment	11/01/2011	OH Domestic Claims Amdmnt.pdf (Superseded)
10/31/2011	Form	Monthly Agg Advance	11/01/2011	OH Monthly Agg Advance Amdmnt.pdf (Superseded)
10/31/2011	Form	Organ Trans Ded Step Down	11/01/2011	OH Organ Trans Ded Step Down.pdf (Superseded)
10/31/2011	Form	Term Liability Amendment	11/01/2011	OH Term Liability Amdmnt.pdf (Superseded)
10/31/2011	Form	Application for Grp Stop-Loss	11/01/2011	

<i>SERFF Tracking Number:</i>	<i>HUMA-127783054</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>50134</i>
<i>Company Tracking Number:</i>	<i>AR-SLP-11-01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Stop Loss/AR-SLP-11-01</i>		

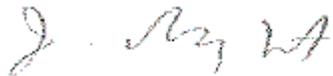
10/31/2011	Supporting Flesch Certification Document	11/02/2011	AR PPO Certificate of Readability.pdf (Superseded)
10/31/2011	Supporting Application Document	11/02/2011	AR SL Application_2011_AR.pdf (Superseded)
10/31/2011	Supporting Health - Actuarial Justification Document	11/02/2011	
10/31/2011	Supporting Outline of Coverage Document	11/02/2011	
10/31/2011	Supporting PPACA Uniform Compliance Document Summary	11/02/2011	
10/31/2011	Supporting Cover Letter Document	11/02/2011	AR Form Cover Letter - HIC.pdf (Superseded)

HUMANA INSURANCE COMPANY

CERTIFICATE OF READABILITY

AR-SLP 11-01

I hereby certify that these forms exceed the minimum reading ease score of 40 required by the State of Arkansas.



J Gregory Catron
Vice President
Humana Insurance Company

September 30, 2011

Date

Individual responsible for this filing:

Evelyn Birk
Contract Analyst
Humana Insurance Company
101 East Main Street
Louisville, KY. 40202
Telephone (502)580-7178

APPLICATION FOR GROUP STOP-LOSS INSURANCE



HUMANA INSURANCE COMPANY

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Proposed Policyholder: _____
(Exact legal name)

(P.O. Box, Street)

(City) (State) (Zip Code)

Employee Benefit Plan Name: _____

Policy Effective Date: _____

1. Indicate Affiliates/Subsidiaries or other related entities to be included in this insurance, if any.

Name	Location	Relationship	Business	Number of Employees
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. This policy replaces:

Prior Carrier Termination Date

APPLICATION FOR GROUP STOP-LOSS INSURANCE



3. Identify any class(es) of employees of the Proposed Policyholder to be excluded from coverage:

4. Covered Benefits:

<p>Specific Stop-loss</p> <p>Medical Prescription Drug Mental Health _____</p>
--

Yes

No

5. Coverage Options:

Stop-loss Contract	Explanation
___/12	Claims Incurred during the period: _____ - _____ and Paid during the 12 months immediately following the Policy Effective Date.
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12/___	Claims Incurred during the 12 months following the Policy Effective Date and Paid during the period: _____ - _____
	Claims Incurred within ___ months prior to the start of Policy Year and Paid within ___ months following start of Policy Year.

Yes

No



APPLICATION FOR GROUP STOP-LOSS INSURANCE



9. Stop-loss Coinsurance

Note: Select only one of the options below.

A. Standard Stop-loss Reimbursement (100%) Yes No

This option provides reimbursement for all covered Stop-loss claims at 100%.

B. Stop-loss Coinsurance Yes No _____%

Under this option, Stop-loss claims will be reimbursed using this designated Stop-loss coinsurance.

C. Domestic Coinsurance _____%

10. Annual Aggregate Maximum Benefit: \$ _____

11. Annual Specific Deductible: \$ _____

12. Annual Specific Maximum: \$ _____

13. Specific Lifetime Maximum: \$ _____

14. Minimum Annual Aggregate Deductible: *(Complete one or the other, not both.)*

\$ _____ or _____% of first Monthly Aggregate Deductible multiplied by [12.]

APPLICATION FOR GROUP STOP-LOSS INSURANCE



15. Covered Persons with unique Specific stop-loss deductible amounts and maximums:

Name	Unique Annual Specific Stop-loss Deductible	Unique Specific Maximum Benefit

16. Monthly Rates:

17. Organ Transplant Step-Down Deductible Option

Note: This option is only available if the Policyholder's Plan incorporates [Transplant] benefits consistent with Humana's standard, as approved by Humana.

Yes

No

APPLICATION FOR GROUP STOP-LOSS INSURANCE



18. Terminal Liability Option

Yes No

If Yes, this coverage will include all Eligible Expenses paid during the selected period that follows the *Policy Termination Effective Date*.

The Policyholder must utilize Humana to administer run-out claims in order to implement/execute the *Terminal Liability Option*.

A. Terminal Liability Period:

Aggregate Stop-loss	Specific Stop-loss
3 Months	3 Months
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APPLICATION FOR GROUP STOP-LOSS INSURANCE



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By: _____

Witness: _____

Dated: _____

Dated at: _____

To be effective on _____

Humana Underwriting Countersignature

Signature: _____ Printed Name : _____ Date: _____

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(P.O. Box, Street)

(City) (State) (Zip Code)

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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Prior Carrier Termination Date

APPLICATION FOR GROUP STOP-LOSS INSURANCE



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<p>Specific Stop-loss</p> <p>Medical Prescription Drug Mental Health _____</p>
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Yes

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Yes

No



APPLICATION FOR GROUP STOP-LOSS INSURANCE



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Note: Select only one of the options below.

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APPLICATION FOR GROUP STOP-LOSS INSURANCE



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Name	Unique Annual Specific Stop-loss Deductible	Unique Specific Maximum Benefit

16. Monthly Rates:

17. Organ Transplant Step-Down Deductible Option

Note: This option is only available if the Policyholder's Plan incorporates [Transplant] benefits consistent with Humana's standard, as approved by Humana.

Yes

No

APPLICATION FOR GROUP STOP-LOSS INSURANCE



18. Terminal Liability Option

Yes No

If Yes, this coverage will include all Eligible Expenses paid during the selected period that follows the *Policy Termination Effective Date*.

The Policyholder must utilize Humana to administer run-out claims in order to implement/execute the *Terminal Liability Option*.

A. Terminal Liability Period:

Aggregate Stop-loss	Specific Stop-loss
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APPLICATION FOR GROUP STOP-LOSS INSURANCE



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By: _____

Witness: _____

Dated: _____

Dated at: _____

To be effective on _____

Humana Underwriting Countersignature

Signature: _____ Printed Name : _____ Date: _____

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA HEALTH PLAN OF OHIO]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

AGGREGATING SPECIFIC OPTION

This Amendment alters the reimbursement from the Company to the Policyholder under the provisions of the Specific Stop-loss coverage afforded by this Policy.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Amendment:

AGGREGATING SPECIFIC DEDUCTIBLE means the cumulative amount of Eligible Expenses that must be reached before the Company will reimburse the Policyholder as otherwise defined under the Specific Stop-loss provisions of this Policy.

ARTICLE 1, SECTION 3 of this Policy is amended to read as follows:

SPECIFIC STOP-LOSS. For any Covered Person during the corresponding year of this Policy, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 3, the percent of Eligible Expenses, as indicated by the Stop-loss Coinsurance in the Schedule, that are in excess of both the Annual Specific Deductible and the Aggregating Specific Deductible, but only up to the applicable Specific Lifetime Maximum Benefit. The Annual Specific Deductible is set forth in the Schedule and applies separately to each Covered Person during each Policy Year. The Aggregating Specific Deductible is set forth in the Schedule and any subsequent amendments, and applies separately to each Policy Year. The Specific Lifetime Maximum Benefit for each Covered Person is set forth in the Schedule and any subsequent amendments.

Only Eligible Expenses above a Covered Person's Annual Specific Deductible are accumulated toward the Aggregating Specific Deductible. The Policy has one Aggregating Specific Deductible that applies to the cumulative sum of the corresponding Eligible Expenses of all Covered Persons.

For any Covered Person so identified in the Schedule, the reimbursement from the Company to the Policyholder will be based on a Unique Annual Specific Deductible and/or a Unique Specific Lifetime Maximum Benefit.

IN WITNESS WHEREOF, [Humana Health Plan of Ohio] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA HEALTH PLAN OF OHIO]

[MICHAEL B. MCCALLISTER, PRESIDENT]

Humana Health Plan of Ohio

Policyholder: [ABC Company]
Policy Number: [123456789]
Effective Date: [00/00/00]

This Policy is delivered in and governed by the laws of: Ohio

This Policy is issued in consideration of the Policyholder's Application, a copy of which is attached and made part of this Policy, and such Policyholder's payment of premiums as provided under this Policy.

This Policy and the insurance it provides become effective on the date stated above at 12:01 A.M. at the address of the Policyholder. This Policy and the insurance it provides terminate at 12:01 A.M., same time zone, on the date of termination. **The provisions stated above and on the following pages are parts of this Policy.**

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

GROUP STOP-LOSS POLICY

ISSUED BY HUMANA HEALTH PLAN OF OHIO

POLICY NO.: [123456789]
EFFECTIVE DATE: [00/00/00]

ARTICLE 1 – STOP-LOSS PROVISIONS

SECTION 1.

INSURING AGREEMENT. In consideration of the Application and premium payment, this Policy is entered into by and between the Policyholder identified on the cover page of this Policy and Humana Health Plan of Ohio (the Company).

The Company will reimburse the Policyholder for Eligible Expenses that satisfy the applicable terms and conditions of this Policy, that are in excess of the applicable Stop-loss deductible amount(s) set forth in Sections 2 AND 3 of this ARTICLE, and that do not exceed the applicable Maximum Benefit. Reimbursement will be made for only Covered Benefits specified in the Application for this Policy and subsequent amendments. Reimbursement to the Policyholder under this Policy shall be subject to ARTICLE III - LIMITATIONS AND EXCLUSIONS.

SECTION 2.

AGGREGATE STOP-LOSS. After the end of each Policy Year, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 2, the percent of Eligible Expenses, as indicated by the Stop-loss Coinsurance on the Schedule, that are in excess of the Annual Aggregate Deductible, or the Minimum Annual Aggregate Deductible, whichever is greater, and that do not exceed the Annual Aggregate Maximum Benefit, if any, as specified in the Schedule. The amount, if any, to be Paid to the Policyholder by the Company under the Aggregate Stop-loss provisions of this Policy shall be determined after the end of each Policy Year and shall be calculated in the following manner:

(1) The number of Covered Units at the beginning of each month during the Policy Year will be multiplied by the Monthly Aggregate Deductible Factors specified in the Schedule. The product of this calculation shall be the Monthly Aggregate Deductible for that month. The sum of all the Monthly Aggregate Deductible Amounts for the Policy Year shall be the Annual Aggregate Deductible. If the Annual Aggregate Deductible is less than the Minimum Annual Aggregate Deductible set forth in the Schedule to this Policy, then the Minimum Annual Aggregate Deductible will be used instead of the Annual Aggregate Deductible. Retroactive changes to Covered Units submitted after the Settlement Period will not be included in the calculations of the Monthly Aggregate Deductible amounts.

In the event of a strike, lockout or work stoppage caused by any disagreement between the Policyholder and all or part of the employees covered under the Policyholder's Plan, the number of Covered Units for any month during which the event continues shall be the number of Covered Units for the month immediately preceding the month during which the event commenced.

(2) The Annual Aggregate Deductible and the Monthly Aggregate Deductible Factors shall apply separately to each Policy Year and shall be re-determined each succeeding Policy Year. The Company shall have the right to change the Monthly Aggregate Deductible Factors with written notice at least thirty (30) days prior to the effective date of the change. No change will be made to the Monthly Aggregate Deductible Factors on any date other than the Policyholder's Anniversary unless such change is due to a Change of Risk. Policyholder shall provide the Company with at least thirty (30) days advance written notice of any Change of Risk. Upon such notice, the Company may, in its sole discretion, determine whether changes to the Monthly Aggregate Deductible Factors are necessary.

(3) These Eligible Expenses **shall** apply toward the Annual Aggregate Deductible: Eligible Expenses that are within the Annual Specific Deductible of any Specific Stop-loss coverage and that do not exceed the [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit] or, if lower, any applicable [Unique Specific Lifetime Maximum Benefit] [and/or] [Unique Specific Annual Maximum Benefit].

(4) These Eligible Expenses shall **not** apply to any Annual Aggregate Deductible and are also excluded from the Aggregate Stop-loss coverage: (i) Eligible Expenses that are in excess of the Annual Specific Deductible (even if a Unique Specific Deductible applies); (ii) Eligible Expenses that have been or are reimbursable under any Specific Stop-loss coverage; and (iii) Eligible Expenses that are in excess of the Specific Lifetime Maximum Benefit [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit] or, if lower, any applicable Unique Specific Lifetime Maximum Benefit [Unique Specific Lifetime Maximum Benefit] [and/or] [Unique Specific Annual Maximum Benefit].

SECTION 3.

SPECIFIC STOP-LOSS. For any Covered Person during the corresponding year of this Policy, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 3, the percent of the Eligible Expenses, as indicated by the Stop-loss Coinsurance in the Schedule, that are in excess of the Annual Specific Deductible, but only up to the applicable Specific Lifetime Maximum Benefit [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit]. The Annual Specific Deductible is set forth in the Schedule and applies separately to each Covered Person during each Policy Year. The Specific Lifetime Maximum Benefit [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit] for each Covered Person is set forth in the Schedule and subsequent amendments.

For any Covered Person so identified in the Schedule, the reimbursement from the Company to the Policyholder will be based on a Unique Annual Specific Deductible and/or a Unique Specific [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit].

SECTION 4.

AGGREGATE STOP-LOSS CLAIM SETTLEMENT. The Company will reimburse the Policyholder for any eligible Aggregate Stop-loss claim within the Settlement Period. Any such claim must be properly documented in accordance with ARTICLE IV, Sections 9 and 10 of this Policy.

SECTION 5.

SPECIFIC STOP-LOSS CLAIM SETTLEMENT. The Company will reimburse the Policyholder for any eligible Specific Stop-loss claims as soon as reasonably possible following receipt of the Policyholder's claim for reimbursement. Any such claim must be properly documented in accordance with ARTICLE IV, Section 10 of this Policy. In no event will the Company delay reimbursement to the Policyholder for a period of more than thirty (30) days following receipt of the Policyholder's claim for reimbursement, unless the Company deems it necessary to conduct an investigation or obtain additional information from the Policyholder to perfect the claim.

SECTION 6.

EXPENSES INCURRED BEFORE THE EFFECTIVE DATE OF THIS POLICY. If so requested in the Application and approved by the Company, for the initial Policy Year, the Company will treat as Eligible Expenses all expenses otherwise satisfying the Policy's definition of Eligible Expenses that are Incurred during the "Run-In" time period specified in the Schedule immediately before the Policy's effective date and that are Paid during the initial Policy Year under the [Aggregate Stop-Loss] [and] [Specific Stop-Loss] provisions of this Policy. This Section 6, however, shall only apply to those Eligible Expenses that do not exceed the Run-In Limits set forth in the Schedule. Additionally, the Company shall not be responsible for Eligible Expenses incurred that could not be documented or any Eligible Expenses which were previously processed and Paid in accordance with the provisions of any prior stop-loss policy not issued by the Company.

SECTION 7.

THIRD PARTY RECOVERIES OR REIMBURSEMENTS. In the event the Company pays a claim under either or both the Aggregate Stop-loss or Specific Stop-loss provisions of this Policy, the Company shall be subrogated to the rights of the Policyholder and shall be entitled to be reimbursed first from any net proceeds subsequently recovered from responsible third parties, their insurers or others who may be responsible to pay or indemnify the Covered Person or the Covered Person's estate. Any balance remaining after the Company has been reimbursed shall then be credited or remitted to the Policyholder.

ARTICLE II - DEFINITIONS

ANNUAL AGGREGATE DEDUCTIBLE means the dollar amount shown on the Schedule that must be satisfied by Eligible Expenses before any Eligible Expenses become reimbursable under the Aggregate Stop-Loss provisions of this Policy.

ANNUAL AGGREGATE MAXIMUM BENEFIT means the maximum amount shown on the Schedule that the Company may be required to pay the Policyholder under the Aggregate Stop-Loss provisions of the Policy for that Policy Year.

ANNUAL SPECIFIC DEDUCTIBLE means the dollar amount shown on the Schedule that must be satisfied by Eligible Expenses for any one Covered Person, before any Eligible Expenses for that Covered Person become reimbursable under the Specific Stop-Loss provisions of this Policy, for any one Policy Year.

CHANGE OF RISK means any one, or more than one, of the following events: (i) a substantial change in the benefits provided under the Policyholder's Plan; (ii) a [10%] or greater change in the number of Covered Units in one month when compared to the prior month or a [25%] or greater change in the number of Covered Units in any three month period when compared to the prior three month period; (iii) the addition or deletion of a business location at which Covered Units are employed by the Policyholder; (iv) the change of administrator or managed care network.

COBRA means the continuation of employee and dependent health benefits provided under Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985 as amended.

COBRA UNITS means those individuals originally covered under the Policyholder's Plan who elect to continue in the Policyholder's Plan via COBRA.

COVERED PERSON means a person who is both eligible for benefits and validly enrolled for coverage under the Policyholder's Plan. Such person is not directly covered under this Policy and is not entitled to receive any direct payment or reimbursement hereunder.

COVERED UNITS means the sum of those eligible employees (including, if applicable under the Policyholder's Plan, retirees, surviving spouses, and COBRA Units), who are both eligible for benefits and validly enrolled for coverage under the Policyholder's Plan on a monthly basis. Covered Units shall include both employees enrolled for "employee only" coverage as well as employees enrolled for "employee and dependent" coverage.

ELIGIBLE EXPENSES means demand for payment for services or supplies provided to or on behalf of a Covered Person, that are covered under the terms and provisions of the Policyholder's Plan, that are not excluded under the terms of this policy, and that are both Incurred by the Covered Person and Paid by the Policyholder's Plan or a claims administrator on behalf of the Policyholder's Plan within the time periods specified in the Schedule to this Policy. Such expenses are eligible for reimbursement under this Policy, subject to the Stop-loss Coinsurance, once the corresponding deductibles of this policy are satisfied, but only up to any applicable maximum benefit amount.

EXPIRATION DATE means the last anniversary of the last Policy Year on which this Policy remains in force.

INCURRED means the date on which a covered medical service was rendered or a covered medical supply was purchased for a Covered Person under the Policyholder's Plan.

INCURRED AND PAID means a coverage option that includes claims Paid after the end of the Policy Year.

MINIMUM ANNUAL AGGREGATE DEDUCTIBLE means that amount calculated as set forth in the Application and as specified in the Schedule. The Minimum Annual Aggregate Deductible always remains the responsibility of the Policyholder and is not subject to reimbursement by the Company under the Aggregate Stop-loss provisions of this Policy.

MONTHLY AGGREGATE DEDUCTIBLE means the product of the multiplication of the number of Covered Units at the beginning of each month by the corresponding Monthly Aggregate Deductible Factor.

The sum of all Monthly Aggregate Deductibles for a Policy Year, or such shorter period resulting from a Termination of the Policy under ARTICLE IV, Section 4, is the Annual Aggregate Deductible.

MONTHLY AGGREGATE DEDUCTIBLE FACTORS means those dollar amounts shown on the Schedule, which, when multiplied by the corresponding number of Covered Units for a month, produce the Monthly Aggregate Deductible for that month.

NUMBER OF COVERED UNITS means the total number of Covered Units existing in any month during the Policy Year.

PAID means the date the payment check or draft is issued by the Policyholder's Plan or by a claims administrator on behalf of the Policyholder's Plan, provided it is promptly delivered to the payee, and provided also that the account upon which the payment is drawn contains sufficient funds to permit the check or draft to be honored.

PLAN ADMINISTRATOR means that person or entity identified in the documents describing the Policyholder's Plan as responsible for the operation and administration of the Policyholder's Plan. If no such person or entity is identified, then the person or entity establishing or maintaining the Plan will be deemed to be the Plan Administrator. The Company is never the Plan Administrator.

POLICY ANNIVERSARY means the Effective Date on which the Policy renews, if permitted to renew by the Company.

POLICYHOLDER means the legal entity named as the policyholder on the face page of this Policy.

POLICYHOLDER'S PLAN means the plan of benefits which are provided under the Policyholder's written welfare benefit plan or other employee health care benefit plan and which are eligible for Stop-loss reimbursement as set forth in the Application for this Policy. No benefits provided under the Policyholder's Plan, which are insured under a separate policy, are eligible for reimbursement under this Policy.

POLICY YEAR means the period of time from the Effective Date of this Policy to the Policy Anniversary during the first year and the period of time between Policy Anniversaries for each year thereafter.

SCHEDULE means the Schedule of Coverage attached to this Policy, as periodically amended, which contains information specific to this Policy, the Policyholder and the Policyholder's Plan.

SETTLEMENT PERIOD means the Sixty (60) day period immediately following the end of each Policy Year, or, if specified in the Schedule, the end of any time period following the Policy Year. In the event of termination of this policy, SETTLEMENT PERIOD means the Sixty (60) day period immediately following the termination date of this Policy or, if specified in the Schedule, the end of any time period following the Termination date of this Policy Policyholder's Plan, that are within the Annual Specific Deductible of any Covered Person.

SPECIFIC ANNUAL MAXIMUM means the amount set forth in the Schedule that is the maximum total Specific benefit payable under the terms, conditions and limitations of this Policy during the period an individual is a Covered Person under the Policyholder's Plan, regardless of the number of years the Covered

Person is eligible for coverage under the Policyholder's Plan and regardless of whether expenses for the Covered Person were incurred and/or Paid during the current Policy Year.

SPECIFIC LIFETIME MAXIMUM means the amount set forth in the Schedule that is the maximum total Specific benefit payable under the terms, conditions and limitations of this Policy during the period an individual is a Covered Person under the Policyholder's Plan, regardless of the number of years the Covered Person is eligible for coverage under the Policyholder's Plan and regardless of whether expenses for the Covered Person were incurred and/or Paid during this Policy Year.

STOP-LOSS COINSURANCE means the percent of Eligible Expenses that are reimbursable to the Policyholder under the terms of this Policy.

TERMINATION means the end of this Policy and the Stop-loss coverage it provides. Termination may occur at the end of the Policy Year or on a date other than an Anniversary Date, as specified in ARTICLE IV, Section 4 of this Policy.

UNIQUE ANNUAL SPECIFIC DEDUCTIBLE means the dollar amount that must be satisfied by Eligible Expenses for any one Covered Person who is identified separately in the Schedule, before any Eligible Expenses for that Covered Person become reimbursable under the Specific Stop-loss provisions of this Policy.

UNIQUE SPECIFIC ANNUAL MAXIMUM BENEFIT means the maximum amount the Company may be required to pay the Policyholder under the Specific Stop-loss provisions of this Policy for any Covered Person identified in the Schedule with a Unique Specific Annual Maximum Benefit.

UNIQUE SPECIFIC LIFETIME MAXIMUM BENEFIT means the maximum amount the Company may be required to pay the Policyholder under the Specific Stop-loss provisions of this Policy for any Covered Person identified in the Schedule with a Unique Specific Lifetime Maximum Benefit.

ARTICLE III - LIMITATIONS AND EXCLUSIONS

THE COMPANY will not reimburse the Policyholder for any of the following, nor will any of the following be applied toward satisfaction of the Annual Aggregate Deductible, the Annual Specific Deductible or any Unique Annual Specific Deductible; nor shall any of the following be considered Eligible Expenses under this Policy:

SECTION 1.

Any liability, expense or loss Incurred by the Policyholder as a result of its failure to comply with any applicable law, rule or regulation (for example, if the Policyholder has not filed and/or registered with the state of New York as required by the state's Health Care Reform Act of 1996, as amended. In this example, only expenses associated with claims for medical services, and not the surcharge to fund indigent care, will be considered Eligible Expenses.);

SECTION 2.

Any liability, expense or loss that is not specifically covered under the Policyholder's Plan or that is in excess of the benefits covered under the Policyholder's Plan, even if the Policyholder or the Plan Administrator should decide to cover such an expense;

SECTION 3.

Any expenses Paid or authorized for payment by the Policyholder's Plan, its Plan Administrator, or its claims administrator for a person who is not a Covered Person under the Policyholder's Plan;

SECTION 4.

Any expenses that are Incurred prior to the effective date of coverage of a Covered Person;

SECTION 5.

Any payments made or authorized by the Policyholder's Plan, its Plan Administrator, or its claims administrator with respect to Eligible Expenses that are in excess of the lesser of usual, customary and reasonable charges or the maximum allowable fee as defined in the Policyholder's Plan;

SECTION 6.

Any expenses Paid or authorized for payment by the Policyholder's Plan, its Plan Administrator, or its claims administrator that are Incurred on a date on which this Policy is not in force, except as specified under ARTICLE I, Section 6 or as specified under an Incurred and Paid Option reflected in the Schedule;

SECTION 7.

Any payments made or authorized by the Policyholder, its Plan Administrator, or its claims administrator on behalf of a Covered Person due to a bodily injury, sickness or death arising out of, and in the course of, employment with respect to which benefits are Paid or payable under any Worker's Compensation or Occupational Disease Act or Law;

SECTION 8.

Any expense, loss, damage or legal fees resulting from any claims or demand arising under the Policyholder's Plan which may be made against the Policyholder, the Plan Administrator or the Plan for other than the benefits due or on behalf of a Covered Person under the terms and provisions of the Policyholder's Plan;

SECTION 9.

Any expense relating to gene therapies, xenografts, cloning, or non-human organ or tissue transplants;

SECTION 10.

Any cost of claims administration, payments or other services provided by the Policyholder's claims administrator, or for consulting fees or for expense of any litigation;

SECTION 11.

Any Eligible Expenses that are eligible for reimbursement to the Policyholder under any other excess or Stop-loss policy;

SECTION 12.

Any Eligible Expenses that are greater than the [Specific Lifetime Maximum Benefit] [and/or] [Specific Annual Maximum Benefit] [and/or] [Unique Specific Lifetime Maximum Benefit] [and/or] [Unique Specific Annual Maximum Benefit], applicable to a Covered Person;

SECTION 13.

Any expense Incurred that is eligible for reimbursement through any national health plan regardless of a Covered Person's country of citizenship;

[SECTION 14.

Any non-emergency Eligible Expenses Incurred outside of the geographic boundaries of the United States of America, or its territories, by any Covered Person. However, Eligible Expenses Incurred for emergency care outside the geographic boundaries of the United States of America, or its territories, for any Covered Person, will be considered for reimbursement up to [\$250,000], *less* the Annual Specific Deductible applicable to such Covered Person, per Policy Year.]

ARTICLE IV - CONTRACT PROVISIONS

SECTION 1.

ENTIRE CONTRACT, STATEMENT, CHANGES. This Policy and the Application of the Policyholder, a copy of which is attached, and the Schedule, shall constitute the entire contract between the parties. The term Application as used in this ARTICLE shall refer to the original Application and to any subsequent amendments or supplemental Applications submitted by the Policyholder to the Company with respect to the coverage afforded under this Policy. The term Schedule shall refer to the original Schedule and to any revised Schedule forming a part of this Policy as set forth in this ARTICLE IV, Section 1.

Any statement made by the Policyholder will be deemed a representation and not a warranty. No such statement shall void this insurance or reduce any benefits under this Policy unless it is contained in a written Application signed by the Policyholder, a copy of which has been furnished to the Policyholder.

This Policy may be changed at any time by mutual agreement between the Company and the Policyholder. No change in this Policy shall be valid unless approved in writing by an Executive Officer of the Company and endorsed or attached to this Policy. No agent, broker or consultant has authority to change this Policy or to waive any of its provisions; to extend the time for payment of premium; or to bind the Company by making any promise or representation or by giving or receiving any information.

The Company may revise the Schedule in accordance with the provisions of ARTICLE I, Section 2 (2) of this Policy. In the event such revisions are unacceptable to Policyholder, Policyholder may terminate this Policy in accordance with Section 4, of this ARTICLE IV. Payment of any amount due under this Policy by Policyholder after the revised Schedule has been provided to Policyholder by the Company shall constitute the Policyholder's acceptance of the revised Schedule. The revised Schedule shall then become part of this Policy without the necessity of obtaining Policyholder's signature on the Schedule.

This Policy is a contract solely between the Policyholder and the Company. This Policy does not create – nor should it be construed to create – any rights or legal relationships between the Company and the Policyholder's employees and/or their dependents. Any payments made under this Policy shall be only for the

benefit of the Policyholder. No Covered Person shall have any rights to any of the proceeds of any Stop-loss insurance provided under this Policy.

SECTION 2.

INCONTESTABILITY. After two years from the Effective Date of this Policy, no representation of the Policyholder in its Application shall be used to void this Policy. In the event the Policyholder submits a supplemental or amended application, the two-year period specified in this Section shall run from the date Policyholder submits such supplemental or amended application with respect to representations contained therein.

SECTION 3.

POLICY TERM. The term of this Policy begins on the Effective Date at 12:01 A.M., at the address of the Policyholder and ends at 12:01 A.M., same time zone, on the first Policy Anniversary. Subsequent terms also begin and end at 12:01 A.M., at the address of the Policyholder, and run from Anniversary to Anniversary. Except as provided in this ARTICLE IV, Sections 4 and 6, the Company will not initiate any termination proceedings during the twelve (12) month period immediately following the Policyholder's acceptance of any Anniversary premium rate adjustment.

SECTION 4.

TERMINATION OF ENTIRE POLICY. If any premium is not Paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. But if the Policyholder has given the Company written notice in advance of an earlier date of termination during the grace period, then this Policy shall terminate as of the earlier date.

The Policyholder may terminate this Policy on any monthly premium due date by providing advance written notice to the Company when such Termination shall become effective, but no such Termination shall become effective during any period for which a premium has been Paid to the Company.

The Company may terminate this Policy on any Policy Anniversary by providing at least sixty (60) days advance written notice of the Company's intent to terminate this Policy. Subject to ARTICLE IV, Section 2 hereof, the Company may also terminate this Policy on any monthly premium due date by providing at least ten (10) days advance written notice to the Policyholder of the Company's intent to terminate this Policy if the Policyholder has misrepresented any material fact in the Application for this Policy or if, at any time, the Policyholder breaches any of the conditions of this Policy.

The Company reserves the right to terminate this Policy on the date the Policyholder's Plan is substantially changed so as to constitute a Change of Risk, if the Policyholder has not given the Company written notice as specified in this Policy prior to the effective date of such change.

The Company also reserves the right to terminate this policy on the date of termination of the administrative services agreement between Policyholder and its designated claims administrator.

The Company may also terminate this Policy immediately upon the Company's receipt of information from the Policyholder's claims administrator that the Policyholder has failed to fund its bank account established to pay benefits under the Policyholder's Plan or if any of Policyholder's checks issued for benefit payments have been returned for insufficient funds.

If this Policy terminates, the Policyholder shall be liable to the Company for all unpaid premiums for the period during which this Policy was in force.

If this Policy terminates prior to the Policy's Anniversary, the Company's Annual Aggregate Maximum Benefit shall be limited to the same percentage that the number of months the Policy was in effect bears to the number of months in the stated Policy Year. (For example, when a policy with a 12 month Policy Year is terminated at the end of 6 months, the Annual Aggregate Maximum Benefit will be limited to ½ or 50% of the amount specified in the Schedule.)

If this Policy terminates prior to the Policy's Anniversary, and if an Incurred and Paid coverage option is reflected in the Schedule, coverage shall be limited to claims Paid during a period after the termination effective date equal to the period that the Incurred and Paid option exceeded the Policy year. (For example, when a policy with a 12/15 Incurred and Paid option is terminated at the end of the 6th month of the plan year, the coverage option will revert to a 6/9 Incurred and Paid option.)

If this Policy terminates, the Minimum Annual Aggregate Deductible set forth in the Schedule to this Policy shall apply in full, even if the Policy is terminated prior to the Policy's Anniversary.

SECTION 5.

PREMIUM RATES. The premium rates for the initial term of this Policy are shown in the Application for this Policy and are guaranteed until the first Anniversary. The Company shall have the right to modify the rates for the coverage(s) provided hereunder except that no such modification will take effect on other than an Anniversary unless, due to an action of the Policyholder, the nature of the insurance risk is substantially changed in which event the Company shall have the right to modify premium rates upon ten (10) days advance written notice to the Policyholder. In all other instances, the company shall provide the Policyholder with thirty (30) days advance written notice of any change in premium rates.

SECTION 6.

PREMIUM PAYMENT. Premiums are due and payable monthly in advance at the address indicated on the statement. Failure to pay any premium on or before its due date shall constitute a default entitling the Company to terminate the Policy, if premiums are not Paid by the end of the grace period.

SECTION 7.

AUTHORIZED DEDUCTIONS. The Policyholder authorizes the Company to deduct monies that otherwise may be due and payable to the Company from any outstanding monies that the Company, for any reason, may owe the Policyholder. This clause will not prevent the termination of this Policy for the non-payment of premium under Section 4 of this ARTICLE IV.

SECTION 8.

GRACE PERIOD. A grace period of thirty (30) days will be granted to the Policyholder for the payment of each premium falling due after the first premium, during which grace period this Policy shall continue in force unless the Policyholder has given the Company written notice of discontinuance in accordance with ARTICLE IV, Section 4 hereof.

The Policyholder shall be liable to the Company for the payment of any premium due for the time this Policy continues in force during the grace period.

SECTION 9.

RECORDS. The Policyholder shall forward the information required by the Company in connection with the administration of this Policy and the determination of the premiums and payments. The Policyholder shall forward to the Company, or make available for inspection, all records that have a bearing on this insurance. Such records shall be open to the Company for inspection at any time for up to six years after termination of this Policy, including, if any, the period of a Terminal Liability Option. The Company shall not be liable for the fulfillment of any obligation dependent upon information to be furnished by the Policyholder prior to the Company's receipt of that information in a form satisfactory to the Company. Incorrect information may be corrected if the Company has not acted to its prejudice by relying on it.

SECTION 10.

CLAIM PROVISIONS. Accounting records and other written proof of the basis upon which payments were made must be furnished to the Company as soon as reasonably possible following the end of the Policy Year or such other period to which this Stop-loss insurance applies.

The Company shall not be liable for the reimbursement of any claim prior to the Company's receipt of all information, in a form satisfactory to the Company, it deems necessary to perfect the claim. Incorrect information may be corrected if the Company has not acted to its prejudice by relying on it.

SECTION 11.

LITIGATION. No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after a properly documented claim has been submitted in accordance with the requirements of this Policy. No such [demand or] action shall be brought after the expiration of three (3) years after the date upon which the Applicable Settlement Period ended or in the case of a claim under the Specific Stop-loss coverage, the earlier of that date or three (3) years after the date upon which the properly documented claim that is the subject of the litigation was submitted. If any time limitation of this Policy with respect to [making a demand for arbitration or for] bringing an action at law or in equity to recover on this Policy is less than that permitted by the law of the jurisdiction of Issue, that limitation is hereby extended to agree with the minimum permitted by that law.

SECTION 12.

ADMINISTRATION OF THE POLICYHOLDER'S PLAN. The Policyholder, or a designee acceptable to the Company, will make payments under the Policyholder's Plan and will properly investigate and settle or defend against all claims arising from the operation of said Plan. The Company will not reimburse the Policyholder for any expense Incurred in such investigation, settlement or defense, nor will any such expense be used to satisfy the Stop-loss deductible provisions of this Policy. The Company has no obligation to defend any legal action or claim brought to recover benefits due under the Policyholder's Plan. The Policyholder agrees to indemnify the Company and hold the Company harmless from any liability or expenses including but not limited to attorneys' fees and legal expenses Incurred by the Company in connection with and as a result of the Company being named as a defendant in any legal action brought to recover benefits due or otherwise connected with the Policyholder's Plan. The Company does, however, at its own election and expense, have the right to participate with the Policyholder in the defense of or to appeal any action, suit or proceeding in which the Company may, in its own judgment, become involved.

SECTION 13.

TAXES. Policyholder shall hold the Company harmless from any state premium taxes the Company may incur with respect to claims Paid (as distinct from the premiums Paid to the Company by the Policyholder) under the Policyholder's Plan. The Policyholder agrees to reimburse the Company annually for such tax expenses, if any, as determined by the Company. Such reimbursement shall be payable by Policyholder upon notification by Company to the Policyholder that reimbursement under this Section 13 is due.

Health Care Reform Taxes & Fees – Premium rates will be adjusted to account for taxes and fees incurred by the insurer as required under ACA. These taxes and fees will be included as a pass through in the premium rates and not increased for additional margin/contingencies.

State Premium Tax – Premium rates will also be adjusted for changes in state premium tax as they become effective. Again, these taxes and fees incurred by the insurer will be included as a pass through in the premium rates and not increased for additional margin/contingencies.

SECTION 14.

INSOLVENCY. In the event of the Policyholder's insolvency, all Stop-loss insurance proceeds are to be Paid directly to the liquidator, receiver, trustee or statutory successor of the Policyholder without diminution because of the Policyholder's insolvency.

SECTION 15.

REINSTATEMENT. If this Policy has terminated for any reason and the Policyholder requests that it be reinstated, the Company may, at its sole option, reinstate this Policy. The Policyholder agrees to furnish the Company with any forms, records or data the Company may require to evaluate the requested reinstatement.

If this Policy has terminated and is subsequently reinstated, the Policyholder agrees to pay the Company any premiums due but unpaid on the date of termination and all premiums that would have been due had this Policy remained in effect continuously and without interruption.

SECTION 16.

WAIVER. The waiver by either the Company or Policyholder of its right to enforce or require compliance with any provision of this Policy shall not constitute a waiver of any future right to enforce or require compliance with such provision. The Company's delay or failure to exercise any right or enforce any obligation in this Policy, and no course of dealings between the Company and Policyholder, shall operate as a waiver.

SECTION 17.

OFFSET. In all cases, the Company shall have the right to offset against payments due under the Policy any amount due the Company by the Policyholder (including, but not limited to, amounts previously reimbursed by the Company if the Policyholder's check or wire transfer for benefit payments has been returned or denied for insufficient funds).

SECTION 18.

CONFORMITY WITH STATUTES. Any provision of the policy that is not in conformity with applicable state law(s) or other applicable law(s) shall not be rendered invalid, but shall be construed and applied as if it were in full compliance with the applicable state law(s) and other applicable law(s).

IN WITNESS WHEREOF, Humana Health Plan of Ohio has caused this Agreement to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

HUMANA HEALTH PLAN OF OHIO

[MICHAEL B. MCCALLISTER, PRESIDENT]

STOP-LOSS SCHEDULE OF COVERAGE

[HUMANA HEALTH PLAN OF OHIO]

This Schedule of Coverage forms a part of the Policy issued to the Policyholder and shall be effective as of _____ and continue in effect until _____ unless sooner amended or revised.

Name of Policyholder's Plan: _____

Plan Administrator: _____
(Humana is *not* the Plan Administrator as defined by ERISA)

Plan Administrator address: _____

.....

[1. Covered entities other than Policyholder (affiliates/subsidiaries or other related entities):

Name	Location	Relationship	Business	Number of Employees

]

[2. Classes of employees excluded from coverage:

_____]

3. Covered Benefits:

Specific Stop-loss
<input type="checkbox"/> [Medical]
<input type="checkbox"/> [Prescription Drug]
<input type="checkbox"/> [Mental Health]
<input type="checkbox"/> [_____]

Does Aggregate coverage mirror Specific coverage above? Yes No
[If no, please indicate which claim types are covered under the Aggregate coverage:
_____]

4. Coverage Options:

Stop-loss Contract	Explanation
<input type="checkbox"/> [___]/12	Claims Incurred during the period: [__/__/____] – [__/__/____] and Paid during the 12 months immediately following the Policy Effective Date
<input type="checkbox"/> 12/12	Claims Incurred and Paid during the 12 months immediately following the Policy Effective Date
<input type="checkbox"/> 12/[____]	Claims Incurred during the 12 months following the Policy Effective Date and Paid during the period: [__/__/____]– [__/__/____]
<input type="checkbox"/> [____]/[____]	Claims Incurred during the period: [__/__/____] – [__/__/____] and Paid during the period: [__/__/____] – [__/__/____] [All claims Paid prior to [__/__/____]]

Note: Only claims administered by Humana accumulate to specific and/or aggregate stop loss coverage.

Does Aggregate coverage mirror Specific coverage above? Yes No

[If no, please indicate the contract terms for the Aggregate contract terms:

Claims Incurred during the period: __/__/____ - __/__/____ and Paid during the period: __/__/____ - __/__/____]

5. Run In. Yes No

If Yes, the Company will apply during the initial Policy Year all Eligible Expenses incurred during the selected period preceding the Effective Date of the Policy and Paid during the initial Policy Year.

[Note: The maximum run-in limit is [1-50%] of the annual aggregate deductible.]

[Aggregate Stop-loss	[Specific Stop-loss
<input type="checkbox"/> 3 Months	<input type="checkbox"/> 3 Months
<input type="checkbox"/> 6 Months	<input type="checkbox"/> 6 Months
<input type="checkbox"/>	<input type="checkbox"/>
Limit:]	Limit:]

Note: Run-in claims accumulate to specific and/or aggregate stop loss only after the run-out period has terminated with the prior administrator and all claim data has been provided electronically to Humana.

[6. Monthly Aggregate Advance Option Yes No]

[7. Aggregating Specific Option Yes No

Amount – [\$]]

[8. Stop-loss Coinsurance:

Note: Select only one of the options below.

A. Standard Stop-loss Reimbursement (100%) Yes No

This option provides reimbursement for all covered Stop-loss claims at 100%.

B. Stop-Loss Coinsurance Yes No [_____]%

Under this option, Stop-loss claims will be reimbursed using this designated Stop-loss coinsurance.

C. Domestic Coinsurance (Healthcare providers only) Yes No [_____]%

Non-Domestic Claims will be reimbursed at 100%

Proposed Policyholders who are healthcare providers or an affiliation of providers that render health care services to individuals covered under the Policyholder’s self-funded plan shall provide a list or file of affiliated providers including name, address, and identification number, and inform the Company of updates to this listing as they occur. These stop loss claims for those “Domestic” providers will be reimbursed using this designated stop-loss coinsurance. All other providers will be reimbursed at 100%.]

[9. Annual Aggregate Maximum Benefit: [\$_____] [Unlimited]]

[10. Annual Specific Deductible: [\$_____] [Unlimited]]

[11. Annual Specific Maximum: [\$_____] [Unlimited]]

[12. Specific Lifetime Maximum: [\$_____] [Unlimited]]

[13. Minimum Annual Aggregate Deductible:

[_____% of initial Monthly Aggregate Deductible multiplied by 12] [or] [\$_____]]

[14. Covered Persons with unique Specific Stop-loss deductible amounts and maximums:

Name	Unique Annual Specific Stop-loss Deductible Amount	Unique Specific Maximum Benefit
		\$_____ <input type="checkbox"/> Lifetime <input type="checkbox"/> Annual <input type="checkbox"/> Not Applicable <input type="checkbox"/> [Unlimited]
		\$_____ <input type="checkbox"/> Lifetime <input type="checkbox"/> Annual <input type="checkbox"/> Not Applicable <input type="checkbox"/> [Unlimited]
		\$_____ <input type="checkbox"/> Lifetime <input type="checkbox"/> Annual <input type="checkbox"/> Not Applicable <input type="checkbox"/> [Unlimited]
		\$_____ <input type="checkbox"/> Lifetime <input type="checkbox"/> Annual <input type="checkbox"/> Not Applicable <input type="checkbox"/> [Unlimited]

]

15. Monthly Rates:

	[Aggregate Stop-loss Premium	[Specific Stop-loss Premium
Employee Only		
Employee + Spouse		
Employee + Child		
Employee + 1		
Family		
[Other]]]

[Aggregate Stop-loss Monthly Deductible Factors						
Plan Type	EE Only	EE + SP	EE + Child	EE + One	Family	[Other
]

[16. Organ Transplant Step Down Deductible Option Yes No

Note: This option is only available if the Policyholder's Plan incorporates [Transplant] benefits consistent with Humana's standard, as approved by Humana.

[Step-Down Amount – [\$10,000], less than the specific or unique specific deductible.]]

[17. Terminal Liability Option. Yes No

If Yes, this coverage will include all Eligible Expenses Paid during the selected period that follows the *Policy Termination Effective Date*.

The Policyholder must utilize Humana to administer run-out claims in order to implement/execute the Terminal Liability Option.

A. Terminal Liability Period:

[Aggregate Stop-loss	[Specific Stop-loss
<input type="checkbox"/> 3 Months	<input type="checkbox"/> 3 Months
<input type="checkbox"/> 4 Months	<input type="checkbox"/> 4 Months
<input type="checkbox"/> 6 Months	<input type="checkbox"/> 6 Months
<input type="checkbox"/> 12 Months]	<input type="checkbox"/> 12 Months]

B. Terminal Liability Maximum Benefit: [\$ _____]
 [The average of the last three (3) months of enrollment times 2.5]
 [The average of the last [_____] months of enrollment times 2.5]

C. Terminal Liability Rates:

	[Aggregate Terminal Liability Premium	[Specific Terminal Liability Premium
Employee Only		
Employee + Spouse		
Employee + Child		
Employee + 1		
Family		
[Other]]]

D. Terminal Liability Factors:

Plan Type	EE Only	EE + SP	EE + Child	EE + One	Family	[Other
]

]

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA HEALTH PLAN OF OHIO]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

DOMESTIC CLAIMS OPTION

This amendment is available only when the Policyholder is a healthcare provider, or an affiliation of providers that renders healthcare services to individuals covered under the Policyholder's self-funded health plan. This amendment alters the Stop-Loss coverage for claims under the Policyholder's self-funded plan associated with services rendered by the designated providers affiliated with the Policyholder. The Policyholder and the Company agree that the Policyholder is responsible for notifying the Company of the providers affiliated with the Policyholder in a format mutually agreeable to both the Policyholder and the Company.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Domestic Claims Amendment:

1. **DOMESTIC CLAIMS** means Eligible Expenses associated with services rendered by the designated providers affiliated with the Policyholder.
2. **NON-DOMESTIC CLAIMS** means Eligible Expenses associated with services rendered by providers that are not designated as being affiliated with the Policyholder.
3. **DOMESTIC COINSURANCE PERCENTAGE** is the factor applied to any Domestic Claims that are eligible for reimbursement under this policy.

[The first sentence of Section 2 in **ARTICLE I** is amended to read as follows:

AGGREGATE STOP-LOSS. After the end of each Policy Year, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 2, Domestic Claims, after being adjusted by the Domestic Coinsurance Percentage, and Non-Domestic Claims that when added together are in excess of the Annual Aggregate Deductible, or the Minimum Annual Aggregate Deductible, whichever is greater, and that do not exceed the Annual Aggregate Maximum Benefit, if any, as specified in the Schedule.]

[Sub-paragraph (3) in Section 2 of **ARTICLE I** is amended to read as follows:

These Eligible Expenses **shall** apply toward the Annual Aggregate Deductible: Eligible Expenses that are within the Annual Specific Deductible of any Specific Stop-loss coverage and that do not exceed the Specific Lifetime Maximum Benefit or, if lower, any applicable Unique Specific Lifetime Maximum Benefit. Domestic Claims will be multiplied by the Domestic Coinsurance Percentage before applying the Domestic Claims toward the Annual Aggregate Deductible.]

[The first sentence of Section 3 in **ARTICLE I** is amended to read as follows:

SPECIFIC STOP-LOSS. For any Covered Person during the corresponding year of this Policy, the Company will reimburse the Policyholder, in accordance with the provisions of this Section 3, Domestic Claims, after being adjusted by the Domestic Coinsurance Percentage, and Non-Domestic Claims that when added together are in excess of the Annual Specific Deductible, but only up to the applicable Specific Lifetime Maximum Benefit.]

The definition of Eligible Expenses in **ARTICLE II** of this Policy is amended to read as follows:

ELIGIBLE EXPENSES means demand for payment for services or supplies provided to or on behalf of a Covered Person, that are covered under the terms and provisions of the Policyholder's Plan, that are not excluded under the terms of this Policy, and that are both Incurred by the Covered Person and Paid by the Policyholder's Plan or a claims administrator on behalf of the Policyholder's Plan within the time periods specified in the Schedule to this Policy. Such expenses are eligible for reimbursement under this Policy, subject to the Domestic Coinsurance Percentage, once the corresponding deductibles of this policy are satisfied, but only up to any applicable maximum benefit amount.

IN WITNESS WHEREOF, [Humana Health Plan of Ohio] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA HEALTH PLAN OF OHIO]

[MICHAEL B. MCCALLISTER, PRESIDENT]

September 29, 2011

Ms. Rosalind D. Minor
Certified Rate and Form Analyst
Life and Health Division

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: HUMANA INSURANCE COMPANY
Group Stop-Loss Insurance
FEIN # 39-1263473
NAIC # 73288
INTERNAL FILING NUMBER: AR-SLP-11-01
Form Numbers:

SLP-2011-AASO-AR	Agg Spec Amendment
SLP-2011-I&P-9/2011-AR	Group Stop-Loss Policy
SLP-2011-SOC-AR	Stop-Loss Schedule of Coverage
SLP-2011-DCO-AR	Domestic Clms Amendment
SLP-2011-MAAO-AR	Monthly Agg Advance
SLP-2011-TSDO-AR	Organ Trans Ded Step Down
SLP-2011-TLO-AR	Term Liability Amendment

Dear Ms. Rosalind D. Minor:

Enclosed for your approval are the above referenced forms. These forms are intended for general use. They do not replace or supersede any form previously filed.

The policy will be made available to Small and Large Employer groups that have administrative services only contracts for their group medical insurance coverage.

Should you have any questions, please do not hesitate to contact me directly at 1-502-580-7178 or via electronic mail at ebirk@humana.com.

Sincerely,

Evelyn Birk

Ms. Evelyn Birk
Contract Analyst

Enclosures

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA HEALTH PLAN OF OHIO]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

MONTHLY AGGREGATE ADVANCE OPTION

This Amendment allows determinations and adjustments to the Aggregate Stop-loss Insurance reimbursement to be made monthly, based on the Policy Year to date cumulative claim experience under the Policyholder's Plan and the provisions of the Group Stop-loss Policy. These determinations may result in the Company making monthly advances against the reimbursement to the Policyholder or in the Policyholder making repayment to the Company of a portion of previous advance monthly reimbursements.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Monthly Aggregate Advance Option:

1. **AGGREGATE STOP-LOSS ADVANCE PAYMENTS** means reimbursements from the Company to the Policyholder during the Policy Year under the provisions of this Monthly Aggregate Advance Option.
2. **CUMULATIVE ELIGIBLE EXPENSES** means the Policy Year to date sum of the Eligible Expenses, as set forth herein.
3. **CUMULATIVE MONTHLY AGGREGATE DEDUCTIBLE** means the Policy Year to date sum of the Monthly Aggregate Deductible amounts, as set forth herein.
4. **CUMULATIVE NET AGGREGATE** amount means the Cumulative Eligible Expenses minus the Cumulative Monthly Aggregate Deductible.
5. **MONTHLY AGGREGATE DEDUCTIBLE** means the product of the Monthly Aggregate Deductible Factors, as specified in the Schedule to this Policy, and the Covered Units for the month in the Policy Year, as set forth herein.

6. MONTHLY AGGREGATE REIMBURSABLE AMOUNT means the Cumulative Net Aggregate amount at the end of any month during the Policy Year, whenever the Cumulative Net Aggregate amount is greater than zero as set forth herein, multiplied by the Stop-loss Coinsurance, as specified in the Schedule to this Policy.

ARTICLE 1, SECTION 2 of this Policy is amended to read as follows:

AGGREGATE STOP-LOSS. The Company will reimburse the Policyholder the percent of Cumulative Eligible Expenses, as indicated by the Stop-loss Coinsurance on the Schedule, that are in excess of the Cumulative Monthly Aggregate Deductible and that do not exceed the Annual Aggregate Maximum Benefit, if applicable, as set forth in the Schedule to this Policy and subsequent amendments.

The Company shall determine the amounts to be paid under this Monthly Aggregate Advance Option after the end of each Policy Month in the following manner:

- (1) The Monthly Aggregate Deductible Factor(s) set forth in the Schedule will be multiplied by the number of Covered Units at the beginning of the first month of the Policy Year to determine the Monthly Aggregate Deductible for the first two months of the first Policy Year. Thereafter, the Monthly Aggregate Deductible Factor(s) set forth in the Schedule will be multiplied by the number of Covered Units at the beginning of the second month immediately prior to the month of the Policy Year for which the Monthly Aggregate Deductible is being calculated. Whenever the Schedule shows multiple Monthly Aggregate Deductible Factors, the Monthly Aggregate Deductible amount shall be the sum of the products. Retroactive changes to Covered Units submitted after the Settlement Period will not be included in the calculations of the Monthly Aggregate Deductible Amounts.
- (2) The Cumulative Monthly Aggregate Stop-loss Deductible amount shall be the sum of the Policy year to date Monthly Aggregate Deductible amounts. For the last month of the plan year, if the Cumulative Monthly Aggregate Deductible is less than the Minimum Annual Aggregate Deductible set forth in the Schedule to this Policy, then the Minimum Annual Aggregate Deductible will be used in lieu of the Cumulative Monthly Aggregate Deductible.

In the event of a strike, lockout or work stoppage caused by any disagreement between the Policyholder and all or a part of the employees covered under its plan, the number of Covered Units for any month during which such event continues shall be the number of Covered Units for the month immediately preceding the month during which such event commenced.

- (3) At the end of each month, the Company will calculate the Cumulative Eligible Expenses, the Cumulative Monthly Aggregate Deductible, the Cumulative Net Aggregate, and the Monthly Aggregate Reimbursable Amount. The Company shall advance the Policyholder the Monthly Aggregate Reimbursable Amount plus any reimbursements the Policyholder has made to the Company for previous Aggregate Stop-loss Advance Payments for the current Policy Year minus the total of any previous Aggregate Stop-loss Advance Payments for the current Policy Year, if that net amount is greater than zero, by the fifteenth business day of the following month. Such payments by the Company shall be considered advances to the Policyholder against any Aggregate Stop-loss claim otherwise made by the Policyholder at the end of the Policy Year during which such advances are made.

Whenever the Monthly Aggregate Reimbursable Amount is less than the total of any previous Aggregate Stop-loss Advance Payments the Company has provided the Policyholder for the Policy Year, minus any reimbursements the Policyholder has made to the Company for previous Aggregate Stop-loss Advance Payments for the current Policy Year, the Policyholder will reimburse the Company by the fifteenth business day of the following month an amount equal to the total of all Aggregate Stop-loss Advance Payments previously paid by the Company to the Policyholder for the Policy Year minus the Monthly Aggregate Reimbursable Amount and minus any reimbursements the Policyholder has made to the Company for previous Aggregate Stop-loss Advance Payments for the current Policy Year. Such payments by the Policyholder shall be considered as offsets to any Aggregate Stop-loss claim otherwise made by the Policyholder at the end of the Policy Year during which such reimbursements are made.

Any Aggregate Stop-loss Advance Payments to the Policyholder during the Policy Year, which have not been previously repaid, must be repaid to the Company, with accrued interest, within 15 business days of the final accounting to the extent such advances exceed any amount due the Policyholder upon final accounting for the full Policy Year. Such final accounting shall be completed within the Settlement Period.

- (4) The Annual Aggregate Deductible and the Monthly Aggregate Deductible Factors shall apply separately to each Policy Year and shall be re-determined each succeeding Policy Year. The Company shall have the right to change the Monthly Aggregate Deductible Factors. However, the Company will provide written notice at least thirty (30) days prior to the effective date of such change.

No change will be made to the Monthly Aggregate Deductible Factors on any date other than the Policyholder's Anniversary unless such change is due to a Change of Risk under the Policyholder's Plan. Policyholder shall provide the Company at least thirty (30) days advance written notice of any Change of Risk. Upon such notice, the Company, in its sole discretion, shall determine whether resulting changes to the Monthly Aggregate Deductible Factors are necessary.

Payments made for Eligible Expenses by the Policyholder or a claims administrator on behalf of the Policyholder's Plan, that are within the Annual Specific Deductible of any Specific Stop-loss coverage provided by this Policy shall be applied toward the Annual Aggregate Deductible, except as set forth in Section 2 (5) of this Article I. Payments made for Eligible Expenses by the Policyholder or a claims administrator on behalf of the Policyholder's Plan, that exceed the Annual Specific Deductible, including Eligible Expenses in excess of the Specific Lifetime Maximum Benefit, shall not be applied toward the Annual Aggregate Deductible.

- (5) In the case where a Covered Person has a Unique Annual Specific Deductible, only payments made for Eligible Expenses by the Policyholder or a claims administrator on behalf of the Policyholder's Plan, which are within the standard Specific Deductible and which do not exceed any applicable annual or lifetime maximum, as shown on the Schedule, will be applied to the Annual Aggregate Deductible.
- (6) In the event that Policyholder is required by the terms of this Amendment to repay any Aggregate Stop-loss Advance Payments with accrued interest, the interest charge shall be calculated on a daily basis using [12%] simple interest per annum as of the date on the check for each Aggregate Stop-loss Advance Payment.

ARTICLE IV, SECTION 4 of this Policy is amended by adding the following paragraph:

If this Policy terminates for any reason, any Aggregate Stop-loss Advance Payments made to the Policyholder under this Amendment, along with accrued interest, shall be immediately due and payable to the Company to the extent such advances exceed any amount due the Policyholder upon final accounting for the term this Policy was in force. Such final accounting shall be completed within thirty (30) days of the termination of this Policy.

IN WITNESS WHEREOF, [Humana Health Plan of Ohio] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA HEALTH PLAN OF OHIO]

[MICHAEL B. MCCALLISTER, PRESIDENT]

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA HEALTH PLAN OF OHIO]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

ORGAN TRANSPLANT STEP DOWN DEDUCTIBLE OPTION

This Amendment allows an adjustment to a Covered Person's Annual Specific Deductible associated with an organ transplant for the Policy Year in which an organ transplant occurs, subject to the terms and conditions set forth below.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments, Applications and Schedules attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Organ Transplant Step Down Deductible Option:

1. [HUMANA'S CENTERS OF EXCELLENCE TRANSPLANT FACILITY] means a facility approved and contracted by [Humana Health Plan of Ohio] to perform specified organ transplants as a participant in [Humana's Centers of Excellence Transplant Facility].
2. ORGAN TRANSPLANT means that which is described in the Organ Transplant Benefit under the Policyholder's Plan.

INSURING AGREEMENT

The coverage afforded under this Amendment shall not become effective unless the Policyholder's Plan:

- (1) Requires precertification from [Humana Health Plan of Ohio] for all organ transplants, including related pre-transplant and post-discharge services.
- (2) Includes significant benefit penalties for an organ transplant that was performed without the required precertification from [Humana Health Plan of Ohio].
- (3) Treats facilities in [Humana's Centers of Excellence Transplant Facility] as participating providers and facilities not in [Humana's Centers of Excellence Transplant Facility] as non-participating providers.
- (4) Provides no coverage for organ transplants performed in a facility not in [Humana's Centers of Excellence Transplant Facility], or limit benefits for such organ transplants to a maximum of [\$35,000] per organ transplant.
- (5) Reimburses the Covered Person for travel and lodging expenses associated with the organ transplant procedures for the Covered Person and one member of the Covered Person's family (two members if the patient is under age 18 years) up to a maximum of [\$10,000] per organ transplant.
- (6) Is reviewed and approved by [Humana Health Plan of Ohio] for compliance with the above organ transplant benefit provisions.

If the Policyholder's Plan satisfies all of the requirements set forth above, the Covered Person has an organ transplant performed at a [Humana's Center of Excellence Transplant Facility] and the organ transplant was precertified,

- (1) The Covered Person's Annual Specific Deductible will be reduced by [\$10,000] for the Policy Year in which the organ transplant occurs.
- (2) Access fees, if any, assessed against the Policyholder's Plan for [Humana's Centers of Excellence Transplant Facility] will be reimbursed to the Policyholder.
- (3) Travel and lodging expenses associated with the organ transplant and paid by the Policyholder's Plan will be included as eligible expenses reimbursable by this Policy.

IN WITNESS WHEREOF, [Humana Health Plan of Ohio] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA HEALTH PLAN OF OHIO]

[MICHAEL B. MCCALLISTER, PRESIDENT]

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY [HUMANA HEALTH PLAN OF OHIO]

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: [123456789]

EFFECTIVE DATE OF
THIS AMENDMENT: [00/00/00]

The following provisions are made a part of the Group Stop-loss Policy to which this Amendment is attached. This Amendment, however, does not vary, alter or extend any provision of the Group Stop-loss Policy except as stated herein.

TERMINAL LIABILITY OPTION

This Amendment provides extended [Aggregate only][Specific only] [Aggregate and Specific] Stop-loss protection for claims Incurred during the final Policy Year of a terminated Group Stop-loss Policy, subject to the terms and conditions set forth below.

DEFINITIONS

All definitions set forth in the Policy and any other Amendments, Applications and Schedules attached to the Policy are applicable to this Amendment. In addition, the following definitions apply to the coverage afforded under this Terminal Liability Option:

1. ELIGIBLE EXPENSES FOR PURPOSES OF THIS TERMINAL LIABILITY OPTION, means demand for payment for services or supplies provided to or on behalf of a Covered Person, that are covered under the terms and provisions of the Policyholder's Plan, which are not excluded under this Policy, and that are Incurred by the Covered Person during the final Policy Year of a terminated Group Stop-loss Policy.

[2. TERMINAL LIABILITY AGGREGATE DEDUCTIBLE means the dollar amount of Eligible Expenses for which the Policyholder is responsible before the Company has an obligation to reimburse the Policyholder under this Amendment.]

3. TERMINAL LIABILITY CLAIM SETTLEMENT PERIOD means the [three (3)] month period commencing the day after the end of the final month of the Terminal Liability Option period.

4. TERMINAL LIABILITY MAXIMUM BENEFIT means the maximum amount the Company may be required to reimburse the Policyholder for Eligible Expenses under this Amendment.

5. TERMINAL LIABILITY PERIOD means the period of time following the Policy Termination Effective Date, as indicated on the Schedule.

INSURING AGREEMENT

The coverage afforded under this Amendment shall not become effective unless the premium for this coverage is paid to the Company by the Policyholder prior to the Termination of the Policy to which this Amendment applies. Failure of the Policyholder to pay the required premium within the specified period shall cause this Amendment to be null and void. The total Terminal Liability premium will be determined as follows:

1. Multiply the Terminal Liability premium rates from the Schedule of Coverage times the greater of:
 - a. The average of the number of Covered Units in each of the [three (3)] months immediately prior to the Policy's Termination; or
 - b. [95%] of the Covered Units from the first month of the final Policy Year.
2. Multiply the product from bullet one (1) above times a lag factor of [2.5].

[AGGREGATE STOP-LOSS. Subject to the terms, conditions and limitations of the Policy, and any amendments to the Policy, the Company agrees to reimburse the Policyholder for all Eligible Expenses, subject to the Stop-loss Coinsurance if any, which were Incurred during the final Policy Year and Paid during the final Policy Year or during the Terminal Liability Period and which, in the aggregate, are in excess of the Terminal Liability Aggregate Deductible, but not more than the Terminal Liability Maximum Benefit, if any.

All claims for Eligible Expenses must be properly documented in accordance with ARTICLE IV, SECTIONS 8 and 9 of the Policy. Eligible Expenses Incurred during the final Policy Year will accumulate toward the Terminal Liability Aggregate Deductible, if they are Paid during the final Policy Year or the Terminal Liability Period. If the Terminal Liability Aggregate Deductible is exceeded by the Paid claims, the Company will reimburse the Policyholder at the end of the month that the Terminal Liability Aggregate Deductible was exceeded, subject to the Terminal Liability Maximum Benefit and the Stop-loss Coinsurance, if any.

Aggregate Stop-loss coverage under this Terminal Liability Option becomes effective on the termination effective date of the Group Stop-loss Policy.

Payments made for Eligible Expenses by the Policyholder that are within the Annual Specific Deductible amount shall be included in the Aggregate Stop-loss coverage afforded by this Amendment.

The Terminal Liability Aggregate Deductible is calculated as follows:

1. Multiply the Terminal Liability Factors from the Schedule of Coverage times the greater of:
 - a. The average of the number of Covered Units in each of the [three (3)] months immediately prior to the Policy's Termination; or
 - b. [95%] of the Covered Units from the first month of the final Policy Year.
2. Sum each class product from bullet one (1).
3. Multiply the total sum from bullet two (2) above times a lag factor of [2.5].
4. Add the Annual Aggregate Deductible from the final policy year to the product from bullet three (3) above to determine the Terminal Liability Aggregate Deductible.

[Illustration:

In the first month of the Policy, enrollment was 640 Covered Units. Ninety five percent (95%) of 640 Covered Units equals 608 Covered Units.

	<u>Covered Units in Each Class</u>			
	Month 10	Month 11	Month 12	<u>Average</u>
Employee	177	178	182	179
Employee and Spouse	223	219	212	218
Employee and Dependent	90	88	89	89
Family	142	137	135	138
Total				624

<u>Class</u>	<u>Factor</u>	<u>x</u>	<u>Average No. Covered Units</u>	
Employee	\$409.90	x	179 =	\$ 73,372
Employee and Spouse	\$516.12	x	218 =	\$112,514
Employee and Dependent	\$562.12	x	89 =	\$ 50,029
Family	\$763.17	x	138 =	\$105,317
Total				\$341,232
<u>Lag factor</u>		<u>x</u>	<u>2.5</u>	
				<u>\$853,080</u>
<u>Annual Aggregate Deductible from the final year =</u>				<u>+ \$2,781,297</u>
<u>Terminal Liability Aggregate Deductible =</u>				<u>\$3,634,377</u>

The Company shall have the right to change the Terminal Liability Factors upon at least thirty-one (31) days written notice prior to the effective date of the change. No change will be made on any date other than the Policyholder's Anniversary Date unless there is a Change of Risk under the Policyholder's Plan. The Annual Aggregate Deductible after termination of the Policy will not be prorated in the event such termination occurs off anniversary.]

[SPECIFIC STOP-LOSS. Subject to the terms, conditions and limitations of the Policy, and any amendments to the Policy, the Company agrees to reimburse the Policyholder for all Eligible Expenses for any Covered Person, subject to the Stop-loss Coinsurance if any, which were Incurred during the final Policy Year and Paid during the final Policy Year or during the Terminal Liability Period and that are in excess of the Annual Specific Deductible, or the Unique Annual Specific Deductible, but not more than the applicable Specific Lifetime Maximum Benefit, if any.

Specific Stop-loss coverage under this Terminal Liability Option becomes effective on the termination effective date of the Group Stop-loss Policy.]

[or]

[The Terminal Liability Option applies to Aggregate Stop-loss only. Payments made for Eligible Expenses by

the Policyholder that exceed the Annual Specific Deductible amount are excluded from coverage afforded by this Amendment.]]

IN WITNESS WHEREOF, [Humana Health Plan of Ohio] has caused this Amendment to be executed at its Home Office to take effect at 12:01 A.M., at the address of the Policyholder, on the date stated above.

[HUMANA HEALTH PLAN OF OHIO]

[MICHAEL B. MCCALLISTER, PRESIDENT]