

SERFF Tracking Number: CCGH-127909097 State: Arkansas  
Filing Company: CIGNA Health and Life Insurance Company State Tracking Number: 50531  
Company Tracking Number:  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002C Large Group Only - Other  
Product Name: PPACA CH Health Care Reform Addendum  
Project Name/Number: CH Health Care Reform Addendum/

## Filing at a Glance

Company: CIGNA Health and Life Insurance Company

Product Name: PPACA CH Health Care Reform SERFF Tr Num: CCGH-127909097 State: Arkansas  
Addendum

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 50531  
Closed

Sub-TOI: H16G.002C Large Group Only - Other Co Tr Num: State Status: FEES PAID

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Melissa Pine, Christopher Scutt Disposition Date: 12/21/2011

Date Submitted: 12/20/2011 Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CH Health Care Reform Addendum

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 12/21/2011

State Status Changed: 12/20/2011

Created By: Christopher Scutt

Corresponding Filing Tracking Number:

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

PPACA Notes: null

Filing Description:

We are submitting for your approval the above-referenced Group Accident and Health certificate insert pages to be used with our combined Policy/Certificate Document previously approved by your Department on 9/14/10, SERFF filing #CCGH-126653734.

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Christopher Scutt

We are filing additional insert pages containing changes compliant with the Affordable Care Act for Grandfathered and

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Non Grandfathered plans. We are also including text to describe Out of Pocket Expenses and their accumulation, timely claim filing, as well as text to describe payment for assistant and co-surgeons.

We have included the PPACA Uniform Compliance Summary which also include some items previously filed and approved by your Department on 9/14/10, SERFF filing #CCGH-126653734.

We consider any bracketed areas to be variable as shown. Please find the enclosed Description of Variable Material. This submission does not replace any certificate insert pages on file with your Department.

Thank you very much for your attention to this submission. If you have any questions or concerns, you can contact me directly at 860.226.3773. I can also be reached via e-mail at christopher.scutt@cigna.com.

Best regards,  
 Chris Scutt

## Company and Contact

### Filing Contact Information

Christopher Scutt, Consultant christopher.scutt@cigna.com  
 900 Cottage Grove Road 860-226-3773 [Phone]  
 Bloomfield, CT 06002

### Filing Company Information

|   |                         |                                |
|---|-------------------------|--------------------------------|
| CIGNA Health and Life Insurance Company | CoCode: 67369           | State of Domicile: Connecticut |
| 900 Cottage Grove Road                  | Group Code: 901         | Company Type: LAH              |
| Bloomfield, CT 06002                    | Group Name:             | State ID Number:               |
| (860) 226-6000 ext. [Phone]             | FEIN Number: 59-1031071 |                                |

## Filing Fees

|                  |   |
|------------------|---|
| Fee Required?    | Yes   |
| Fee Amount:      | \$800.00                                      |
| Retaliatory?     | No  |
| Fee Explanation: | \$50 per form X 16 submitted forms = \$800.00 |
| Per Company:     | No  |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------|--------|----------------|---------------|
|---------|--------|----------------|---------------|

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CIGNA Health and Life Insurance Company \$800.00 12/20/2011 54698716

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## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 12/21/2011 | 12/21/2011     |

*SERFF Tracking Number:* CCGH-127909097      *State:* Arkansas  
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## **Disposition**

Disposition Date: 12/21/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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| <b>Schedule</b>            | <b>Schedule Item</b>              | <b>Schedule Item Status</b> | <b>Public Access</b> |
|----------------------------|-----------------------------------|-----------------------------|----------------------|
| <b>Supporting Document</b> | Flesch Certification              | Approved-Closed             | Yes                  |
| <b>Supporting Document</b> | Application                       | Approved-Closed             | Yes                  |
| <b>Supporting Document</b> | PPACA Uniform Compliance Summary  | Approved-Closed             | Yes                  |
| <b>Supporting Document</b> | Forms Listing                     | Approved-Closed             | Yes                  |
| <b>Form</b>                | How to File Your Claim            | Approved-Closed             | Yes                  |
| <b>Form</b>                | Preventive Care                   | Approved-Closed             | Yes                  |
| <b>Form</b>                | Emergency Services                | Approved-Closed             | Yes                  |
| <b>Form</b>                | Emergency Medical Condition       | Approved-Closed             | Yes                  |
| <b>Form</b>                | Essential Health Benefits         | Approved-Closed             | Yes                  |
| <b>Form</b>                | PPACA of 2010                     | Approved-Closed             | Yes                  |
| <b>Form</b>                | Stabilize                         | Approved-Closed             | Yes                  |
| <b>Form</b>                | Definition of Dependent           | Approved-Closed             | Yes                  |
| <b>Form</b>                | Pre-Existing Condition Limitation | Approved-Closed             | Yes                  |
| <b>Form</b>                | Preventive Care                   | Approved-Closed             | Yes                  |
| <b>Form</b>                | LT and Annual Maximum             | Approved-Closed             | Yes                  |
| <b>Form</b>                | Rx Drug Schedule                  | Approved-Closed             | Yes                  |
| <b>Form</b>                | Out of Pocket Assistant Surgeon   | Approved-Closed             | Yes                  |
| <b>Form</b>                | Rescissions                       | Approved-Closed             | Yes                  |
| <b>Form</b>                | Policy Amendment                  | Approved-Closed             | Yes                  |
| <b>Form</b>                | Complaint or Appeal               | Approved-Closed             | Yes                  |

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## Form Schedule

### Lead Form Number: HP-AMD14

| Schedule Item                 | Form Number | Form Type   | Form Name   | Action  | Action Specific Data | Readability | Attachment   |
|-------------------------------|-------------|-------------|---|---------|----------------------|-------------|--|
| Approved-Closed<br>12/21/2011 | HC-CLM25    | Certificate | How to File Your Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider   | Initial |                      |             | HC-CLM25<br>clean.pdf                              |
| Approved-Closed<br>12/21/2011 | HC-COV187   | Certificate | Preventive Care Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider    | Initial |                      |             | HC-COV187<br>Preventive<br>Care.pdf                |
| Approved-Closed<br>12/21/2011 | HC-DFS393   | Certificate | Emergency Services Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Initial |                      |             | HC-DFS393<br>Emergency<br>Services.pdf             |
| Approved-Closed<br>12/21/2011 | HC-DFS394   | Certificate | Emergency Medical Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider  | Initial |                      |             | HC-DFS394<br>Emergency<br>Medical<br>Condition.pdf |
| Approved-Closed<br>12/21/2011 | HC-DFS411   | Certificate | Essential Health Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider   | Initial |                      |             | HC-DFS411Esse<br>ntial Health<br>Benefits.pdf      |
| Approved-                     | HC-         | Certificate | PPACA of 2010   | Initial |                      |             | HC-DFS412  |

|                                 |   |                               |                                    |
|---------------------------------|---|-------------------------------|------------------------------------|
| <i>SERFF Tracking Number:</i>   | CCGH-127909097                          | <i>State:</i>                 | Arkansas                           |
| <i>Filing Company:</i>          | CIGNA Health and Life Insurance Company | <i>State Tracking Number:</i> | 50531                              |
| <i>Company Tracking Number:</i> |   |                               |                                    |
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| <i>Product Name:</i>            | PPACA CH Health Care Reform Addendum    |                               |                                    |
| <i>Project Name/Number:</i>     | CH Health Care Reform Addendum/         |                               |                                    |
| Closed                          | DFS412                                  | Amendmen                      | PPACA of                           |
| 12/21/2011                      |   | t, Insert                     | 2010.pdf                           |
|                                 |   | Page,                         |                                    |
|                                 |   | Endorseme                     |                                    |
|                                 |   | nt or Rider                   |                                    |
| Approved-                       | HC-                                     | Certificate                   | Stabilize                          |
| Closed                          | DFS413                                  | Amendmen                      | Initial                            |
| 12/21/2011                      |   | t, Insert                     | HC-DFS413                          |
|                                 |   | Page,                         | Stabilize.pdf                      |
|                                 |   | Endorseme                     |                                    |
|                                 |   | nt or Rider                   |                                    |
| Approved-                       | HC-                                     | Certificate                   | Definition of                      |
| Closed                          | DFS561                                  | Amendmen                      | Dependent                          |
| 12/21/2011                      |   | t, Insert                     | Initial                            |
|                                 |   | Page,                         | HC-DFS561                          |
|                                 |   | Endorseme                     | Def of                             |
|                                 |   | nt or Rider                   | Dep.pdf                            |
| Approved-                       | HC-EXC68                                | Certificate                   | Pre-Existing                       |
| Closed                          |   | Amendmen                      | Condition Limitation               |
| 12/21/2011                      |   | t, Insert                     | Initial                            |
|                                 |   | Page,                         | HC-EXC68                           |
|                                 |   | Endorseme                     | PCL.pdf                            |
|                                 |   | nt or Rider                   |                                    |
| Approved-                       | HC-                                     | Schedule                      | Preventive Care                    |
| Closed                          | SOC191                                  | Pages                         | Initial                            |
| 12/21/2011                      |   |                               | HC-SOC191                          |
|                                 |   |                               | Preventive                         |
|                                 |   |                               | Care.pdf                           |
| Approved-                       | HC-                                     | Schedule                      | LT and Annual                      |
| Closed                          | SOC159                                  | Pages                         | Maximum                            |
| 12/21/2011                      |   |                               | Initial                            |
|                                 |   |                               | HC-SOC159                          |
|                                 |   |                               | LT and                             |
|                                 |   |                               | Annual                             |
|                                 |   |                               | Maximum.pdf                        |
| Approved-                       | HC-                                     | Schedule                      | Rx Drug Schedule                   |
| Closed                          | SOC160                                  | Pages                         | Initial                            |
| 12/21/2011                      |   |                               | HC-SOC160                          |
|                                 |   |                               | Rx Drug                            |
|                                 |   |                               | Schedule.pdf                       |
| Approved-                       | HC-                                     | Schedule                      | Out of Pocket                      |
| Closed                          | SOC164                                  | Pages                         | Assistant Surgeon                  |
| 12/21/2011                      |   |                               | Initial                            |
|                                 |   |                               | HC-SOC164                          |
|                                 |   |                               | Out of Pocket                      |
|                                 |   |                               | Expenses                           |
|                                 |   |                               | Assistant and                      |
|                                 |   |                               | Cosurgeons.p                       |

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|                    |                                 |         |               |
|--------------------|---------------------------------|---------|---------------|
| Approved- HC-TRM80 | Certificate Rescissions         | Initial | df            |
| Closed             | Amendmen                        |         | HC-TRM80      |
| 12/21/2011         | t, Insert                       |         | Rescissions.p |
|                    | Page,                           |         | df            |
|                    | Endorseme                       |         |               |
|                    | nt or Rider                     |         |               |
| Approved- HP-AMD14 | Policy/Cont Policy Amendment    | Initial | HP-AMD14      |
| Closed             | ract/Fratern                    |         | Policy        |
| 12/21/2011         | al                              |         | Amendment.p   |
|                    | Certificate:                    |         | df            |
|                    | Amendmen                        |         |               |
|                    | t, Insert                       |         |               |
|                    | Page,                           |         |               |
|                    | Endorseme                       |         |               |
|                    | nt or Rider                     |         |               |
| Approved- HC-      | Certificate Complaint or Appeal | Initial | HC-           |
| Closed             | Amendmen                        |         | APL123.pdf    |
| 12/21/2011         | t, Insert                       |         |               |
|                    | Page,                           |         |               |
|                    | Endorseme                       |         |               |
|                    | nt or Rider                     |         |               |

## **HOW TO FILE YOUR CLAIM**

[There's no paperwork for In-Network care. Just show your identification card and pay your share of the cost, if any; your provider will submit a claim to [CIGNA] for reimbursement. Out-of-Network claims can be submitted by the provider if the provider is able and willing to file on your behalf.] [If your plan provides coverage when care is received only from In-Network providers, you may still have Out-of-Network claims (for example, when Emergency Services are received from an Out-of-Network provider) and should follow the claim submission instructions for those claims.] [Claims can be submitted by the provider if the provider is able and willing to file on your behalf.] If the provider is not submitting on your behalf, you must send your completed claim form and itemized bills to the claims address listed on the claim form.

You may get the required claim forms from the website listed on your identification card or by calling Member Services using the toll-free number on your identification card.

### **CLAIM REMINDERS**

- **BE SURE TO USE YOUR MEMBER ID AND ACCOUNT/GROUP NUMBER WHEN YOU FILE CIGNA'S CLAIM FORMS, OR WHEN YOU CALL YOUR CIGNA CLAIM OFFICE.**  
YOUR MEMBER ID IS THE ID SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.  
YOUR ACCOUNT/GROUP NUMBER IS SHOWN ON YOUR BENEFIT IDENTIFICATION CARD.
- **BE SURE TO FOLLOW THE INSTRUCTIONS LISTED ON THE BACK OF THE CLAIM FORM CAREFULLY WHEN SUBMITTING A CLAIM TO CIGNA.**

### **TIMELY FILING OF [OUT-OF-NETWORK] CLAIMS**

[CIGNA] will consider claims for coverage under our plans when proof of loss (a claim) is submitted within [180 - 365 days] [one year] [for Out-of-Network benefits] after services are rendered. If services are rendered on consecutive days, such as for a Hospital Confinement, the limit will be counted from the last date of service. If claims are not submitted within [180 - 365 days][one year] [for Out-of-Network benefits], the claim will not be invalidated or reduced if it can be shown that written proof of loss was given as soon as reasonably possible.

**WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information; or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

## **Covered Expenses**

The term Covered Expenses means the expenses incurred by or on behalf of a person for the charges listed below if they are incurred after he becomes insured for these benefits. Expenses incurred for such charges are considered Covered Expenses to the extent that the services or supplies provided are recommended by a Physician, and are Medically Necessary for the care and treatment of an Injury or a Sickness, as determined by CIGNA. **Any applicable Copayments, Deductibles or limits are shown in The Schedule.**

## **Covered Expenses**

- [charges made for the following preventive care services (detailed information is available at [www.healthcare.gov/center/regulations/prevention/recommendations.html](http://www.healthcare.gov/center/regulations/prevention/recommendations.html)):
  - (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;
  - (2) 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 Covered Person involved;
  - (3) for infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
  - (4) for 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.]

## **DEFINITIONS**

### **Emergency Services**

Emergency services means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate the emergency medical condition; and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, to stabilize the patient.

## **DEFINITIONS**

### **Emergency Medical Condition**

Emergency medical condition means a medical condition which manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

## **DEFINITIONS**

### **Essential Health Benefits**

Essential health benefits means, to the extent covered under the plan, expenses incurred with respect to covered services, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care.

## **DEFINITIONS**

### **Patient Protection and Affordable Care Act of 2010 (“PPACA”)**

Patient Protection and Affordable Care Act of 2010 means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152.)

## **DEFINITIONS**

### **Stabilize**

Stabilize means, with respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

## DEFINITIONS

### Dependent

Dependents are:

- your lawful spouse; or
- [your Domestic Partner;] and
- any child of yours who is:
  - less than [26-99] years old[.and not eligible for another employer-sponsored group health plan other than that of a parent.]
  - [[26-99] years old, but less than [27-99], unmarried, enrolled in school as a full-time student and primarily supported by you.]
  - 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage.

The term child means a child born to you or a child legally adopted by you. It also includes a stepchild. [If your Domestic Partner has a child, that child will also be included as a Dependent.]

Benefits for a Dependent child [or student] will continue until the last day before your Dependent's birthday, in the year in which the limiting age is reached.

Benefits for a Dependent child [or student] will continue until the last day of the calendar month in which the limiting age is reached.

Benefits for a Dependent child [or student] will continue until the last day of the calendar year in which the limiting age is reached.

Anyone who is eligible as an Employee will not be considered as a Dependent.

No one may be considered as a Dependent of more than one Employee.

**Pre-existing Condition Limitations**  
**Not applicable to anyone under age 19**

[For Out-of-Network Coverage Only][ For treatment other than by a Participating Provider]

No payment will be made for Covered Expenses for or in connection with an Injury or a Sickness which is a Pre-existing Condition, unless those expenses are incurred after a continuous one-year period during which a person is satisfying a waiting period and/or is insured for these benefits.

**Pre-existing Condition**

A Pre-existing Condition is an Injury or a Sickness for which a person receives treatment, incurs expenses or receives a diagnosis from a Physician during the 90 days before the earlier of the date a person begins an eligibility waiting period, or becomes insured for these benefits.

**Exceptions to Pre-existing Condition Limitation**

Pregnancy, and genetic information with no related treatment, will not be considered Pre-existing Conditions.

An adopted child, or a child placed for adoption before age 19 will not be subject to any Pre-existing Condition limitation if such child was covered within 60 days of adoption or placement for adoption. Such waiver will not apply if 63 days elapse between coverage during a prior period of Creditable Coverage and coverage under this plan.

**Credit for Coverage Under Prior Plan**

If a person was previously covered under a plan which qualifies as Creditable Coverage, the following will apply, provided he notifies the Employer of such prior coverage, and fewer than 63 days elapse between coverage under the prior plan and coverage under this plan, exclusive of any waiting period.

CIGNA will reduce any Pre-existing Condition limitation period under this policy by the number of days of prior Creditable Coverage you had under a creditable health plan or policy.

| <b>THE SCHEDULE</b>  |   |   |
|--|---|---|
| Preventive Care  |   | [Unlimited] [\$250-\$2,000]*                                  |
|  | In-Network Benefits   | Out of Network Benefits                                       |
| <p><b>[Preventive Care]</b></p> <p>Routine Preventive Care :<br/>Well-Baby, Well-Child, Adult<br/>and Well-Woman (including<br/>immunizations)</p> <p><b>[Note:</b><br/>Well-Woman OB/GYN visits<br/>will be considered a Specialist<br/>visit.]</p> | No charge   | <p>[No charge]</p> <p>[30-80]% after plan<br/>deductible]</p> |
| <b>Preventive X-ray and/or Lab Services</b>  | [No charge] [50-100]% [after plan deductible]   | [30-80]% after plan deductible]                               |
| <b>Immunizations</b>   | No charge   | <p>No charge</p> <p>[30-80]% after plan<br/>deductible]</p>   |
| <p>[</p> <p><b>[Note:</b></p> <p>Well-woman OB/GYN visits will be considered [either] a [PCP or] Specialist visit [depending on how the provider contracts with CIGNA].]</p>   |   |   |
| Physician's Office Visit   | <p>[No charge][ after the \$[0-100] PCP or \$[0-150] Specialist per office visit copay; No charge after the PCP or Specialist per visit copay if only X-ray and/or lab services performed and billed]</p> <p>[ [50-100]% [after plan deductible] ]</p> <p>[No charge]</p> | [30-80]% after plan deductible]                               |

*Note: The benefit differential level between services rendered In-Network and Out-of-Network shall not exceed 25% of the allowable charge for the service rendered.*

|  |  |  |
|--|--|--|
| Immunizations  | No charge  | [30-80]% after plan deductible]  |
| <b>Mammograms, PSA, PAP Smear</b>                          |  |  |
| Preventive Care Related Services (i.e. “routine” services) | [No charge [after plan deductible] ]<br>[ [50-100]% [after plan deductible] ]  | [No charge [after plan deductible] ]<br>[ [30-80]% [after plan deductible] ]   |
| [Diagnostic Related Services (i.e. “non-routine” services) | [No charge [after plan deductible] ]<br>[ [50-100]% after plan deductible if billed by an independent diagnostic facility or outpatient hospital]<br>[ [50-100]% [after plan deductible] ]   | [No charge [after plan deductible] ]<br>[ [30-80]% [after plan deductible] ] ] |
| [Diagnostic Related Services (i.e. “non-routine” services) | Subject to the plan’s x-ray & lab benefit; based on place of service   | Subject to the plan’s x-ray & lab benefit; based on place of service]          |
|  | [ <b>Note:</b><br>The associated wellness exam will be covered at no charge after the \$[0-100] PCP or \$[0-150] Specialist per visit copay]<br><br>[ <b>Note:</b><br>The associated wellness exam is subject to the \$[0-100] PCP or \$[0-150] Specialist per office visit copay] | [ <b>Note:</b><br>The associated wellness exam is not covered]                 |

\*Variables Applicable to plans Exempt from PPACA only.

Cost Share applied to In Network Benefits Applicable to Exempt and Grandfathered Plans only.

*Note: The benefit differential level between services rendered In-Network and Out-of-Network shall not exceed 25% of the allowable charge for the service rendered.*

The Schedule

| <b>BENEFIT HIGHLIGHTS</b>                                   | <b>IN-NETWORK</b>                                  | <b>OUT-OF-NETWORK</b>                              |
|---|--|--|
| <b>[Lifetime Maximum for essential benefits</b>             | Unlimited]<br>[10,000-Unlimited]**                 |  |
| <b>[Lifetime Maximum for non-essential benefits</b>         | [\$10,000-Unlimited]                               | [\$10,000-Unlimited] ]                             |
| <b>[Lifetime Maximum for non-essential benefits</b>         | [\$10,000-Unlimited] ]                             |  |
| <b>[Annual Maximum for essential benefits [including !]</b> | [\$750,000 - Unlimited] ]<br>[\$1,000-\$750,000] * |  |
| <b>[Annual Maximum for essential benefits [including !]</b> | [\$750,000 - Unlimited]<br>[\$1,000-\$750,000] *   | [\$750,000 - Unlimited] ]<br>[\$1,000-\$750,000] * |
| <b>[Annual Maximum for non-essential benefits</b>           | [\$10,000-Unlimited] ]                             |  |
| <b>[Annual Maximum for non-essential benefits</b>           | [Not Applicable]<br>[\$10,000-Unlimited]           | [\$10,000-Unlimited]                               |

\* For use with approved client request to the U.S. Department of Health and Human Services for a waiver of the PPACA limit.

\*\* For use with plans exempt from PPACA only.

**Prescription Drug Benefits  
The Schedule**

**For You and Your Dependents**

**[Medications required as part of 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 are covered at 100% with no copayment or deductible.]**



## The Schedule

### Out-of-Pocket Expenses

Out-of-Pocket Expenses are Covered Expenses incurred for [In-Network][and][Out-of-Network] charges that are not paid by the benefit plan. The following [In-Network] [and] [Out-of-Network] Expenses contribute to the Out-of-Pocket Maximum, and when the Out-of-Pocket Maximum shown in The Schedule is reached, they are payable by the benefit plan at 100%. [Once the Out-of-Pocket Maximum is reached for covered services that apply to the Out-of-Pocket Maximum, In-Network copayments and Out-of-Network deductibles are no longer required]

- [Coinsurance]
- [Plan Deductible]
- [coinsurance][and][copayments][and][Per Day][deductibles] [for the following:]
  - [inpatient hospital facility]
  - [outpatient facility]
  - [Advanced Radiological Imaging]
  - [emergency room]
  - [office visit]
  - [urgent care]
  - [bariatric [surgery] [treatment]]
  - [External Prosthetic Appliances]
  - [[Medical] [and] [Pharmacy] [CIGNA Pharmacy]][Mail Order Pharmacy]
  - [Mental Health] [and] [Substance Abuse]

The following Out-of-Pocket [In-Network] [and] [Out-of-Network] Expenses and charges do not contribute to the Out-of-Pocket Maximum and they are not payable by the benefit plan at 100% when the Out-of-Pocket Maximum shown in The Schedule is reached.

- [non-compliance penalties]
- [provider charges in excess of the Maximum Reimbursable Charge]
- [Coinsurance]
- [Plan Deductible]
- [coinsurance][and][copayments][and][deductibles] [for the following:]
  - [inpatient hospital facility]
  - [outpatient facility]
  - [Advanced Radiological Imaging]
  - [emergency room]
  - [office visit]
  - [urgent care]
  - [bariatric [surgery] [treatment]]
  - [External Prosthetic Appliances]
  - [[Medical] [and] [Pharmacy] [CIGNA Pharmacy]][Mail Order Pharmacy]
  - [Mental Health] [and] [Substance Abuse]

**[Assistant Surgeon and Co-Surgeon Charges**

**Assistant Surgeon**

The maximum amount payable will be limited to charges made by an assistant surgeon that do not exceed [16-20] percent of the surgeon's allowable charge. (For purposes of this limitation, allowable charge means the amount payable to the surgeon prior to any reductions due to coinsurance or deductible amounts.)

**Co-Surgeon**

The maximum amount payable will be limited to 62.5 percent of the surgeon's allowable charge. (For purposes of this limitation, allowable charge means the amount payable to the surgeons prior to any reductions due to coinsurance or deductible amounts.)]

## **Termination of Insurance**

### **Rescissions**

Your coverage may not be rescinded (retroactively terminated) by CIGNA or the plan sponsor unless: the plan sponsor or an individual (or a person seeking coverage on behalf of the individual) performs an act, practice or omission that constitutes fraud; or the plan sponsor or individual (or a person seeking coverage on behalf of the individual) makes an intentional misrepresentation of material fact.

AMENDMENT

POLICYHOLDER: !

POLICY NUMBER: !

EFFECTIVE DATE OF THIS AMENDMENT:!

ISSUE DATE: !

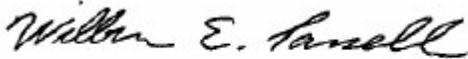
As of the Effective Date of this Amendment, the Policy specified above is amended by the provisions shown below:

The Insurance Company may change rates immediately if in its opinion its liability is altered by any change in state or federal law or by a revision in the insurance under the policy. Any such change in rates will take effect on the effective date of the change in law or change in the insurance. In addition, the Insurance Company may change the rates if at any time the enrollment or employee contribution level is less than assumed by the Insurance Company in underwriting the coverage or if the Insurance Company: (i) is required to pay any fee or assessment, or (ii) incurs any additional costs in administering the policy; as a result of requirements of federal or state law.

CIGNA HEALTH AND LIFE INSURANCE COMPANY



*Shermona Mapp, Corporate Secretary*



Wilbur E. Parsell, Registrar

ACCEPTED BY:

\_\_\_\_\_  
Policyholder Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## **WHEN YOU HAVE A COMPLAINT OR AN APPEAL**

For the purposes of this section, any reference to "you", "your" or "Member" also refers to a representative or provider designated by you to act on your behalf, unless otherwise noted.

We want you to be completely satisfied with the care you receive. That is why we have established a process for addressing your concerns and solving your problems.

### **Start with Customer Service**

We are here to listen and help. If you have a concern regarding a person, a service, the quality of care, contractual benefits, or a rescission of coverage, you can call our toll-free number and explain your concern to one of our Customer Service representatives. Please call us at the Customer Service Toll-Free Number that appears on your Benefit Identification card, explanation of benefits or claim form.

We will do our best to resolve the matter on your initial contact. If we need more time to review or investigate your concern, we will get back to you as soon as possible, but in any case within 30 days.

If you are not satisfied with the results of a coverage decision, you can start the appeals procedure.

### **Appeals Procedure**

CIGNA has a two step appeals procedure for coverage decisions. To initiate an appeal, you must submit a request for an appeal in writing, within [365 days] of receipt of a denial notice, to the following address:

[CIGNA HealthCare Inc.  
National Appeals Unit (NAO)  
PO Box 188011  
Chattanooga, TN 37422]

You should state the reason why you feel your appeal should be approved and include any information supporting your appeal. If you are unable or choose not to write, you may ask to register your appeal by telephone. Call us at the toll-free number on your Benefit Identification card, explanation of benefits or claim form.

[If CIGNA fails to strictly adhere to all the requirements of the internal claims and appeals process, you may initiate an external Independent Review and/or pursue any available remedies under applicable law.]

### **Level One Appeal**

Your appeal will be reviewed and the decision made by someone not involved in the initial decision. Appeals involving Medical Necessity or clinical appropriateness will be considered by a health care professional.

For level one appeals, we will respond in writing with a decision within 15 calendar days after we receive an appeal for a required preservice or concurrent care coverage determination (decision). We will respond within 30 calendar days after we receive an appeal for a postservice coverage determination. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

You may request that the appeal process be expedited if, (a) the time frames under this process would seriously jeopardize your life, health or ability to regain maximum function or in the opinion of your Physician would cause you severe pain which cannot be managed without the requested services; or (b) your appeal involves nonauthorization of an admission or continuing inpatient Hospital stay.

If you request that your appeal be expedited based on (a) above, you may also ask for an expedited external Independent Review at the same time, if the time to complete an expedited level-one appeal would be detrimental to your medical condition.]

CIGNA's Physician reviewer, in consultation with the treating Physician, will decide if an expedited appeal is necessary. When an appeal is expedited, we will respond orally with a decision within 72 hours, followed up in writing.

### **Level Two Appeal**

If you are dissatisfied with our level one appeal decision, you may request a second review. To start a level two appeal, follow the same process required for a level one appeal.

If the appeal involves a coverage decision based on issues of medical necessity, clinical appropriateness or experimental treatment, a medical review will be conducted by a Physician reviewer in the same or similar specialty as the care under consideration, as determined by CIGNA's Physician reviewer. For all other coverage plan-related appeals, a second-level review will be conducted by someone who was a) not involved in any previous decision related to your appeal, and b) not a subordinate of previous decision makers. Provide all relevant documentation with your second-level appeal request.

For required preservice and concurrent care coverage determinations, CIGNA's review will be completed within 15 calendar days. For postservice claims, CIGNA's review will be completed within 30 calendar days. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review. In the event any new or additional information (evidence) is considered, relied upon or generated by CIGNA in connection with the level-two appeal, CIGNA will provide this information to you as soon as possible and sufficiently in advance of the decision, so that you will have an opportunity to respond. Also, if any new or additional rationale is considered by CIGNA, CIGNA will provide the rationale to you as soon as possible and sufficiently in advance of the decision so that you will have an opportunity to respond.

You will be notified in writing of the decision within five working days after the decision is made, and within the review time frames above if CIGNA does not approve the requested coverage.

You may request that the appeal process be expedited if, (a) the time frames under this process would seriously jeopardize your life, health or ability to regain maximum function or in the opinion of your Physician would cause you severe pain which cannot be managed without the requested services; or (b) your appeal involves nonauthorization of an admission or continuing inpatient Hospital stay. CIGNA's Physician reviewer, in consultation with the treating Physician will decide if an expedited appeal is necessary. When an appeal is expedited, we will respond orally with a decision within 72 hours, followed up in writing.

### **Independent Review Procedure**

If you are not fully satisfied with the decision of CIGNA's level two appeal review regarding your Medical Necessity or clinical appropriateness issue, you may request that your appeal be referred to an Independent Review Organization. The Independent Review Organization is composed of persons who are not employed by CIGNA HealthCare or any of its affiliates. A decision to use the voluntary level of appeal will not affect the claimant's rights to any other benefits under the plan.

There is no charge for you to initiate this independent review process. CIGNA will abide by the decision of the Independent Review Organization.

In order to request a referral to an Independent Review Organization, certain conditions apply. The reason for the denial must be based on a Medical Necessity or clinical appropriateness determination by CIGNA. Administrative, eligibility or benefit coverage limits or exclusions are not eligible for appeal under this process.

To request a review, you must notify the Appeals Coordinator within 180 days of your receipt of CIGNA's level two appeal review denial. CIGNA will then forward the file to the Independent Review Organization.

The Independent Review Organization will render an opinion within 30 days. When requested and when a delay would be detrimental to your condition, as determined by CIGNA's Physician reviewer, the review shall be completed within three days.

The Independent Review Program is a voluntary program arranged by CIGNA.

### **Appeal to the State of Arkansas**

You have the right to contact the Arkansas Insurance Department for assistance at any time. The Consumer Services Division may be contacted at the following address and telephone number:

Arkansas Insurance Department  
Consumer Services Division  
Third and Cross Streets  
Little Rock, AR 72201  
501-371-2640  
501-371-2749 Fax  
or call: 1-800-852-5494

## **Notice of Benefit Determination on Appeal**

Every notice of a determination on appeal will be provided in writing or electronically and, if an adverse determination, will include: (1) information sufficient to identify the claim; (2) the specific reason or reasons for the adverse determination; (3) reference to the specific plan provisions on which the determination is based; (4) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other Relevant Information as defined; (5) a statement describing any voluntary appeal procedures offered by the plan and the claimant's right to bring an action under ERISA section 502(a); (6) upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding your appeal, and an explanation of the scientific or clinical judgment for a determination that is based on a Medical Necessity, experimental treatment or other similar exclusion or limit; and (7) information about any office of health insurance consumer assistance or ombudsman available to assist you in the appeal process. A final notice of adverse determination will include a discussion of the decision.]

You also have the right to bring a civil action under Section 502(a) of ERISA if you are not satisfied with the decision on review. You or your plan may have other voluntary alternative dispute resolution options such as Mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your State insurance regulatory agency. You may also contact the Plan Administrator.

## **Relevant Information**

Relevant Information is any document, record, or other information which (a) was relied upon in making the benefit determination; (b) was 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; (c) demonstrates compliance with the administrative processes and safeguards required by federal law in making the benefit determination; or (d) constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit or the claimant's diagnosis, without regard to whether such advice or statement was relied upon in making the benefit determination.

## **Legal Action**

If your plan is governed by ERISA, you have the right to bring a civil action under Section 502(a) of ERISA if you are not satisfied with the outcome of the Appeals Procedure. In most instances, you may not initiate a legal action against CIGNA until you have completed the Level One and Level Two Appeal processes. If your Appeal is expedited, there is no need to complete the Level Two process prior to bringing legal action.

SERFF Tracking Number: CCGH-127909097 State: Arkansas  
 Filing Company: CIGNA Health and Life Insurance Company State Tracking Number: 50531  
 Company Tracking Number:  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002C Large Group Only - Other  
 Product Name: PPACA CH Health Care Reform Addendum  
 Project Name/Number: CH Health Care Reform Addendum/

## Supporting Document Schedules

|   | <b>Item Status:</b> | <b>Status Date:</b> |
|---|---------------------|---------------------|
| <b>Satisfied - Item:</b> Flesch Certification       | Approved-Closed     | 12/21/2011          |
| <b>Comments:</b>                                    |                     |                     |
| <b>Attachment:</b><br>NAIC Flesch Certification.pdf |                     |                     |

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Bypassed - Item:</b> Application                  | Approved-Closed     | 12/21/2011          |
| <b>Bypass Reason:</b> Not applicable to this filing. |                     |                     |
| <b>Comments:</b>                                     |                     |                     |

|   | <b>Item Status:</b> | <b>Status Date:</b> |
|---|---------------------|---------------------|
| <b>Satisfied - Item:</b> PPACA Uniform Compliance Summary                   | Approved-Closed     | 12/21/2011          |
| <b>Comments:</b>  |                     |                     |
| <b>Attachment:</b><br>Final PPACA Uniform Compliance Summary - 12-20-11.pdf |                     |                     |

|   | <b>Item Status:</b> | <b>Status Date:</b> |
|---|---------------------|---------------------|
| <b>Satisfied - Item:</b> Forms Listing  | Approved-Closed     | 12/21/2011          |
| <b>Comments:</b>                        |                     |                     |
| <b>Attachment:</b><br>Forms Listing.pdf |                     |                     |

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
**Group Forms**

This is to certify that the forms listed below are in compliance with state readability laws and regulations and the NAIC Life and Health Insurance Policy Language Simplification Model Act.

**A. Option Selected**

Policy and related forms are scored collectively for the Flesch reading ease test. The collective score for the policy forms and each related form is indicated below:

Form and Form Numbers to Which Certification is Applicable:

| <u>Form Number</u> | <u>Flesch Score</u> |
|--------------------|---------------------|
| HC-CLM25           | 46.3                |

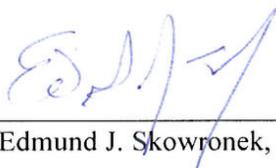
**B. Test Option Selected**

Test was applied to individual certificate insert pages(s).

**C. Standards for Certification**

The following standards have been achieved:

1. The text achieved the minimum score of 40 on the Flesch reading ease test in accordance with section A above.
2. It is printed in not less than ten-point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs, or constructions are not used.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy.
8. Any words which are defined in the policy(ies) and any medical terminology have been excluded from the Flesch test score.

  
\_\_\_\_\_  
Edmund J. Skowronek, Jr.

Director  
Officer's Title

December 19, 2011  
Date

## 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   |
|---|-------------|---|---|---|
| CIGNA Health and Life Insurance Company | 67369       | CCGH-127909097                          | HP and HC Series                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

## PPACA Uniform Compliance Summary

Reset Form

### SECTION A – Individual Health Benefit Plans

| TOI | Category   | Statute Section   | Grandfathered  | Non-Grandfathered  |
|-----|--|---|--|--|
|     | <b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>  | <i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i> | N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|     | Explanation:   |   |  |  |
|     | Page Number:   |   |  |  |
|     | <b>Eliminate Annual Dollar Limits on Essential Benefits</b><br>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>           | N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|     | Explanation:   |   |  |  |
|     | Page Number:   |   |  |  |
|     | <b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>  | <i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|     | Explanation:   |   |  |  |
|     | Page Number:   |   |  |  |
|     | <b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.  | <i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|     | Explanation:   |   |  |  |
|     | Page Number:   |   |  |  |

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

| TOI | Category   | Statute Section   | Grandfathered  | Non-Grandfathered  |
|-----|--|---|--|--|
|     | <p><b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>  | <i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>   | N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|     | <p><b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>   | <i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|     | <p><b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>   | <i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>   | N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|     | <p><b>Emergency Services</b> – 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> | <i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i> | N/A  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

| TOI | Category  | Statute Section  | Grandfathered | Non-Grandfathered  |
|-----|---|--|---------------|--|
|     | <p><b>Access to Pediatricians</b> – 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<br>If <b>no</b> , please explain. |
|     | <p><b>Access to OB/GYNs</b> – 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<br>If <b>no</b> , please explain. |

**PPACA Uniform Compliance Summary**

**Reset Form**

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

| TOI                               | Category  | Statute Section  | Grandfathered  | Non-Grandfathered   |
|-----------------------------------|---|--|--|---|
| H16G Group Health - Major Medical | <b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>   | <i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i> | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>If <b>no</b> , please explain. | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>If <b>no</b> , please explain. |
|                                   | Explanation: Text has been added to note that any Pre-existing Condition Limitation is "Not applicable to anyone under age 19."   |  |  |   |
|                                   | Page Number: <b>Form HC-EXC68</b>   |  |  |   |
| H16G Group Health - Major Medical | <b>Eliminate Annual Dollar Limits on Essential Benefits –</b> 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 type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>If <b>no</b> , please explain. | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>If <b>no</b> , please explain. |
|                                   | Explanation: Schedule text accommodates different Annual Maximums for essential vs. non-essential benefits  |  |  |   |
|                                   | Page Number: <b>Form HC-SOC159</b>  |  |  |   |
| H16G Group Health - Major Medical | <b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>   | <i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>If <b>no</b> , please explain. | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>If <b>no</b> , please explain. |
|                                   | Explanation: Schedule text accommodates different Lifetime Maximums for essential vs. non-essential benefits  |  |  |   |
|                                   | Page Number: <b>Form HC-SOC159</b>  |  |  |   |
| H16G Group Health - Major Medical | <b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.   | <i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>      | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>If <b>no</b> , please explain. | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>If <b>no</b> , please explain. |
|                                   | Explanation: Text shown in Termination Section  |  |  |   |
|                                   | Page Number: <b>HC-TRM80</b>  |  |  |   |

## PPACA Uniform Compliance Summary

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

| TOI                               | Category  | Statute Section   | Grandfathered   | Non-Grandfathered   |
|-----------------------------------|---|---|---|---|
| H16G Group Health - Major Medical | <b>Preventive Services</b> – 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 type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain.            |
|                                   | Explanation: Schedule provides for no cost-sharing for preventive services except for Grandfathered or Exempt Plans                                     |   |   |   |
|                                   | Page Number: Forms HC-SOC191 and HC-SOC160, HC-COV187   |   |   |   |
| H16G Group Health - Major Medical | <b>Extends Dependent Coverage for Children Until age 26</b> – 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 type="checkbox"/> Yes <sup>◇</sup> <input type="checkbox"/> No<br>If <b>no</b> , please explain. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|                                   | Explanation: Revisions have been made to the Dependent definition to provide for coverage for dependents until age 26 (at a minimum).                   |   |   |   |
|                                   | Page Number: HC-DFS561  |   |   |   |
| H16G Group Health - Major Medical | <b>Appeals Process</b> – 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 type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain.            |
|                                   | Explanation: CIGNA provides for both an internal appeal and external review process.  |   |   |   |
|                                   | Page Number: HC-APL123  |   |   |   |

◇ For plan years beginning before January 1, 2014, 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   |
|-----------------------------------|--|---|---------------|---|
| H16G Group Health - Major Medical | <b>Emergency Services</b> – 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.          | <i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i> | N/A           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|                                   | Explanation: CIGNA provides coverage for emergency services without a prior authorization requirement, at the In-Network cost-sharing level.   |   |               |   |
|                                   | Page Number: HC-DFS393, HC-DFS394, HC-SOC43, HC-SOC44  |   |               |   |
| H16G Group Health - Major Medical | <b>Access to Pediatricians</b> – 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.                       | <i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i> | N/A           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|                                   | Explanation: CIGNA standardly allows pediatricians to be designated PCPs.  |   |               |   |
|                                   | Page Number: HC-DFS40 (approved 9/14/10 - SERFF # CCGH-126653734)  |   |               |   |
| H16G Group Health - Major Medical | <b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.   | <i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i> | N/A           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>no</b> , please explain. |
|                                   | Explanation: Generally, CIGNA's products are "open access" and do not require prior authorization or referral to see and OB/GYN. If a product does require a referral to a specialist, it is our standard practice to permit direct access to OB/GYNs. |   |               |   |
|                                   | Page Number: HC-IMP3 (approved 9/14/10 - SERFF # CCGH-126653734)   |   |               |   |

**CIGNA Health and Life Insurance Company**

**Listing of Forms Submitted for Approval**

**SERFF Tracking Number:** CCGH-127909097

| Form #    | Name  |
|-----------|---|
| HP-AMD14  | Policy Amendment  |
| HC-APL123 | When You Have A Complaint Or An Appeal                    |
| HC-CLM25  | How To File Your Claim                                    |
| HC-COV187 | Preventive Care Covered Expenses                          |
| HC-DFS393 | Emergency Services Definition                             |
| HC-DFS394 | Emergency Medical Condition Definition                    |
| HC-DFS411 | Essential Health Benefits Definition                      |
| HC-DFS412 | PPACA of 2010 Definition                                  |
| HC-DFS413 | Stabilize Definition                                      |
| HC-DFS561 | Definition of Dependant                                   |
| HC-EXC68  | Pre-existing Condition Limitations Endorsement            |
| HC-SOC191 | Preventive Care Schedule                                  |
| HC-SOC159 | LT and Annual Maximum Schedule                            |
| HC-SOC160 | Rx Drug Schedule  |
| HC-SOC164 | Out of Pocket Expenses Assistant and Co surgeons Schedule |
| HC-TRM80  | Termination of Insurance – Rescissions                    |