

SERFF Tracking Number: LSVX-G127795212 State: Arkansas
Filing Company: US Able Life State Tracking Number: 50195
Company Tracking Number: AR000960100011
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - November 2011
Project Name/Number: GRP- Group/AR000960100011

Filing at a Glance

Company: US Able Life

Product Name: Group Health Policy
Amendments - November 2011

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other
Filing Type: Form

SERFF Tr Num: LSVX-
G127795212

SERFF Status: Closed-Approved-
Closed

Co Tr Num: AR000960100011

Author: SPI Life and Specialty
Ventures

Date Submitted: 11/04/2011

State: Arkansas

State Tr Num: 50195

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 11/07/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 11/04/2011

State Filing Description:

General Information

Project Name: GRP- Group

Project Number: AR000960100011

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 11/07/2011

State Status Changed: 11/07/2011

Created By: SPI Life and Specialty Ventures

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms, Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

We have deleted the exclusion for Group Therapy in all of the US Able Life group benefit certificates. The Mental Health Amendments- 42-29 and 42-30 R1/12 have been revised to delete Group Therapy provision, as well.

We have amended the "Newborn Care in the Hospital" benefit for all groups with maternity benefits to clarify that coverage for a newborn is contingent on the Employee adding the newborn to the policy in accordance with Section 6.0.

SERFF Tracking Number: LSVX-G127795212 *State:* Arkansas
Filing Company: US Able Life *State Tracking Number:* 50195
Company Tracking Number: AR000960100011
TOI: H16G Group Health - Major Medical *Sub-TOI:* H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - November 2011
Project Name/Number: GRP- Group/AR000960100011

This is a clarification only and does not represent a benefit change.

We have added a new subsection under the Medication section of the group benefit certificate.

Act 1042 of Arkansas' 88th General Assembly requires coverage for gastric pacemakers for individuals with gastroparesis. We have add a benefit for gastric pacemakers and also deleted the exclusion for gastric stimulators to comply with the new law.

We have also added a new benefit for pilot projects which may provide additional coverage depending on the pilot project we are conducting at the time.

We have added an exclusion for any provider that has been excluded from participation in any federally funded programs.

We have amended the Claim Processing and Appeals section to comply with the new federal requirements under Patient Protection and Affordable Care Act dealing with External Review as well as the Departments new External Review rule.

Autism amendment - Act 196 of Arkansas' 88th General Assembly requires coverage for autism spectrum disorder including applied behavior analysis. Therefore, we are adding a benefit for new groups and renewal groups effective October 1, 2011 to comply with the law. We are also deleting the exclusion for IDEA Covered Services in accordance with the Act.

We have amended the Preventive Health Services amendments (42-43, 42-44 R1/12) to allow coverage for services provided in an Outpatient Hospital or Ambulatory Surgery Center when such services cannot be performed in the office of a Primary Care Physician."

We also amended the definition of "Health Intervention" in the Glossary Terms.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the certificates/policies to which these amendments are attached.

SERFF Tracking Number: LSVX-G127795212 State: Arkansas
 Filing Company: USable Life State Tracking Number: 50195
 Company Tracking Number: AR000960100011
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Group Health Policy Amendments - November 2011
 Project Name/Number: GRP- Group/AR000960100011

Company and Contact

Filing Contact Information

Rob Wittenburg, Regulatory Resource Analyst rwittenburg@usablelife.com
 PO Box 1650 501-212-8877 [Phone] 8877 [Ext]
 Little Rock, AR 72203-1650 501-235-8484 [FAX]

Filing Company Information

USable Life CoCode: 94358 State of Domicile: Arkansas
 PO Box 1650 Group Code: 876 Company Type: Life & Health
 Little Rock, AR 72203-1650 Group Name: Life and Speciality State ID Number:
 Ventures (LSV)
 (501) 375-7200 ext. [Phone] FEIN Number: 71-0505232

Filing Fees

Fee Required? Yes
 Fee Amount: \$500.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 10 forms = \$500
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USable Life	\$500.00	11/04/2011	53484590

SERFF Tracking Number: LSVX-G127795212 State: Arkansas
Filing Company: US Able Life State Tracking Number: 50195
Company Tracking Number: AR000960100011
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - November 2011
Project Name/Number: GRP- Group/AR000960100011

Correspondence Summary

Dispositions

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

SERFF Tracking Number: LSVX-G127795212 State: Arkansas
Filing Company: USable Life State Tracking Number: 50195
Company Tracking Number: AR000960100011
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - November 2011
Project Name/Number: GRP- Group/AR000960100011

Disposition

Disposition Date: 11/07/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LSVX-G127795212 State: Arkansas
 Filing Company: US Able Life State Tracking Number: 50195
 Company Tracking Number: AR000960100011
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Group Health Policy Amendments - November 2011
 Project Name/Number: GRP- Group/AR000960100011

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form	Mental Health Parity Amendment	Approved-Closed	Yes
Form	Mental Health Parity Amendment	Approved-Closed	Yes
Form	Preventive Health Services Amendment	Approved-Closed	Yes
Form	Preventive Health Services Amendment	Approved-Closed	Yes
Form	General Amendment	Approved-Closed	Yes
Form	General Amendment	Approved-Closed	Yes
Form	Autism Spectrum Disorder Benefits Amendment	Approved-Closed	Yes
Form	Autism Spectrum Disorder Benefits Amendment	Approved-Closed	Yes
Form	Autism Spectrum Disorder Benefits Amendment	Approved-Closed	Yes
Form	Preventive Health Services Amendment	Approved-Closed	Yes

SERFF Tracking Number: LSVX-G127795212 State: Arkansas
 Filing Company: US Able Life State Tracking Number: 50195
 Company Tracking Number: AR000960100011
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Group Health Policy Amendments - November 2011
 Project Name/Number: GRP- Group/AR000960100011

Form Schedule

Lead Form Number: 42-29 MHP R1/12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/07/2011	42-29 MHP R1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Health Parity Amendment	Revised	Replaced Form #: 42-29 MHP R7/11 Previous Filing #: 48740	0.000	42-29 MHP R1-12.PDF
Approved-Closed 11/07/2011	42-30 MHP R1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Health Parity Amendment	Revised	Replaced Form #: 42-30 MHP R7/11 Previous Filing #: 48740	0.000	42-30 MHP R1-12.PDF
Approved-Closed 11/07/2011	42-43 R1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Preventive Health Services Amendment	Revised	Replaced Form #: Previous Filing #:	0.000	42-43 R1-12 Preventive Health Services.PDF
Approved-Closed 11/07/2011	42-44 R1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Preventive Health Services Amendment	Revised	Replaced Form #: Previous Filing #:	0.000	42-44 R1-12 Preventive Health Services.PDF
Approved-Closed 11/07/2011	42-53 1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	General Amendment	Initial		0.000	42-53 1-12 GenAmend.P DF
Approved-	42-54 1/12	Certificate	General Amendment	Initial		0.000	42-54 1-12

<i>SERFF Tracking Number:</i>	<i>LSVX-G127795212</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USable Life</i>	<i>State Tracking Number:</i>	<i>50195</i>
<i>Company Tracking Number:</i>	<i>AR000960100011</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Group Health Policy Amendments - November 2011</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/AR000960100011</i>		
Closed	Amendmen		GenAmend.P
11/07/2011	t, Insert		DF
	Page,		
	Endorseme		
	nt or Rider		
Approved- 42-55 1/12	Certificate Autism Spectrum	Initial	0.000
Closed	Amendmen Disorder Benefits		
11/07/2011	t, Insert Amendment		42-55 1-12
	Page,		Aut.PDF
	Endorseme		
	nt or Rider		
Approved- 42-56 1/12	Certificate Autism Spectrum	Initial	0.000
Closed	Amendmen Disorder Benefits		
11/07/2011	t, Insert Amendment		42-56 1-12
	Page,		Aut.PDF
	Endorseme		
	nt or Rider		
Approved- 42-57 1/12	Certificate Autism Spectrum	Initial	0.000
Closed	Amendmen Disorder Benefits		
11/07/2011	t, Insert Amendment		42-57 1-12
	Page,		Aut.PDF
	Endorseme		
	nt or Rider		
Approved- 42-58 1/12	Certificate Preventive Health	Initial	0.000
Closed	Amendmen Services Amendment		
11/07/2011	t, Insert		42-58 1-12
	Page,		Aut_.PDF
	Endorseme		
	nt or Rider		



AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-29
MENTAL HEALTH PARITY

The following subsection amendment language is hereby amended to read as follows.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Psychiatric Conditions and Substance Abuse Services is hereby amended to read as follows.

Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse). Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**
 - a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject [to the Specialty Care Physician Copayment and] to the Deductible and Coinsurance set out in the Schedule of Benefits.
 - b. Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company. See Subsection 3, below.
2. **Inpatient, Partial Hospitalization Program and Intensive Outpatient Program Health Interventions**
 - a. Coverage for Inpatient Hospitalization, Partial Hospitalization Programs or Intensive Outpatient Programs for Mental Illness or Substance Abuse Health Interventions is subject to Prior Approval from the Company. See Subsection 3 below.
 - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
 - ii. Partial Hospitalization Programs generally require the patient to receive Covered Services six to eight hours a day, five to seven days per week in a Hospital.
 - iii. Intensive Outpatient Programs generally require the patient to receive Covered Services lasting two to four hours a day, three to five days per week in a Hospital.
 - b. Coverage is subject [to the Inpatient Hospital Copayment and] to the Deductible and Coinsurance set forth in the Schedule of Benefits.
 - c. **The treating facility must be a Hospital.** See Subsection 9.42. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.
3. **Prior Approval.** Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company. To request Prior Approval, please call the "Behavioral Health" telephone number on your ID card. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished us at the time indicates that the proposed Health Intervention meets the Primary Coverage Criteria requirements set out in Subject 2.2 and the Applications of the Primary Care Criteria set out in Subsections 2.4.1.b, e., or f. All services, including any Health Interventions for the treatment of Mental Illness or Substance Abuse receiving Prior Approval may be limited or denied if, when the claims for the Health**

Intervention are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or that any other basis for denial of the claim specified in this Benefit Certificate exists.

4. The following services and treatments are not covered.
- a. **Health and Behavior Assessment/Intervention.** Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems. See Specific Plan Exclusions, "Health Interventions."
 - b. **Hypnotherapy.** Hypnotherapy is not covered for any diagnosis or medical condition. See Specific Plan Exclusions, "Health Interventions."
 - c. **Marriage and Family Therapy.** Marriage and family therapy or counseling services are not covered. See Specific Plan Exclusions, "Health Interventions."
 - d. **Sex Changes/Sex Therapy.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change are not covered. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment or other treatment of sexual dysfunction including Prescription Medication and sex therapy. See Specific Plan Exclusions, "Health Interventions."

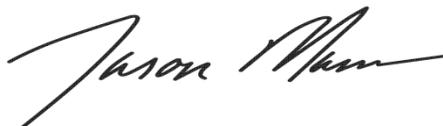
GLOSSARY OF TERMS, Psychiatric Conditions is hereby deleted in its entirety.

GLOSSARY OF TERMS is hereby amended to add the following new Subsections. All remaining subsections are renumbered to correlate with the change.

Mental Illness means and includes (whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin, and irrespective of cause, basis or inducement) mental disorders, mental illnesses, psychiatric illnesses, mental conditions, and psychiatric conditions. This includes, but is not limited to, psychoses, neurotic disorders, schizophrenic disorders, affective disorders, personality disorders, and psychological or behavioral abnormalities associated with transient or permanent dysfunction of the brain or related neurohormonal systems. (This is intended to include only illnesses classified on Axes I and II in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Washington, D.C.)

Substance Abuse means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.

This Amendment becomes a part of the US Able Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



Jason Mann, President

US Able Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



**AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
PREFERRED PROVIDER ORGANIZATION
CONVERSION POLICY**

**AMENDMENT NO. 42-30
MENTAL HEALTH PARITY**

The following subsection amendment language is hereby amended to read as follows.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Psychiatric Conditions and Substance Abuse Services is hereby amended to read as follows.

Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse). Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**
 - a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject [to the Specialty Care Physician Copayment and] to the Deductible and Coinsurance set out in the Schedule of Benefits.
 - b. Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company. See Subsection 3, below.
2. **Inpatient, Partial Hospitalization Program and Intensive Outpatient Program Health Interventions**
 - a. Coverage for Inpatient Hospitalization, Partial Hospitalization Programs or Intensive Outpatient Programs for Mental Illness or Substance Abuse Health Interventions is subject to Prior Approval from the Company. See Subsection 3 below.
 - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
 - ii. Partial Hospitalization Programs generally require the patient to receive Covered Services six to eight hours a day, five to seven days per week in a Hospital.
 - iii. Intensive Outpatient Programs generally require the patient to receive Covered Services lasting two to four hours a day, three to five days per week in a Hospital.
 - b. Coverage is subject [to the Inpatient Hospital Copayment and] to the Deductible and Coinsurance set forth in the Schedule of Benefits.
 - c. **The treating facility must be a Hospital.** See Subsection 9.42. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.
3. **Prior Approval.** Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company. To request Prior Approval, please call the "Behavioral Health" telephone number on your ID card. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished us at the time indicates that the proposed Health Intervention meets the Primary Coverage Criteria requirements set out in Subject 2.2 and the Applications of the Primary Care**

Criteria set out in Subsections 2.4.1.b, e., or f. All services, including any Health Interventions for the treatment of Mental Illness or Substance Abuse receiving Prior Approval may be limited or denied if, when the claims for the Health Intervention are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or that any other basis for denial of the claim specified in this Benefit Certificate exists.

4. The following services and treatments are not covered.
 - a. **Health and Behavior Assessment/Intervention.** Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems. See Specific Plan Exclusion, "Health Interventions."
 - b. **Hypnotherapy.** Hypnotherapy is not covered for any diagnosis or medical condition. See Specific Plan Exclusion, "Health Interventions."
 - c. **Marriage and Family Therapy.** Marriage and family therapy or counseling services are not covered. See Specific Plan Exclusion, "Health Interventions."
 - d. **Sex Changes/Sex Therapy.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change are not covered. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment or other treatment of sexual dysfunction including Prescription Medication and sex therapy. See Specific Plan Exclusion, "Health Interventions."

GLOSSARY OF TERMS, Psychiatric Conditions is hereby deleted in its entirety.

GLOSSARY OF TERMS is hereby amended to add the following new Subsections. All remaining subsections are renumbered to correlate with the change.

Mental Illness means and includes (whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin, and irrespective of cause, basis or inducement) mental disorders, mental illnesses, psychiatric illnesses, mental conditions, and psychiatric conditions. This includes, but is not limited to, psychoses, neurotic disorders, schizophrenic disorders, affective disorders, personality disorders, and psychological or behavioral abnormalities associated with transient or permanent dysfunction of the brain or related neurohormonal systems. (This is intended to include only illnesses classified on Axes I and II in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Washington, D.C.)

Substance Abuse means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.

This Amendment becomes a part of the USAbLe Life Managed Benefits Comprehensive Major Preferred Provider Organization Conversion Policy. All other provisions of the Conversion Policy remain in full force and effect.



Jason Mann, President

USAbLe Life
Group Health Division
PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-43
PREVENTIVE HEALTH SERVICES
Forms Nos. 41-01, 41-02, 41-03, 41-04, 41-05, 41-06, 41-09

TABLE OF CONTENTS, is hereby amended to add the following new Subsection in 3.0 BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN.

Preventive Health Services

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Children's Preventive Services is hereby amended to read as follows.

Children's Preventive Services. Subject to all terms, conditions, exclusions and limitations of the Plan set forth in this Benefit Certificate, coverage is provided for children's preventive health care services for eligible Dependents from birth through age eighteen (18), subject to the following limitations:

1. Covered services are limited to age appropriate medical history; physical examination, including routine tests and procedures to detect abnormalities or malfunctions of bodily systems and parts; developmental assessment; anticipatory guidance, including visual evaluation, hearing evaluation, dental inspection for children under two years of age and nutritional assessment; appropriate immunizations; and laboratory tests.
2. Coverage is limited to not more than twenty (20) visits. A covered visit is one occurring during one of the following intervals: at birth; within two (2) weeks after birth; within two (2) weeks preceding or following the date the eligible Dependent reaches the following ages: two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, and eighteen (18) months; or within one (1) month preceding or following the date the eligible Dependent reaches the following ages: two (2) years, three (3) years, four (4) years, five (5) years, and six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years.
3. Coverage for any visit is limited to services provided by or under the supervision of a Physician.
4. The Company will pay one hundred percent (100%) of Allowable Charges for children's preventive health care services, or the amounts established by the Arkansas Insurance Commissioner as the reimbursement levels for these services, whichever is greater. However, intranasally administered influenza vaccination(s) such as Flumist are subject to the maximum benefit the Plan allows for injectable influenza vaccine without thimerosal per Covered Person per Calendar Year.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Prostate Cancer Screenings is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Miscellaneous Health Interventions, "Adult Immunizations" and "Colorectal Cancer Examinations and Laboratory Tests" are hereby deleted in their entirety. All remaining subsections are hereby renumbered to correlate with the change.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN is hereby amended to add the following new Subsection.

Preventive Health Services. Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate (with the exception of Subsection 2.2.1), the Company will pay one hundred percent (100%) of the Allowable Charges for the routine preventive health services listed below when provided by a Primary Care Physician or an advanced practice nurse or physician's assistant who provides primary medical care in the areas of general practice, pediatrics, family practice, internal medicine or obstetrics/gynecology, which are performed in the Primary Care Physician's office. Coverage is also provided for certain preventive health services listed below when performed in an Outpatient Hospital or Ambulatory Surgery Center setting when the service cannot be performed in an office by a Primary Care Physician. However, for services received by Non-Preferred Provider Physicians, the Company will pay eighty percent (80%) subject to the appropriate Deductible.

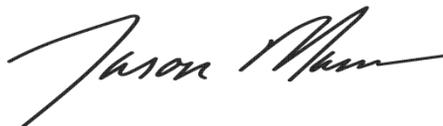
1. evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force but not for the related treatment of disease; and
2. routine immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and
3. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4. with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this subsection; and
5. the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.

SPECIFIC PLAN EXCLUSIONS is hereby amended to delete Subsections "Preventive Medicine Counseling" and "Screening Test." All remaining Subsections are renumbered to correlate with the change.

GLOSSARY OF TERMS is hereby amended to add the following new Subsection. All remaining Subsections are renumbered to correlate with the change.

Primary Care Physician means a Preferred Provider Physician who provides primary medical care in one of these medical specialties: General Practice, Pediatrics, Family Practice, Obstetrics/Gynecology or Internal Medicine. This also includes advanced practice nurses or physician's assistants who provide primary medical care in these medical specialties and are performed in the Primary Care Physician's office.

This Amendment becomes a part of the US Able Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



Jason Mann, President

US Able Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-44
PREVENTIVE HEALTH SERVICES
Form Nos. 41-07, 41-08

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, “Wellness Benefits” is hereby amended to read as follows.

Preventive Health Services. Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate (with the exception of Subsection 2.2.1), the Company will pay one hundred percent (100%) of the Allowable Charges for the routine preventive health services listed below when provided by a Primary Care Physician or an advanced practice nurse or physician’s assistant who provides primary medical care in the areas of general practice, pediatrics, family practice, internal medicine or obstetrics/gynecology, which are performed in the Primary Care Physician’s office. Coverage is also provided for certain preventive health services listed below when performed in an Outpatient Hospital or Ambulatory Surgery Center setting when the service cannot be performed in an office by a Primary Care Physician. However, for services received by Non-Preferred Provider Physicians, the Company will pay eighty percent (80%) subject to the appropriate Deductible.

1. evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force but not for the related treatment of disease; and
2. routine immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and
3. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4. with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this subsection; and
5. the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Prostate Cancer Screenings is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Miscellaneous Health Interventions, “Adult Immunizations” and “Colorectal Cancer Examinations and Laboratory Tests” are hereby deleted in their entirety. All remaining subsections are hereby renumbered to correlate with the change.

GLOSSARY OF TERMS is hereby amended to add the following new Subsection. All remaining Subsections are renumbered to correlate with the change.

Primary Care Physician means a Preferred Provider Physician who provides primary medical care in one of these medical specialties: General Practice, Pediatrics, Family Practice, Obstetrics/Gynecology or Internal Medicine. This also includes advanced practice nurses or

physician's assistants who provide primary medical care in these medical specialties and are performed in the Primary Care Physician's office.

This Amendment becomes a part of the USABLE Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

A handwritten signature in black ink that reads "Jason Mann". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jason Mann, President

USABLE Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-53
GENERAL AMENDMENT
Forms Nos. 41-01, 41-02, 41-03, 41-04, 41-05, 41-06, 41-09

The following subsection amendments are effective on January 1, 2012.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Therapy Services, "Group Therapy" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Maternity," Subsection 3. is hereby amended to read as follows.

Newborn Care in the Hospital. Provided the child's coverage becomes effective on his or her date of birth in accordance with the provisions of Section 6.0, coverage is provided for a hospital stay for the mother and newborn child of at least forty-eight (48) hours following a vaginal delivery or at least ninety-six (96) hours following a cesarean section, unless the treating provider, after consulting with the mother, discharges the mother or newborn child earlier. An Employee or Spouse's newborn child will be covered from the date of birth, including use of newborn nursery (for up to five (5) days or until the mother is discharged, whichever is the lesser period of time) and related services.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Medications, Subsection c. is hereby amended to add the following new Subsection. All remaining Subsections are hereby re-numbered to correlate with the change.

Prescriptions, Excluded Providers. Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Miscellaneous Health Interventions" is hereby amended to add the following new Subsections.

Gastric Pacemaker Coverage. Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate including the Deductible and Coinsurance set out in the Schedule of Benefits, coverage is provided for gastric pacemakers that receive Prior Approval from the Company. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished to us at the time indicates that the gastric pacemaker meets the Primary Coverage Criteria requirements set out in Subsection 2.2. and the Applications of the Primary Coverage Criteria set out in Subsections 2.4.1.b., e., or f. All services, including any gastric pacemaker receiving Prior Approval, must still meet all other coverage terms, conditions, and limitations, and coverage for any gastric pacemaker receiving Prior Approval may still be limited or denied if, when the claims for the gastric pacemaker are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in this Benefit Certificate.**

Pilot Project Coverage. Subject to all terms, conditions, exclusions and limitations of the Plan set forth in this Benefit Certificate, from time to time, the Company may provide coverage of medical interventions that are excluded under the terms of the Plan as set out in this Benefit Certificate, under terms, conditions, exclusions and limitations of a Company authorized Pilot Program. You can learn the medical interventions that are covered by a Company authorized Pilot Program, and the terms, conditions, exclusions and limitations of such coverage by visiting the Company's website at WWW.USABLELIFEGROUPHEALTH.COM or by calling Customer Service.

SPECIFIC PLAN EXCLUSIONS, Health Care Providers is hereby amended to add the following new Subsection. All remaining Subsections are re-numbered to correlate with the change.

Provider, Excluded. Health Interventions received from any Provider who has been excluded from participation in any federally funded program, are not covered.

SPECIFIC PLAN EXCLUSIONS, Health Interventions, "Gastric Electrical Stimulators" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

SPECIFIC PLAN EXCLUSIONS, Health Interventions, "Group Therapy" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

CLAIM PROCESSING AND APPEALS, Claim Processing, "Explanation of Benefit Determination" Subsection a. is hereby amended to read as follows.

The specific reason or reasons for the determination with information sufficient to identify the claim involved (including the date of service, the health care provider, the claim amount and a way that the Covered Person may learn the diagnosis and treatment codes and their descriptions);

CLAIM PROCESSING AND APPEALS, Claim Appeals to the Plan (Internal Review), "Documentation" Subsection b. is hereby amended to read as follows.

Appellant's Right to Information. The Company shall provide you free of charge and sufficiently in advance of the date of the final internal adverse benefit determination to give you a reasonable opportunity to respond, reasonable access to, and copies of, all documents, records or other information that:

- i. were relied upon in making the benefit determination;
- ii. were submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record or other information was relied upon in making the benefit determination;
- iii. demonstrate compliance with the terms of the Plan.; or
- iv. constitute a statement of policy or guidance with respect to the Plan concerning the denied treatment option or benefit for the your diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

CLAIM PROCESSING AND APPEALS, Claim Appeals to the Plan (Internal Review), "Notification of Determination of Appeal to Plan" Subsection a. is hereby amended to read as follows.

The specific reason or reasons for the review determination with information sufficient to identify the claim involved (including the date of service, the health care provider, the claim amount and a way that the Covered Person may learn the diagnosis and treatment codes and their descriptions);

CLAIM PROCESSING AND APPEALS, Independent Medical Review of Claims (External Review) "Claim Appeals Subject to External Review", is hereby amended to read as follows.

1. **Claim Appeals Subject to External Review.**
 - a. **Waiver of Internal Review.** If we have waived internal review, your appeal shall be to external review in accordance with this Section 7.3.

- b. **Application of Primary Coverage.** If your claim has not been the subject of a prior external review and if we have denied your claim in whole or in part because the intervention did not meet the Primary Coverage Criteria (other than under the conditions outlined in Subsections 2.4.1.a., b., c. or d.) or because of the application of a Coverage Policy, you may request an independent medical review by an Independent Review Organization in accordance with the provisions of this Subsection 7.3 provided:
 - i. The claim denial was upheld in whole or in part as a result of the Plan's internal review process, or
 - ii. You have not requested or agreed to a delay in the Plan's internal review process and the Appeals Coordinator has not given you notification of the determination involving a pre-service claim appeal within thirty (30) days following receipt of your appeal to the Plan; or
 - iii. You have not requested or agreed to a delay in the Plan's internal review process and the Appeals Coordinator has not given you notification of the determination involving a post-service claim appeal within sixty (60) days following receipt of your appeal to the Plan; or
 - iv. Your claim meets the requirements for expedited external review, (see Subsection 7.3.13) and you have simultaneously submitted an appeal to the Plan.
- 2. **Where and When to Submit External Review Appeal.** You may request external review by submitting a request for external review to the Appeals Coordinator of USABLE Life, [Post Office Box 1151, 320 West Capitol, Suite 500, Little Rock, Arkansas 72203]. Your request must be made within four (4) months after you were notified that the claim denial was upheld in whole or in part as a result of the Plan's internal review process. If Subsection 7.3.1.b.ii. or 7.3.1.b.iii. apply, your request may be made at the end of the thirty (30) day period or sixty (60) day period. If Subsection 7.3.1.b.iv. applies, you must file your request for external review at the same time you file your appeal to the Plan.
- 3. **Independent Review Organization and Independent Medical Reviewer**
 - a. **The Arkansas Insurance Commissioner** shall determine if the claim is subject to external review, and if he so determines, assign an Independent Review Organization from the list of approved Independent Review Organizations compiled and maintained by the Commissioner.
 - b. **The Independent Review Organization** is not affiliated with, owned by or controlled by the Company. The Company pays a reasonable fee to the Independent Review Organization to conduct the review, but such fee is not contingent upon the determination of the Independent Review Organization or Independent Medical Reviewer.
 - c. **An Independent Medical Reviewer** is a physician that is licensed in one or more States to deliver health care services and typically treats the condition or illness that is the subject of the claim under review. The Independent Medical Reviewer is not an employee of the Company and does not provide services exclusively for the Company or for individuals holding insurance coverage with the Company. The Independent Medical Reviewer has no material financial, familial or professional relationship with the Company, with the Plan Administrator, with an officer or director of the Company or the Plan Administrator, with the claimant or the claimant's Authorized Representative, with the health care professional that provided the intervention involved in the denied claim; with the institution at which the intervention involved in the denied claim was provided; with the manufacturer of any drug or other device used in connection with the intervention involved in the denied claim; or with any other party having a substantial interest in the denied claim.
- 4. **Documentation**
 - a. **Written Appeals.** You must submit your appeal in writing in a form and in a manner determined by the Arkansas Insurance Commissioner. You may

- a. **Recipients of Notice.** Upon receipt of the determination of the Independent Medical Reviewer, the Independent Review Organization shall provide written notification of the determination to you, your health care Provider, the Company and the Arkansas Insurance Commissioner.
 - b. **The Notification shall include.**
 - i. A general description of the reason for the request for external review;
 - ii. The date the Independent Review Organization was notified by the Company to conduct the review;
 - iii. The date the external review was conducted;
 - iv. The date of the Independent Medical Reviewer's determination;
 - v. The principal reason(s) for the determination;
 - vi. The rationale for the determination; and
 - vii. References to the evidence or documentation, including practice guidelines, considered in the determination.
12. **Expedited External Review.**
- a. **Requirement for Expedited Review.** You may submit a pre-service claim denial or a denial of a claim involving concurrent care for an expedited external review provided your health care professional certifies that the time to complete a standard review would seriously jeopardize your life or health or your ability to regain maximum function.
 - b. **Expedited External Review without prior Appeal to Plan (internal review).** You may request an expedited review at the same time you submit a request for an appeal to the Plan (internal review) if your health care professional certifies that the time to complete the Plan's expedited appeal process would seriously jeopardize your life or health or your ability to regain maximum function. If you make such a request, the Independent Review Organization may determine and notify you in accordance with Subsections 7.3.10.b and 7.3.11 whether you will be required to complete the internal review process.
 - c. **Same procedures as standard external review.** Unless otherwise specified, the provisions of this Section 7.3 applicable to independent medical review of claims apply to expedited external review of claims.
13. **Other Rights under Plan.** Your decision to submit an appeal to external review will have no effect on your other rights and benefits under the Plan.
14. **Arkansas Insurance Commissioner.** You may contact the Arkansas Insurance Commissioner for assistance. The mailing address is Arkansas Insurance Department, Attention External Review Assistance, 1200 West Third Street, Little Rock, Arkansas 72201. The telephone number is 501-371-2640 or toll free 800-282-9134. The e-mail address is insurance.consumers@arkansas.gov.
15. **Filing Fee.** You are required to pay a twenty-five dollar (\$25) fee to submit an appeal for external review. If the external review results in a reversal of the claim denial, in whole or in part, the Company will refund your filing fee. This twenty-five dollar (\$25) filing fee will be waived if (1) you have previously paid seventy-five dollars (\$75) in filing fees during the plan year or (2) paying of the fee will impose an undue financial hardship.
16. **Binding on the Plan.** The determination of an Independent Review Organization and an Independent Medical Reviewer is binding on both the Plan and you, except to the extent that other remedies are available under applicable federal or state law.

GLOSSARY OF TERMS, Health Interventions is hereby amended to read as follows.

Health Intervention or Intervention means an item, Medication or service delivered or undertaken primarily to diagnose, detect, treat, palliate or alleviate a medical condition or to maintain or restore functional ability of the mind or body.

This Amendment becomes a part of the US Able Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



Jason Mann, President

US Able Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-54
GENERAL AMENDMENT
Forms Nos. 41-07, 41-08

The following subsection amendments are effective on January 1, 2012.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Therapy Services, "Group Therapy" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Maternity," Subsection 3. is hereby amended to read as follows.

Newborn Care in the Hospital. Provided the child's coverage becomes effective on his or her date of birth in accordance with the provisions of Section 6.0, coverage is provided for a hospital stay for the mother and newborn child of at least forty-eight (48) hours following a vaginal delivery or at least ninety-six (96) hours following a cesarean section, unless the treating provider, after consulting with the mother, discharges the mother or newborn child earlier. An Employee or Spouse's newborn child will be covered from the date of birth, including use of newborn nursery (for up to five (5) days or until the mother is discharged, whichever is the lesser period of time) and related services.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Medications, Subsection c. is hereby amended to add the following new Subsection. All remaining Subsections are hereby re-numbered to correlate with the change.

Prescriptions, Excluded Providers. Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Miscellaneous Health Interventions" is hereby amended to add the following new Subsections.

Gastric Pacemaker Coverage. Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate including the Deductible, Copayment and Coinsurance set out in the Schedule of Benefits, coverage is provided for gastric pacemakers that receive Prior Approval from the Company. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished to us at the time indicates that the gastric pacemaker meets the Primary Coverage Criteria requirements set out in Subsection 2.2. and the Applications of the Primary Coverage Criteria set out in Subsections 2.4.1.b., e., or f.** All services, including any gastric pacemaker receiving Prior Approval, must still meet all other coverage terms, conditions, and limitations, and coverage for any gastric pacemaker receiving Prior Approval may still be limited or denied if, when the claims for the gastric pacemaker are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in this Benefit Certificate.

Pilot Project Coverage. Subject to all terms, conditions, exclusions and limitations of the Plan set forth in this Benefit Certificate, from time to time, the Company may provide coverage of medical interventions that are excluded under the terms of the Plan as set out in this Benefit Certificate, under terms, conditions, exclusions and limitations of a Company authorized Pilot Program. You can learn the medical interventions that are covered by a Company authorized Pilot Program, and the terms, conditions, exclusions and limitations of such coverage by visiting the Company's website at WWW.USABLELIFEGROUPHEALTH.COM or by calling Customer Service.

SPECIFIC PLAN EXCLUSIONS, Health Care Providers is hereby amended to add the following new Subsection. All remaining Subsections are re-numbered to correlate with the change.

Provider, Excluded. Health Interventions received from any Provider who has been excluded from participation in any federally funded program, are not covered.

SPECIFIC PLAN EXCLUSIONS, Health Interventions, "Gastric Electrical Stimulators" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

SPECIFIC PLAN EXCLUSIONS, Health Interventions, "Group Therapy" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

CLAIM PROCESSING AND APPEALS, Claim Processing, "Explanation of Benefit Determination" Subsection a. is hereby amended to read as follows.

The specific reason or reasons for the determination with information sufficient to identify the claim involved (including the date of service, the health care provider, the claim amount and a way that the Covered Person may learn the diagnosis and treatment codes and their descriptions);

CLAIM PROCESSING AND APPEALS, Claim Appeals to the Plan (Internal Review), "Documentation" Subsection b. is hereby amended to read as follows.

Appellant's Right to Information. The Company shall provide you free of charge and sufficiently in advance of the date of the final internal adverse benefit determination to give you a reasonable opportunity to respond, reasonable access to, and copies of, all documents, records or other information that:

- i. were relied upon in making the benefit determination;
- ii. were submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record or other information was relied upon in making the benefit determination;
- iii. demonstrate compliance with the terms of the Plan.; or
- iv. constitute a statement of policy or guidance with respect to the Plan concerning the denied treatment option or benefit for the your diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

CLAIM PROCESSING AND APPEALS, Claim Appeals to the Plan (Internal Review), "Notification of Determination of Appeal to Plan" Subsection a. is hereby amended to read as follows.

The specific reason or reasons for the review determination with information sufficient to identify the claim involved (including the date of service, the health care provider, the claim amount and a way that the Covered Person may learn the diagnosis and treatment codes and their descriptions);

CLAIM PROCESSING AND APPEALS, Independent Medical Review of Claims (External Review) "Claim Appeals Subject to External Review", is hereby amended to read as follows.

1. **Claim Appeals Subject to External Review.**
 - a. **Waiver of Internal Review.** If we have waived internal review, your appeal shall be to external review in accordance with this Section 7.3.

- b. **Application of Primary Coverage.** If your claim has not been the subject of a prior external review and if we have denied your claim in whole or in part because the intervention did not meet the Primary Coverage Criteria (other than under the conditions outlined in Subsections 2.4.1.a., b., c. or d.) or because of the application of a Coverage Policy, you may request an independent medical review by an Independent Review Organization in accordance with the provisions of this Subsection 7.3 provided:
 - i. The claim denial was upheld in whole or in part as a result of the Plan's internal review process, or
 - ii. You have not requested or agreed to a delay in the Plan's internal review process and the Appeals Coordinator has not given you notification of the determination involving a pre-service claim appeal within thirty (30) days following receipt of your appeal to the Plan; or
 - iii. You have not requested or agreed to a delay in the Plan's internal review process and the Appeals Coordinator has not given you notification of the determination involving a post-service claim appeal within sixty (60) days following receipt of your appeal to the Plan; or
 - iv. Your claim meets the requirements for expedited external review, (see Subsection 7.3.13) and you have simultaneously submitted an appeal to the Plan.
- 2. **Where and When to Submit External Review Appeal.** You may request external review by submitting a request for external review to the Appeals Coordinator of USABLE Life, [Post Office Box 1151, 320 West Capitol, Suite 500, Little Rock, Arkansas 72203]. Your request must be made within four (4) months after you were notified that the claim denial was upheld in whole or in part as a result of the Plan's internal review process. If Subsection 7.3.1.b.ii. or 7.3.1.b.iii. apply, your request may be made at the end of the thirty (30) day period or sixty (60) day period. If Subsection 7.3.1.b.iv. applies, you must file your request for external review at the same time you file your appeal to the Plan.
- 3. **Independent Review Organization and Independent Medical Reviewer**
 - a. **The Arkansas Insurance Commissioner** shall determine if the claim is subject to external review, and if he so determines, assign an Independent Review Organization from the list of approved Independent Review Organizations compiled and maintained by the Commissioner.
 - b. **The Independent Review Organization** is not affiliated with, owned by or controlled by the Company. The Company pays a reasonable fee to the Independent Review Organization to conduct the review, but such fee is not contingent upon the determination of the Independent Review Organization or Independent Medical Reviewer.
 - c. **An Independent Medical Reviewer** is a physician that is licensed in one or more States to deliver health care services and typically treats the condition or illness that is the subject of the claim under review. The Independent Medical Reviewer is not an employee of the Company and does not provide services exclusively for the Company or for individuals holding insurance coverage with the Company. The Independent Medical Reviewer has no material financial, familial or professional relationship with the Company, with the Plan Administrator, with an officer or director of the Company or the Plan Administrator, with the claimant or the claimant's Authorized Representative, with the health care professional that provided the intervention involved in the denied claim; with the institution at which the intervention involved in the denied claim was provided; with the manufacturer of any drug or other device used in connection with the intervention involved in the denied claim; or with any other party having a substantial interest in the denied claim.
- 4. **Documentation**
 - a. **Written Appeals.** You must submit your appeal in writing in a form and in a manner determined by the Arkansas Insurance Commissioner. You may

submit with your request for review any additional written comments, issues, documents, records and other information relating to your claim.

- b. **Authorization to Release Information.** In filing your request for external review, you must include the following authorization: "I, [Covered Person's name], authorize USABLE Life and my healthcare Provider(s) to release all medical information or records pertinent to this claim to the Independent Review Organization that is designated by USABLE Life. I further authorize such Independent Review Organization to release such medical information to any Independent Medical Reviewer(s) selected by the Independent Review Organization to conduct the review."
5. **Referral of Review Request to an Independent Review Organization.** Upon receipt of the documentation set out in Subsection 7.3.4, the Arkansas Insurance Commissioner shall immediately refer the request for external review, along with the Company's initial determination of the claim and the Appeals Coordinator's internal review determination (if applicable) to an Independent Review Organization.
6. **Independent Review Organization Right to Information.** You and your treating health care professional are required to provide the Independent Review Organization and the Independent Medical Reviewer(s), upon request, access to information necessary to determine the appeal. Access to such information shall be provided not later than seven (7) business days after the date on which the request for information is received.
7. **Rejection of Request for Review by the Independent Review Organization.** The Independent Review Organization shall reject a request for review and notify you, your Authorized Representative and the Appeals Coordinator in writing within five (5) business days (or within 72 hours for an Expedited Appeal) of its determination, if it determines that the appeal does meet the standards for an appeal for external review. See Subsections 7.3.1.
8. **Rejection of the Review for Failure to Submit Requested Information.** The Independent Review Organization may reject a request for review if:
 - a. you have not provided the authorization for release of medical records or information pertinent to the claim required by Subsection 7.3.4.b; or
 - b. you or your health care professional have not provided information requested by the Independent Review Organization in accordance with Subsection 7.3.6.
9. **Independent Medical Review Determination.** If the Independent Review Organization does not reject the request for review in accordance with Subsections 7.3.7 or 7.3.8, it shall assign the request for review to an Independent Medical Reviewer. Such Independent Medical Reviewer shall make a determination after reviewing the documentation submitted by you, your health care professional and the Company. The Independent Medical Reviewer shall consider the terms of this Benefit Certificate to assure that the reviewer's decision is not contrary to the terms of the Plan. In making the determination the reviewer need not give deference to the determinations made by the Company or the recommendations of the treating health care professional (if any).
10. **Timing of Appeal Determination.**
 - a. **Standard Review.** The Independent Medical Reviewer shall complete a review on an appeal within a reasonable period of time, but in no case later than forty five (45) days after the Independent Review Organization received the appeal.
 - b. **Expedited Review.** If you request an expedited review, and a health care professional certifies that the time for a standard review would seriously jeopardize your life or health or your ability to regain maximum function, the Independent Medical Reviewer shall make a determination on review in accordance with the medical exigencies of the case and as soon as possible, but in no case later than 72 hours after the time the Independent Review Organization received the request for review.
11. **Notification of Determination of Independent Medical Review.**

- a. **Recipients of Notice.** Upon receipt of the determination of the Independent Medical Reviewer, the Independent Review Organization shall provide written notification of the determination to you, your health care Provider, the Company and the Arkansas Insurance Commissioner.
 - b. **The Notification shall include.**
 - i. A general description of the reason for the request for external review;
 - ii. The date the Independent Review Organization was notified by the Company to conduct the review;
 - iii. The date the external review was conducted;
 - iv. The date of the Independent Medical Reviewer's determination;
 - v. The principal reason(s) for the determination;
 - vi. The rationale for the determination; and
 - vii. References to the evidence or documentation, including practice guidelines, considered in the determination.
12. **Expedited External Review.**
- a. **Requirement for Expedited Review.** You may submit a pre-service claim denial or a denial of a claim involving concurrent care for an expedited external review provided your health care professional certifies that the time to complete a standard review would seriously jeopardize your life or health or your ability to regain maximum function.
 - b. **Expedited External Review without prior Appeal to Plan (internal review).** You may request an expedited review at the same time you submit a request for an appeal to the Plan (internal review) if your health care professional certifies that the time to complete the Plan's expedited appeal process would seriously jeopardize your life or health or your ability to regain maximum function. If you make such a request, the Independent Review Organization may determine and notify you in accordance with Subsections 7.3.10.b and 7.3.11 whether you will be required to complete the internal review process.
 - c. **Same procedures as standard external review.** Unless otherwise specified, the provisions of this Section 7.3 applicable to independent medical review of claims apply to expedited external review of claims.
13. **Other Rights under Plan.** Your decision to submit an appeal to external review will have no effect on your other rights and benefits under the Plan.
14. **Arkansas Insurance Commissioner.** You may contact the Arkansas Insurance Commissioner for assistance. The mailing address is Arkansas Insurance Department, Attention External Review Assistance, 1200 West Third Street, Little Rock, Arkansas 72201. The telephone number is 501-371-2640 or toll free 800-282-9134. The e-mail address is insurance.consumers@arkansas.gov.
15. **Filing Fee.** You are required to pay a twenty-five dollar (\$25) fee to submit an appeal for external review. If the external review results in a reversal of the claim denial, in whole or in part, the Company will refund your filing fee. This twenty-five dollar (\$25) filing fee will be waived if (1) you have previously paid seventy-five dollars (\$75) in filing fees during the plan year or (2) paying of the fee will impose an undue financial hardship.
16. **Binding on the Plan.** The determination of an Independent Review Organization and an Independent Medical Reviewer is binding on both the Plan and you, except to the extent that other remedies are available under applicable federal or state law.

GLOSSARY OF TERMS, Health Interventions is hereby amended to read as follows.

Health Intervention or Intervention means an item, Medication or service delivered or undertaken primarily to diagnose, detect, treat, palliate or alleviate a medical condition or to maintain or restore functional ability of the mind or body.

This Amendment becomes a part of the USABLE Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

A handwritten signature in black ink that reads "Jason Mann". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jason Mann, President

USABLE Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-55
AUTISM SPECTRUM DISORDER BENEFITS
Forms Nos. 41-01, 41-02, 41-03, 41-04, 41-05, 41-06, 41-07, 41-08, 41-09

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN is hereby amended to add the following new Subsection.

Autism Spectrum Disorder Benefits. Subject to all other terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate as well as the Deductible and Coinsurance set out in the Schedule of Benefits, coverage is provided for Covered Persons with autism spectrum disorder that is diagnosed by a licensed doctor of medicine or licensed psychologist. Further, subject to Prior Approval from the Company as well as the Deductible and Coinsurance set out in the Schedule of Benefits, coverage is provided for applied behavior analysis when provided by or supervised by a Board Certified Behavioral Analyst and provided to Covered Persons under the age of 18. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished to us at the time indicates that the applied behavior analysis meets the Primary Coverage Criteria requirements set out in Subsection 2.2. and the Applications of the Primary Coverage Criteria set out in Subsections 2.4.1.b., e., or f. All services, including any applied behavior analysis receiving Prior Approval, must still meet all other coverage terms, conditions, and limitations, and coverage for any applied behavior analysis receiving Prior Approval may still be limited or denied if, when the claims for the applied behavior analysis are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in this Benefit Certificate.**

SPECIFIC PLAN EXCLUSIONS, Miscellaneous Fees and Services, "IDEA Covered Services" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

This Amendment becomes a part of the USABLE Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

A handwritten signature in black ink that reads "Jason Mann".

Jason Mann, President

USABLE Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-56
AUTISM SPECTRUM DISORDER BENEFITS
Forms Nos. 41-07, 41-08

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN is hereby amended to add the following new Subsection.

Autism Spectrum Disorder Benefits. Subject to all other terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate as well as the Deductible, Copayment and Coinsurance set out in the Schedule of Benefits, coverage is provided for Covered Persons with autism spectrum disorder that is diagnosed by a licensed doctor of medicine or licensed psychologist. Further, subject to Prior Approval from the Company as well as the Deductible and Coinsurance set out in the Schedule of Benefits, coverage is provided for applied behavior analysis when provided by or supervised by a Board Certified Behavioral Analyst and provided to Covered Persons under the age of 18. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished to us at the time indicates that the applied behavior analysis meets the Primary Coverage Criteria requirements set out in Subsection 2.2. and the Applications of the Primary Coverage Criteria set out in Subsections 2.4.1.b., e., or f. All services, including any applied behavior analysis receiving Prior Approval, must still meet all other coverage terms, conditions, and limitations, and coverage for any applied behavior analysis receiving Prior Approval may still be limited or denied if, when the claims for the applied behavior analysis are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in this Benefit Certificate.**

SPECIFIC PLAN EXCLUSIONS, Miscellaneous Fees and Services, "IDEA Covered Services" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

This Amendment becomes a part of the US Able Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

A handwritten signature in black ink that reads "Jason Mann".

Jason Mann, President

US Able Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-57
AUTISM SPECTRUM DISORDER BENEFITS
Forms Nos. 41-01, 41-02, 41-03, 41-04, 41-05, 41-06, 41-07, 41-08, 41-09

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN is hereby amended to add the following new Subsection.

Autism Spectrum Disorder Benefits. Subject to all other terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate as well as the Deductible and Coinsurance set out in the Schedule of Benefits, coverage is provided for Covered Persons with autism spectrum disorder that is diagnosed by a licensed doctor of medicine or licensed psychologist. Further, subject to Prior Approval from the Company as well as the Deductible and Coinsurance set out in the Schedule of Benefits, coverage is provided for applied behavior analysis when provided by or supervised by a Board Certified Behavioral Analyst and provided to Covered Persons under the age of 18. Applied behavioral analysis services have a calendar year benefit limit of fifty thousand dollars (\$50,000). **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished to us at the time indicates that the applied behavior analysis meets the Primary Coverage Criteria requirements set out in Subsection 2.2. and the Applications of the Primary Coverage Criteria set out in Subsections 2.4.1.b., e., or f. All services, including any applied behavior analysis receiving Prior Approval, must still meet all other coverage terms, conditions, and limitations, and coverage for any applied behavior analysis receiving Prior Approval may still be limited or denied if, when the claims for the applied behavior analysis are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in this Benefit Certificate.**

SPECIFIC PLAN EXCLUSIONS, Miscellaneous Fees and Services, "IDEA Covered Services" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

This Amendment becomes a part of the US Able Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

A handwritten signature in black ink, appearing to read 'Jason Mann'.

Jason Mann, President

US Able Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



AMENDMENT TO THE
USABLE LIFE
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-58
PREVENTIVE HEALTH SERVICES
Forms Nos. 41-07, 41-08

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN is hereby amended to add the following new Subsection.

Autism Spectrum Disorder Benefits. Subject to all other terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate as well as the Deductible, Copayment and Coinsurance set out in the Schedule of Benefits, coverage is provided for Covered Persons with autism spectrum disorder that is diagnosed by a licensed doctor of medicine or licensed psychologist. Further, subject to Prior Approval from the Company as well as the Deductible and Coinsurance set out in the Schedule of Benefits, coverage is provided for applied behavior analysis when provided by or supervised by a Board Certified Behavioral Analyst and provided to Covered Persons under the age of 18. Applied behavioral analysis services have a calendar year benefit limit of fifty thousand dollars (\$50,000). **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished to us at the time indicates that the applied behavior analysis meets the Primary Coverage Criteria requirements set out in Subsection 2.2. and the Applications of the Primary Coverage Criteria set out in Subsections 2.4.1.b., e., or f. All services, including any applied behavior analysis receiving Prior Approval, must still meet all other coverage terms, conditions, and limitations, and coverage for any applied behavior analysis receiving Prior Approval may still be limited or denied if, when the claims for the applied behavior analysis are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in this Benefit Certificate.**

SPECIFIC PLAN EXCLUSIONS, Miscellaneous Fees and Services, "IDEA Covered Services" is hereby deleted in its entirety. All remaining Subsections are hereby re-numbered to correlate with the change.

This Amendment becomes a part of the US Able Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

A handwritten signature in black ink, appearing to read "Jason Mann".

Jason Mann, President

US Able Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]

SERFF Tracking Number: LSVX-G127795212 State: Arkansas
 Filing Company: USable Life State Tracking Number: 50195
 Company Tracking Number: AR000960100011
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Group Health Policy Amendments - November 2011
 Project Name/Number: GRP- Group/AR000960100011

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	11/07/2011

Comments:

Attachment:

PPACA Form 42-29,42-30 R1-12,42-43,42-44 R1-12,42-53,42-54,42-55,42-56,42-57,42-58 1-12.PDF

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/07/2011
Bypass Reason:	Not a policy filing.		

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/07/2011

Comments:

Attachment:

Flesch Certification USable Life 42-2942-3042-4342-44 R1-1242-5342-5442-5542-5642-5742-58 1-12.PDF

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

- INDIVIDUAL HEALTH BENEFIT PLANS (Complete SECTION A only)
- SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete SECTION B only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
USable Life	94339		All group forms currently issued	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

Reset Form

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19 Explanation: Page Number:	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014. Explanation: Page Number:	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Eliminate Lifetime Dollar Limits on Essential Benefits Explanation: Page Number:	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact. Explanation: Page Number:	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i></p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i></p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.

PPACA Uniform Compliance Summary

Reset Form

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
-----	----------	-----------------	---------------	-------------------

	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation: See Amendment Numbers 42-45 & 42-46			
	Page Number: 2			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation: See Amendment Numbers 42-45 & 42-46			
	Page Number: 1-2			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation: See Amendment Numbers 42-45 & 42-46			
	Page Number: 2			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation: See Amendment Numbers 42-45 & 42-46			
	Page Number: 3			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
-----	----------	-----------------	---------------	-------------------

	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation: See Amendments number 42-43 and 42-44			
	Page Number: 1			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◊	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes ◊ <input type="checkbox"/> No If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation: Already filed and approved - numbers 42-37,42-38,42-39,42-40			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation: See amendment no. 42-53 and 42-54 1/12			
	Page Number: 2-5			

◊ For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
-----	----------	-----------------	---------------	-------------------

	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p>	<p><i>[Section 2719A of the PHS/Section 10101 of the PPACA]</i></p>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	<p>Explanation: US Able Life currently provides in-network coverage for all emergency services without prior authorization.</p>			
	<p>Page Number:</p>			
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.</p>	<p><i>[Section 2719A of the PHS/Section 10101 of the PPACA]</i></p>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	<p>Explanation: US Able does not require designation of a PCP</p>			
	<p>Page Number:</p>			
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p>	<p><i>[Section 2719A of the PHS/Section 10101 of the PPACA]</i></p>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	<p>Explanation: US Able does not require authorization or referral for OB/GYN services</p>			
	<p>Page Number:</p>			



RE: **US Able Life**
Form Nos. **42-29,42-30,42-43,42-44 R1/12,42-53,42-54,42-55,42-56,42-57,42-58 1/12**

**FLESCH READING EASE
CERTIFICATION**

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.3 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in black ink, appearing to read "Jason Allen", is written above a horizontal line.

Name

President

Title

November 3, 2011

Date