

SERFF Tracking Number: AENX-G127024529 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
 Company Tracking Number: AR039470100002  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
 Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

## Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
 SERFF Tr Num: AENX-G127024529 State: Arkansas  
 TOI: H06 Health - Conversion SERFF Status: Closed-Approved-Closed State Tr Num: 47943

Sub-TOI: H06.000 Health - Conversion Co Tr Num: AR039470100002 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Author: SPI AetnaSPI Disposition Date: 02/22/2011  
 Date Submitted: 02/09/2011 Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)

Status of Filing in Domicile:

Project Number: AR039470100002  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission

Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Individual Market Type: Individual, Non Employer Group - Individual  
 Filing Status Changed: 02/22/2011  
 State Status Changed: 02/22/2011  
 Created By: SPI AetnaSPI  
 Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AetnaSPI

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

PPACA Notes: null

Filing Description:

Grandfathered and Non-Grandfathered, immediate market reformed.

The purpose of this filing submission is to provide notice to persons covered under an Aetna medical plan regarding provider "balance billing: for services rendered in a hospital emergency room setting. Specifically, this filing addresses a recommendation stemming from a conversation between Aetna and HHS that an Emergency Care Notice be provided

SERFF Tracking Number: AENX-G127024529 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
 Company Tracking Number: AR039470100002  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
 Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

to persons covered under an Aetna medical plan. The notice provides clarification of Aetna's administrative claim practices for hospital emergency room services.

## Company and Contact

### Filing Contact Information

John Ciesielski, Product and Regulatory Approvals Manager  
 CiesielskiJW@Aetna.com  
 151 Farmington Avenue 860-279-1282 [Phone]  
 Mail Stop RW61 860-952-2069 [FAX]  
 Hartford, CT 06156

### Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut  
 151 Farmington Avenue Group Code: 1 Company Type:  
 Hartford, CT 06156 Group Name: Aetna State ID Number:  
 (860) 273-7546 ext. [Phone] FEIN Number: 06-6033492  
 -----

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	02/09/2011	44545314
Aetna Life Insurance Company	\$50.00	02/21/2011	44893190

SERFF Tracking Number: AENX-G127024529 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
 Company Tracking Number: AR039470100002  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
 Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/22/2011	02/22/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	02/16/2011	02/16/2011	SPI AetnaSPI	02/21/2011	02/21/2011

SERFF Tracking Number: AENX-G127024529 State: Arkansas  
Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
Company Tracking Number: AR039470100002  
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

## Disposition

Disposition Date: 02/22/2011

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: AENX-G127024529 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
 Company Tracking Number: AR039470100002  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
 Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	HCR Emergency Notice Conversion CovLtr, AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Aetna Conversion Emergency Notice Amendment	Approved-Closed	Yes
Form	SRC Conversion Emergency Notice Amend	Approved-Closed	Yes

SERFF Tracking Number: AENX-G127024529 State: Arkansas  
Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
Company Tracking Number: AR039470100002  
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/16/2011

Submitted Date 02/16/2011

Respond By Date

Dear John Ciesielski,

This will acknowledge receipt of the captioned filing.

Objection 1

- Aetna Conversion Emergency Notice Amendment, GR-96692-HCREmerg (Form)
- SRC Conversion Emergency Notice Amend, GR-96692-HCREmergSRC (Form)

Comment:

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

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: AENX-G127024529 State: Arkansas  
Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
Company Tracking Number: AR039470100002  
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/21/2011  
Submitted Date 02/21/2011

Dear Rosalind Minor,

### Comments:

Additional filing fee

### Response 1

Comments: Additiona filing fee of \$50 included.

### Related Objection 1

Applies To:

- Aetna Conversion Emergency Notice Amendment, GR-96692-HCREmerg (Form)
- SRC Conversion Emergency Notice Amend, GR-96692-HCREmergSRC (Form)

Comment:

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

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

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

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

filing fee included

*SERFF Tracking Number:* AENX-G127024529                      *State:* Arkansas  
*Filing Company:* Aetna Life Insurance Company                      *State Tracking Number:* 47943  
*Company Tracking Number:* AR039470100002  
*TOI:* H06 Health - Conversion                      *Sub-TOI:* H06.000 Health - Conversion  
*Product Name:* 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
*Project Name/Number:* 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

Sincerely,  
SPI AetnaSPI

SERFF Tracking Number: AENX-G127024529 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
 Company Tracking Number: AR039470100002  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
 Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 02/22/2011	GR-96692- HCREmerg	Certificate	Aetna Conversion Emergency Notice Amendment	Initial		62.200	AL GE AGR96692H CREmerg V001.PDF
Approved- Closed 02/22/2011	GR-96692- HCREmerg SRC	Certificate	SRC Conversion Emergency Notice Amend	Initial		57.300	AL GE AGR96692H CREmergSR C V001.PDF

# Aetna Life Insurance Company

Hartford, Connecticut 06156

---

**Amendment**

**[Policyholder:** John Doe]

**[Policy No.:** 123456]

**Effective Date:** This Policy Amendment is effective on [October 1, 20XX]  
[the later of:

October 1, 20XX; or

The date you become covered under the Policy.]

[The Policy as noted above has been changed.] This amendment is effective on the date(s) shown above.

The following important notice is provided to you and applies to care provided in a Hospital Emergency Room:

**Important Note:** Please note that the provider may not accept payment of a covered person's cost share (deductible and coinsurance) as payment in full. A covered person may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills a covered person for an amount above the covered person's cost share, a covered person is not responsible for paying that amount. A covered person should send the bill to Aetna, at the address listed on the back of the ID card, and Aetna will resolve any payment dispute with the provider over that amount. Make sure the covered person's ID number is on the bill.

This amendment makes no other changes to your Policy.



Ronald A. Williams  
Chairman, Chief Executive Officer and President]

[Amendment: XXXX]

[Issue Date: October 1, 20XX]

# Aetna Life Insurance Company

Hartford, Connecticut 06156

---

**Amendment**

**[Policyholder:** John Doe]

**[Policy No.:** 123456]

**Effective Date:** This Policy Amendment is effective on [October 1, 20XX]  
[the later of:

October 1, 20XX; or

The date you become covered under the Policy.]

[The Policy as noted above has been changed.] This amendment is effective on the date(s) shown above.

The following Important Notice is provided to you and applies to care provided in a Hospital Emergency Room:

**Important Note:** Please note that the provider may not accept payment of your cost share (your **deductible** and **coinsurance**) as payment in full. **Covered expenses** will be paid up to any applicable maximum benefit within your plan. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan, you are responsible for paying that additional amount.

This amendment makes no other changes to your Policy.



Ronald A. Williams  
Chairman, Chief Executive Officer and President]

[Amendment: XXXX]

[Issue Date: October 1, 20XX]

*SERFF Tracking Number:* AENX-G127024529                      *State:* Arkansas  
*Filing Company:* Aetna Life Insurance Company                      *State Tracking Number:* 47943  
*Company Tracking Number:* AR039470100002  
*TOI:* H06 Health - Conversion                      *Sub-TOI:* H06.000 Health - Conversion  
*Product Name:* 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
*Project Name/Number:* 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-G127024529 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
 Company Tracking Number: AR039470100002  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
 Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	02/22/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	02/22/2011
<b>Bypass Reason:</b> not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	02/22/2011
<b>Bypass Reason:</b> not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	02/22/2011
<b>Bypass Reason:</b> not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	02/22/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR Conversion ER Notice PPACA Checklist.PDF		

SERFF Tracking Number: AENX-G127024529 State: Arkansas  
Filing Company: Aetna Life Insurance Company State Tracking Number: 47943  
Company Tracking Number: AR039470100002  
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
Product Name: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notic  
Project Name/Number: 2010 HCR- 2010 HCR Aetna & SRC Conversion ER Notice (ALIC)/AR039470100002

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> HCR Emergency Notice Conversion CovLtr, AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	02/22/2011

**Comments:**

**Attachments:**

AR HCR ConversionEmerg CovLTR.PDF  
AR - NAIC TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING ATTACHMENT.PDF

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
GR-96692-HCREemerg	62.2
GR-96692-HCREemergSRC	57.3

**Signed:** John W Ciesielski

**Name:** John Ciesielski

**Title:** Senior Consultant

**Date:** February 9, 2011

## 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
Aetna Life Insurance Company	001-60054	AENX-G127024529	Standard Conversion:• GR-30140A (Basic); • GR-61565 (Basic); • GR-61565-Rev (Basic); • GR-30608 (Comp); • GR-30608-BD (Comp); and • GR-30608-BD-Rev (Comp).  Limited Medical Conversion: GR-96632	<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
H06.000 Health - Conversion	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHS/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing.			
	Page Number:			
H06.000 Health - Conversion	<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 PHS/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing.			
	Page Number:			
H06.000 Health - Conversion	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHS/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing.			
	Page Number:			
H06.000 Health - Conversion	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHS/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing.			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H06.000 Health - Conversion	<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 checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing.			
	Page Number:			
H06.000 Health - Conversion	<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 <input checked="" type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing.			
	Page Number:			
H06.000 Health - Conversion	<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 checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing.			
	Page Number:			
H06.000 Health - Conversion	<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 If <b>no</b> , please explain.
	Explanation: Aetna is applying the ER Notices to both Grandfathered and Non-Grandfathered plans.			
	Page Number: <b>GR-96692-HCREmerg &amp; GR-96692-HCREmergSRC</b>			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H06.000 Health - Conversion	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing.			
	Page Number:			
H06.000 Health - Conversion	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing.			
	Page Number:			

**PPACA Uniform Compliance Summary**

**Reset Form**

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

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

	<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> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<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> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<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 If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<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 If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<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 If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

◇ 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><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>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>no</b>, please explain.</p>
	<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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>no</b>, please explain.</p>
	<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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>no</b>, please explain.</p>



**John W. Ciesielski**  
Product & Regulatory Affairs  
Law and Regulatory Affairs  
151 Farmington Ave, RW61  
Hartford, CT 06156  
(845) 279-1282  
Fax: (860) 952-2065  
Email: Ciesielskijw@aetna.com

February 9, 2011

Insurance Commissioner Julie Benafield Bowman  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Subject: **Aetna Life Insurance Company, NAIC No. 001-60054**  
*Accident & Health Insurance Conversion Coverage*  
**Health Care Insurance Reform Provisions (Effective September 23, 2010) -**  
***Grandfathered & Non-Grandfathered Plans***  
***Hospital Emergency Room Notice***  
Conversion Policy Amendment: GR-96692-HCREmerg 01  
GR-96692-HCREmergSRC 01

Dear Commissioner:

The conversion Policy Amendment forms listed above are being submitted for your Department's approval on a general use basis. The forms are new and do not replace any previously filed forms. They are in final form rather than being drafts or proofs.

*All of the forms attached to this filing submission will be used for both "grandfathered" and "non-grandfathered" health plans.*

The purpose of this filing submission is to provide notice to persons covered under an Aetna individual conversion medical plan regarding provider "balance billing" for services rendered in a hospital emergency room setting. Specifically, this filing addresses a recommendation stemming from a conversation between Aetna and HHS that an Emergency Care Notice be provided to persons covered under an Aetna conversion medical plan. The amendments provide clarification of Aetna's administrative claim practices for hospital emergency room services.

**Aetna Standard Medical Conversion Policies**

We intend to use the policy amendment form GR-96692-HCREmerg 01 with the following Basic and Comprehensive Medical Conversion Policy Forms:

- GR-30140A (Basic);
- GR-61565 (Basic);
- GR-61565-Rev (Basic);
- GR-30608 (Comp);

- GR-30608-BD (Comp); and
- GR-30608-BD-Rev (Comp).

**Aetna Limited Medical Conversion Policies**

We intend to use the policy amendment form GR-96692-HCREmergSRC 01 with the Limited Major Medical Conversion Policy Form GR-96332. This policy form is issued to individuals who were covered under an Aetna limited medical benefit group plan and elected conversion in accordance with the conversion privilege of the group policy.]

The amendment form submitted with this filing will be issued to existing and new policyholders to amend their forms in response to health care reform.

**PPACA Uniform Compliance Summary**

As required by your state, please find attached a completed PPACA Uniform Compliance Summaries. The *Section A Individual Health Benefit Plan* portion of the Summary has been completed for this submission.

It is important to note that the form attached to this filing is **not bookmarked** because Aetna's software is incompatible with bookmarking when forms are submitted through SERFF.]

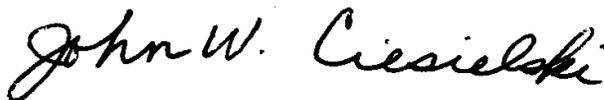
Variability, as indicated by bracketed material on the forms, is required so that only the appropriate language may be reflected on the forms. Upon issuance of these documents, the placement of textual material may vary to avoid gaps that would otherwise be created by the deletion of bracketed material. Provisions may appear in sequence other than that shown. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the policy, may vary as the sense demands. Detailed Explanations of Variable Material for the forms have been included.

There is no rate impact with regards to the notice information provided on these amendments.]

We request approval of the enclosed forms and any attachments.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Sincerely,



John W Ciesielski  
Senior Consultant  
Product & Regulatory Affairs

Enclosure(s)



**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
-----------	----------------------------------	----------

<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

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

6. Company Tracking Number	AR039470100002
----------------------------	----------------

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

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

9. Type of Insurance	H06 Health - Conversion
----------------------	-------------------------

10. Product Coding Matrix Filing Code	H06.000 Health - Conversion
---------------------------------------	-----------------------------

11. Submitted Documents	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
-------------------------	---

12.	<b>Filing Submission Date</b>	
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	
15.	<b>Filing Description:</b>	
<p>Grandfathered and Non-Grandfathered, immediate market reformed.</p> <p>The purpose of this filing submission is to provide notice to persons covered under an Aetna medical plan regarding provider "balance billing: for services rendered in a hospital emergency room setting. Specifically, this filing addresses a recommendation stemming from a conversation between Aetna and HHS that an Emergency Care Notice be provided to persons covered under an Aetna medical plan. The notice provides clarification of Aetna's administrative claim practices for hospital emergency room services.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Approvals Manager</u></p> <p>Signature <u>Senior Consultant</u> Date <u>February 9, 2011</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	AR039470100002	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Aetna Conversion Emergency Notice Amendment	GR-96692-HCREmerg	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02	SRC Conversion Emergency Notice Amend	GR-96692- HCREmergSRC	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	