

SERFF Tracking Number: CMPL-127004799 State: Arkansas
Filing Company: American Medical and Life Insurance Company State Tracking Number: 47820
Company Tracking Number: AMLI CASA REV BEN
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: AMLI CASA Rev Ben
Project Name/Number: AMLI CASA Rev Ben/AMLI CASA Rev Ben

Filing at a Glance

Company: American Medical and Life Insurance Company

Product Name: AMLI CASA Rev Ben SERFF Tr Num: CMPL-127004799 State: Arkansas
TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 47820
Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: AMLI CASA REV BEN State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Author: Nancy French Disposition Date: 02/14/2011
Date Submitted: 01/27/2011 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: AMLI CASA Rev Ben
Project Number: AMLI CASA Rev Ben
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Association
Filing Status Changed: 02/14/2011
State Status Changed: 02/14/2011
Created By: Nancy French
Corresponding Filing Tracking Number:
Filing Description:
Dear Commissioner:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact:
Deemer Date:
Submitted By: Nancy French

Compliance Research Services is pleased to submit this filing on behalf of American Medical and Life Insurance Company (AMLI). A letter of filing authorization is enclosed.

On January 7, 2010 your Department approved group certificate forms AMLI GRP LM 2007 CERT, AMLI GRP LM 2007 SCHED and GRP LM 2007-AE-AR-(11/08) under SERFF #CMPL-126096440. The certificate describes coverage available to residents of your state who are members of the Consumer Assistance Services Association, a bona fide association based in Illinois. Coverage is provided to individual association members.

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The forms previously approved provide coverage for accidents, hospital confinement, hospital intensive care confinement, surgery, doctor office visit, preventive care, urgent care/emergency room, diagnostic tests, X-ray and laboratory, ambulance, mental health, chemical abuse and accidental death. Coverage is available to eligible members and their dependents.

At this time we are submitting a revised certificate with expanded benefit options. The enclosed certificate is identical to the certificate previously approved except:

- Benefit options have been added for Skilled Nursing Facility Benefits, Hospital Admission Benefit, Prescription Benefit, Dental Benefits and Term Life.
- Benefits in the certificate and certificate schedule have been bracketed to allow flexibility in plan designs. The pre-existing conditions provision and definition of Pre-existing Condition have also been bracketed.
- The ranges of benefit amounts shown in the certificate schedule have been changed to allow a greater range of benefit amounts.

Variable areas of the certificate are set off in brackets. These include "John Doe" information and the ranges of benefits that will be offered. A Statement of Variables is included to explain the variables in detail.

We have enclosed the certificate of coverage for your review and approval. The enclosed amendatory endorsement, form AMLI GRP LM 2007-AE-AR-(11/08), was approved as part of SERFF #CMPL-126096440 referenced above. It adds provisions that are required for certificates issued to association members who are residents of your state. A copy is enclosed for your reference. It has not changed and will be issued with the enclosed certificate. Members will apply for coverage with enrollment form AMLI GRP LM 2007 ENRL approved by your Department on December 7, 2006 under SERFF #AMLI-125043540.

The enclosed forms are new and will not replace any forms previously approved. They are in final format. AMLI requests the right to change the type style and paper size or to issue the forms in electronic format.

We have included any transmittals and certifications required by your Department. As noted above, your Department previously approved the Consumer Assistance Services Association as an eligible group.

If you have questions concerning this filing, please contact me at 513-984-6050 or at dsimon@crssolutionsgroup.com.

Sincerely,

J. David Simon, CLU

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 President

Company and Contact

Filing Contact Information

Nancy French, Product Manager nfrench@crssolutionsgroup.com
 10921 Reed Hartman Highway 513-984-6050 [Phone]
 Suite 334 513-984-7212 [FAX]
 Cincinnati, OH 45242

Filing Company Information

(This filing was made by a third party - complianceresearchservicesllc)

American Medical and Life Insurance Company CoCode: 81418 State of Domicile: New York
 8 West 38th Street - Suite 1002 Group Code: Company Type:
 New York, NY 10018 Group Name: State ID Number:
 (513) 984-6050 ext. [Phone] FEIN Number: 13-2562243

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|----------|----------------|---------------|
| American Medical and Life Insurance Company | \$100.00 | 01/27/2011 | 44142033 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 02/14/2011 | 02/14/2011 |

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Disposition

Disposition Date: 02/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Authorization | Approved-Closed | Yes |
| Supporting Document | Statement of Variables | Approved-Closed | Yes |
| Supporting Document | ARKANSAS AMENDATORY ENDORSEMENT GRP LM 2007-AE- AR-(11/08) | Approved-Closed | Yes |
| Supporting Document | Certification | Approved-Closed | Yes |
| Form | CERTIFICATE OF COVERAGE | Approved-Closed | Yes |
| Form | GROUP LIMITED BENEFITS HEALTH INSURANCE CERTIFICATE SCHEDULE | Approved-Closed | Yes |

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Form Schedule

Lead Form Number: AMLI GRP LM 2007 CERT (1/11)

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|-------------------------------------|-------------------|--|---------|----------------------|-------------|--|
| Approved-Closed 02/14/2011 | AMLI GRP LM 2007 CERT (1/11) | Certificate | CERTIFICATE OF COVERAGE | Initial | | 46.000 | AMLI GRP LM 2007 CERT 1-11 v3 _2_.pdf |
| Approved-Closed 02/14/2011 | AMLI GRP LM 2007 SCHED (1/11) | Schedule Pages | GROUP LIMITED BENEFITS HEALTH INSURANCE CERTIFICATE SCHEDULE | Initial | | 43.000 | AMLI GRP LM 2007 SCHED 1-11 v2.pdf |

American Medical and Life Insurance Company
New York, New York

GROUP LIMITED BENEFITS ACCIDENT AND SICKNESS HEALTH INSURANCE

THIS IS A LIMITED BENEFIT COVERAGE PROVIDING BENEFITS DUE TO ACCIDENT AND SICKNESS. THIS CERTIFICATE EXPLAINS THE LIMITED BENEFITS PROVIDED UNDER THE GROUP SUPPLEMENTAL HEALTH INSURANCE POLICY. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE.

CERTIFICATE OF COVERAGE

Issued under the terms of

Group Insurance Policy Number: [12345]

**Issued to: [XYZ Company]
(herein called the Holder)**

Policy Date: [January 1, 2011]

American Medical and Life Insurance Company hereby certifies that members of the class(es) eligible for insurance are insured under the above Policy as determined by the Eligibility and Effective Date provisions. Class is defined in the Certificate Schedule.

This Certificate is evidence of insurance provided under the Policy. All benefits are paid according to the terms of the Policy. This Certificate describes the essential features of the insurance coverage.

In this Certificate, the words "Named Insured" or "You" means a member of an eligible class as described on the Certificate Schedule, who is insured under the Policy and for whom premiums are remitted. The words Covered Person refer to any person covered under the Policy as described on the Certificate Schedule. The words We, Us, Our or Company refer to American Medical and Life Insurance Company. Policy means the Group Supplemental Health Insurance contract owned by the Policy Holder and available for review by You. If the terms of Your Certificate of coverage and the Policy differ, the Policy will govern.

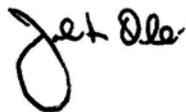
The Policy and this Certificate may be changed in whole or in part or cancelled as stated in the Policy. Such action may be taken without the consent of or notice to any Covered Person. Only an authorized officer at Our home office can approve a change. The approval must be in writing and endorsed on or attached to the Policy. No other person, including an agent, may change the Policy or Certificate or waive any of its provisions. Premiums are subject to periodic changes.

The male pronoun includes the female whenever used.

This Policy is delivered in and governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

TO OBTAIN INFORMATION YOU MAY CALL OUR TOLL FREE NUMBER: [1-800-XXX-XXXX]

For American Medical and Life Insurance Company:



Chief Executive Officer



Executive Vice President, Compliance

**The Policy is a limited Policy. Please read this Certificate carefully.
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

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CERTIFICATE SCHEDULE

The benefit specifications are shown on the following attachment(s) which are hereby made a part of this Certificate:

AMLI GRP LM 2007-SCHED (1/11) Certificate Schedule

GENERAL DEFINITIONS

Additional definitions may be contained in other Certificate benefit provision or any endorsement or rider.

Accident

Accident means an unintended or unforeseen bodily injury sustained by a Covered Person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or Confinement

Confined or *Confinement* means the assignment to a bed as a resident inpatient in a Hospital or a licensed Skilled Nursing Facility on the advice of a Physician or Confinement in an Observation Unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Covered Accident

A *Covered Accident* is an Accident which:

- occurs after the effective date shown on the Certificate Schedule;
- occurs while this Certificate is in force; and
- is not excluded by name or specific description in this Certificate.

Covered Person(s). You and Your Dependents who are insured under the Group Policy.

Covered Sickness

A *Covered Sickness* means a Sickness which:

- occurs after the effective date shown on the Certificate Schedule;
- occurs while this Certificate is in force; and
- is not excluded by name or specific description in this Certificate.

Doctor or Physician

A *Doctor* or *Physician* means a legally qualified practitioner of the healing arts acting within the scope of his or her license and is not an Immediate Family Member.

For purposes of this definition, Immediate Family Member means a Covered Person's Spouse, son, daughter, mother, father, sister, or brother.

Experimental/Investigational

A drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;

- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine the maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device, medical care or treatment. Benefits will be considered in accordance with the drug or device at the time it is given or when medical care is received.

Hospital

A *Hospital* means a short-term, acute general hospital that is:

- primarily engaged in providing, by or under continuous supervision of physicians, to inpatients diagnostic and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine and major surgery;
- has a requirement that every patient must be under the care of a physician or dentist;
- provides 24 hour nursing care by or under the supervision of RNs;
- has in effect a hospital review plan applicable to all patients which meets at least the standards set forth in Section 1861(k) of the United States Public Law 89-97 (42 USCA 1395x[k]);
- is duly licensed by the agency responsible for licensing such hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitatory care.

[Hospital Intensive Care Unit

A *Hospital Intensive Care Unit* means a place which:

- is a specifically designated area of the Hospital called an Intensive Care Unit that is restricted to patients who are critically ill or injured and who

require intensive, comprehensive observation and care;

- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the Intensive Care Unit on a 24-hour basis; and
- has a Physician assigned to the Intensive Care Unit on a full-time basis.

A Hospital Intensive Care Unit that meets the definition above may include Hospital units with the following names:

- Intensive Care Unit;
- Coronary Care Unit;
- Neonatal Intensive Care Unit;
- Pulmonary Care Unit;
- Burn Unit;
- Transplant Unit.

A Hospital Intensive Care Unit is not any of the following step-down units:

- a progressive care unit;
- an intermediate care unit;
- a private monitored room;
- a sub-acute Intensive Care Unit;
- an Observation Unit; or
- any facility not meeting the definition of a Hospital Intensive Care Unit as defined in this Certificate.]

Medically Necessary

Medically Necessary means a service or supply that is necessary and appropriate for the diagnosis or treatment of an Injury or Sickness based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- it is provided only as a convenience to the Covered Person or provider;
- it is not appropriate treatment for the Covered Person's diagnosis or symptoms;
- it exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- it is experimental/investigational treatment.

The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Named Insured

A *Named Insured* is a person who is a member of an eligible class and holds a certificate of coverage.

Observation Unit

An *Observation Unit* is a specified area within a Hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a Physician; and which

- is under the direct supervision of a Physician or registered nurse; and
- is staffed by nurses assigned specifically to that unit; and
- provides care seven days per week, 24 hours per day.

Policy Year

Policy Year means a consecutive 12-month period or any part of such period, beginning on the Certificate Effective Date and ending on the Certificate Anniversary Date as shown on the Certificate Schedule.

[Pre-existing Condition

Pre-existing condition means a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received from a physician within a [6] month period preceding the effective date of coverage of the Covered Person.]

[Resource Based Relative Value System, referred to as RBRVS.

The methodology used by the federal government to determine benefits payable under Medicare. Medicare assigns a "Relative Value Unit" or RVU to thousands of procedure codes used to bill physician and other services. The total RVU is the sum of three component RVUs including the Work RVU, the Practice Expense RVU and the Malpractice RVU. The Work RVU takes into account factors such as the amount of time required to perform the service and the degree of skill required to perform it. The Practice Expense RVU takes into account the location of the service, e.g., office setting, outpatient setting, etc. The Malpractice RVU takes into account the malpractice cost associated with a particular practice. We will base benefits payable on RBRVS.]

Sickness

Sickness means an illness, infection, disease or any other abnormal physical condition not caused by an Accident.

Skilled Nursing Facility

Skilled Nursing Facility means a facility that is operated pursuant to law and is primarily engaged in providing room and board accommodations and skilled nursing care under the supervision of a duly licensed Physician.

Spouse

Spouse means the person married to You on the day We issue Your Certificate.

Waiting Period

Waiting period means the period of time during which benefits are not paid. The waiting period for this policy is [0-90] days

ELIGIBILITY AND EFFECTIVE DATE

Effective Dates of Coverage

Your coverage under the Policy will start at 12:01 a.m. Standard Time on the effective date of coverage shown on Your Certificate Schedule.

Eligibility

To be eligible to enroll in the coverage, an individual must:

- be a member of an eligible class as defined on the Certificate Schedule; and
- satisfy the waiting period shown on the Certificate Schedule, if applicable.

Enrollment

An individual who is a member of an eligible class may enroll for coverage during the eligibility period, as shown on the Certificate Schedule that follows the later of:

- the Certificate Effective Date;
- the date the individual first becomes a member of an eligible class;
- the date the individual completes the waiting period shown on the Certificate Schedule, if applicable.

An individual who fails to enroll during the eligibility period may enroll only during the annual Open Enrollment Period shown on the Certificate Schedule.

Delayed Effective Date of Coverage

The effective date of any Named Insured's coverage will be delayed for any Named Insured if they are not a member of an eligible class on the effective date shown on the Certificate Schedule. The coverage will be effective on the date that the Named Insured returns to status as a member of an eligible class. If this is Named Insured and Spouse coverage or family coverage, coverage on the Spouse and/or Dependent children will be effective on the date that the Named Insured returns to status as a member of an eligible class.

Who is Covered By This Certificate

If this is Named Insured coverage as shown on the Certificate Schedule, We insure You, the Named Insured.

If this is Named Insured and Spouse coverage as shown on the Certificate Schedule, We insure You and Your Spouse.

If this family coverage, as shown on the Certificate Schedule, We insure You, Your Spouse (if applicable), and Your Dependent children.

Dependent children means:

- any unmarried natural children, step-children, legally adopted children or children placed into Your

AMLI GRP LM 2007 CERT (1/11)

custody for adoption who is under the age of 19 years of age; and

- any unmarried children who are 19 years of age to age 26 years of age if the child:
 - a. is attending an accredited school full-time; and
 - b. chiefly dependent upon you for support and maintenance.

Adopted children and step children will be eligible for coverage on the same basis as natural children.

Coverage on a Dependent child will continue for a covered student who takes a leave of absence from school due to illness for a period of 12 months from the last day of attendance in school. However, coverage will not continue beyond the age at which coverage would otherwise terminate. In order to qualify for this continuation, the medical necessity of a leave of absence from school must be certified to by the student's attending Physician. Written documentation of the illness must be submitted to Us.

Coverage for the Named Insured's newborn children:

A child born to You or Your insured Spouse will automatically become insured as a Dependent. The child must be born to the Named Insured or to his Spouse while this Policy is in force. We will cover each newborn child from the moment of live birth. Such coverage includes:

- the necessary care and treatment of medically diagnosed congenital defects;
- birth abnormalities;
- prematurity'

Coverage for the Named Insured's adopted child(ren):

We will cover the Named Insured's adopted child(ren) from the moment of birth if You take physical custody of the infant upon the infant's release from the hospital and file a petition pursuant to Section 115-c of the Domestic Relations Law within thirty days of birth provided that no notice of revocation to the adoption has been filed pursuant to Section 115-b of the Domestic Relations Law and consent to the adoption has not been revoked. However, coverage of the initial hospital stay shall not be required where a natural parent has insurance coverage available for the infant's care.

A child adopted by You or Your insured Spouse will automatically become insured as a dependent. The effective date of the coverage will be the earlier of:

- the date of placement for the purpose of adoption; or
- the date on which You assume a legal obligation for total or partial support of the child.

Coverage for adopted children will be to the same extent as is provided for other covered dependent children and will include the necessary care and treatment of pre-existing medical conditions.

Coverage will continue for the adopted child unless the placement is disrupted prior to the final adoption; and

- the child is permanently removed from placement;
- the legal obligation terminates; or
- You rescind, in writing, the agreement of adoption or agreement assuming financial responsibility.

For each newborn, step child and/or adopted child, You must:

- notify Us of his birth or placement in Your residence within 31 days of this occurrence;
- complete the required application for him; and
- pay the required premium for him, if any.

If a newborn is not enrolled within 31 days of birth coverage will be provided from the date that notice is given. Any Additional premium required should be made to the Holder within 31 days of notification of birth or placement for the purposes of a step child and/ or adoption.

DESCRIPTION OF BENEFITS

[ACCIDENT MEDICAL BENEFIT

We will pay the Accidental Medical Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges due to injuries received in a Covered Accident.

Covered charges are subject to:

- Accident Medical Benefit Deductible;
- The Accident Medical Benefit percent;
- Accident Medical Maximum Benefit amount; and
- the provisions of this Policy.

The Deductible, Accident Medical Benefit percent and Maximum Benefit for the Accident Medical Benefit are shown in the Certificate Schedule.

Covered charges for this benefit are:

- Hospital room and board and general nursing services;
- Hospital miscellaneous expense for medical services and supplies including emergency services;
- operating and recovery room;
- Physician charges for medical treatment including performing a surgical procedure;
- diagnostic tests performed by a Physician including laboratory fees and x-rays;
- the cost of giving an anesthetic;
- a private duty nurse;
- prescription drugs;
- rental of durable medical equipment (if the purchase price is less than the rental, the maximum amount payable will be the purchase price);
- artificial limbs, eyes and other prosthetic devices, except replacement;

- casts, splints, trusses, crutches and braces, except dental braces;
- oxygen and rental of equipment for the administration of oxygen;
- physiotherapy given by a licensed physical therapist acting within the scope of their license.

If a Covered Person is injured in a Covered Accident, this Accident Medical Benefit will cover any remaining expenses, not covered by the group policy according to the Schedule of Benefits and Policy Provisions.

The Accident Medical Benefit will be paid after other Benefits available under the Group Limited Benefits Accident and Sickness Health Insurance has been exhausted.]

[HOSPITAL CONFINEMENT BENEFITS

Hospital Confinement Benefit

We will pay the Hospital Confinement Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and is Confined in a Hospital due to injuries received in a Covered Accident or due to a Covered Sickness. The Confinement to a Hospital must begin while the coverage is in force.

We will pay the amount shown on the Certificate Schedule for each day the Covered Person is confined, up to the Hospital Confinement Maximum Benefit shown on the Certificate Schedule.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- Confinement of less than 20 hours to an Observation Unit.

We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently.

We will not pay for any Hospital Confinement of a newborn child of a covered person following birth unless the child is injured or sick.

Written proof of loss should include a Hospital bill verifying the patient's name, the dates of Hospital Confinement, the diagnosis and the charges incurred.]]

[Hospital Intensive Care Unit Confinement Benefit

We will pay the Hospital Intensive Care Unit Confinement Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and is Confined to a Hospital Intensive Care Unit as the result of injuries received in a Covered Accident or due to a Covered Sickness. The Confinement to a Hospital Intensive Care Unit must begin while the coverage is in force.

We will pay the Hospital Intensive Care Unit benefit amount shown on the Certificate Schedule for each day

the Covered Person is Confined, up to the Hospital Intensive Care Unit Maximum Benefit shown on the Certificate Schedule.

If any Covered Person is Confined to a Hospital care unit that does not meet the definition in this Policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement benefit up to the maximum benefit period shown on the Certificate Schedule. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

We will not pay for any Hospital Confinement of a newborn child of a covered person following birth unless the child is injured or sick.

Written proof of loss should include a Hospital bill verifying the patient's name, the dates of Hospital Confinement, the diagnosis and the charges incurred.】

[Surgery With Anesthesia Benefit

We will pay the Surgery Benefit, shown on the Certificate Schedule, if any Covered Person undergoes a surgical procedure due to a Covered Accident or Covered Sickness. The procedure must be performed by a Physician using anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA). We will pay this benefit once per covered surgical procedure. If a Covered Person has more than one surgical procedure performed at the same time, We will pay only one surgical procedure benefit, even if caused by more than one Accident or Sickness. We will pay the benefit that has the highest dollar value. The surgical procedure must occur while the coverage is in force.

The Anesthesia Benefit is the surgery benefit times the percentage shown in the Certificate Schedule.

If a Covered Person has more than one surgery for the same Covered Accident or Covered Sickness in a 90-day time period, We will pay the benefit that has the highest dollar value. If We have already paid a lower benefit amount for the same Covered Accident or Covered Sickness, We will deduct the amount paid from the higher benefit amount and pay the difference.

Written proof of loss should include the surgeon's and the anesthesiologist's or certified registered nurse anesthetist's (CRNA's) itemized statement(s) verifying the patient's name, the surgical procedure code(s), the date of treatment, the diagnosis and the charges incurred.

This benefit is subject to the Surgery Maximum Benefit shown on the Certificate Schedule.

This benefit will not be paid for surgeries performed without anesthesia.】

[SKILLED NURSING FACILITY BENEFIT

We will pay the Skilled Nursing Facility Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and is Confined in a Skilled Nursing Facility due to injuries received in a Covered Accident or due to a Covered Sickness. Payment of this benefit will be in lieu of any Hospital Confinement benefit.

We will pay the Skilled Nursing Facility Benefit, shown on the Certificate Schedule, for each day the Covered Person is Confined, up to the Skilled Nursing Maximum Benefit shown on the Certificate Schedule.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- Confinement of less than 20 hours to an Observation Unit.

We will not pay the Skilled Nursing Facility benefit, if the Covered Person is Hospital Confined.】

[HOSPITAL ADMISSION BENEFIT

We will pay the Hospital Admission Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges and is admitted to a Hospital as the result of injuries received in a Covered Accident or Covered Sickness while this coverage is in force. If admission is due to a Covered Accident the Covered Person must be admitted within [six] [months] after the Covered Accident.

If a Covered Person is admitted to a Hospital and is discharged and admitted again for the same or related condition within 90 days, We will treat this later Hospital admission as a continuation of the previous Confinement. If more than 90 days have passed between the periods of Hospital Confinement, We will treat this later admission as a new and separate admission.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- A stay of less than 20 hours in an Observation Unit.

This benefit is subject to the Hospital Admission Benefit Maximum Benefit, shown on the Certificate Schedule.】

[DOCTOR'S OFFICE VISIT BENEFITS

Doctor's Office Visit

We will pay the Doctor's Office Visit Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and requires a Doctor's office visit due to injuries received in a Covered Accident or due to a Covered Sickness. The visit must occur:

- while the coverage is in force; and
- after the waiting period. No benefits will be paid for visits during the waiting period.

For a visit due to injuries received in a Covered Accident, the visit must occur within 72 hours after the date of the Covered Accident.

Services must be rendered by a licensed Physician acting within the scope of their license.

We will pay the Doctor's Office Visit benefit amount per visit shown on the Certificate Schedule, up to the Doctor's Office Visit Benefit Maximum Benefit, shown on the Certificate Schedule.

Written proof of loss should include bills verifying the patient name, the date of treatment, the diagnosis and the charges incurred.]

[PREVENTIVE CARE TEST BENEFIT

We will pay the Preventive Care Test Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and has one of the preventive care tests listed below performed:

- while the coverage is in force; and
- after the waiting period. No benefits will be paid for a Preventive Care Test performed during the waiting period.

This benefit is not subject to the limitations and exclusions listed in the Limitations and Exclusions section of this Policy.

We will pay the Preventive Care Test Benefit listed on the Certificate Schedule for one of only the following Preventive Care Tests (also referred to as "Tests" or "Test")

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy or virtual colonoscopy
- Eye exam performed by a licensed optometrist or ophthalmologist
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- PSA (blood test for prostate cancer)
- Pap smear or Thin Prep Pap Test
- Serum Protein Electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Thermography

This benefit is subject to the Preventive Care Test Benefit Maximum Benefit shown on the Certificate Schedule.

Written proof of loss should include a billing statement from the medical provider conducting the test, verifying the patient's name, the type of Preventive Test performed and the date of treatment.]

[URGENT CARE/EMERGENCY ROOM VISIT BENEFIT

We will pay the Urgent Care/Emergency Room Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and requires medical care from an urgent care facility or emergency room due to injuries received in a Covered Accident or due to a Covered Sickness. The visit must occur:

- while the coverage is in force; and
- after the waiting period. No benefits will be paid for visits during the waiting period.

For a visit due to injuries received in a Covered Accident, the visit must occur within 72 hours after the date of the Covered Accident.

Services must be rendered by a Physician including.

We will pay the Urgent Care/Emergency Room benefit amount shown on the Certificate Schedule, up to the Urgent Care/Emergency Room Benefit Maximum Benefit, shown on the Certificate Schedule.

Written proof of loss should include bills verifying the patient name, the date of treatment, the diagnosis and the charges incurred]

[DIAGNOSTIC, X-RAY AND LABORATORY TESTS BENEFIT

We will pay the Diagnostic Test Benefit shown on the Certificate Schedule when any Covered Person incurs charges for diagnostic, x-ray and/or laboratory testing caused by a Covered Accident or Covered Sickness.

Benefits are payable on a per day basis and are subject to:

- the Diagnostic Test Benefit amount per day;
- the maximum number of testing days per Policy Year, per Covered Person; and
- the definitions, limitations, exclusions and other provisions of this policy.

The Diagnostic Test must be performed:

- while the coverage is in force;
- in a Hospital, ambulatory surgical center or Doctor's office; and
- after the waiting period. No benefits will be paid for a diagnostic test performed during the waiting period.

The Diagnostic Test must be ordered by a Physician because of a Covered Accident or Covered Sickness.

Benefits are payable subject to the Maximum Number of Testing days per Policy Year for each Covered Person shown in the Certificate Schedule.

This benefit is subject to the Diagnostic Tests, X-ray and Laboratory Benefit Maximum Benefit shown on the Certificate Schedule.

We will not pay the Preventive Care Test Benefit and the Diagnostic Test Benefit concurrently.

Benefits for Colonoscopy Test are limited to one test per Policy Year per Covered Person.

If any Covered Person has a procedure for which a benefit would be payable under the Surgery With Anesthesia benefit, We will pay only the Surgery With Anesthesia benefit.

Written proof of loss should include a billing statement from the medical provider conducting the Diagnostic Test, verifying the patient's name, the type of Diagnostic Test performed, the diagnosis and the charges incurred and the date of treatment.】

[PRESCRIPTION BENEFIT

We will pay the Prescription Benefit, shown on the Certificate Schedule, for a Covered Accident or Sickness if any Covered Person incurs charges for and has a prescription dispensed for medication prescribed for the Covered Person:

- while the coverage is in force; and
- after the waiting period. No benefits will be paid for a prescription ordered or dispensed during the waiting period.

The prescription must be ordered by a Physician and dispensed by a licensed pharmacist.

We will not pay this benefit for medication not requiring a prescription. Medication recommended by a Physician but which is available without a prescription (over the counter) will not be covered, even if the Physician writes a prescription for the over-the-counter medication.

This benefit is subject to the Prescription Benefit Maximum Benefit, shown on the Certificate Schedule.

Proof of Loss for the Prescription Benefit

Written proof of loss should include a pharmacy detailed receipt or mail order pharmaceutical statement showing the patient's name, the name of the prescription drug(s), the date the prescription(s) was filled and the charge(s) incurred.】

[AMBULANCE BENEFIT

We will pay the Ambulance Benefit shown on the Certificate Schedule, if a licensed professional ambulance company transports any Covered Person by ground or air transportation to or from a Hospital or between medical facilities, where treatment is received as the result of a Covered Sickness or Accident. The Covered Person must incur charges while the coverage is in force for professional ambulance service to receive this benefit. The ambulance transportation must be

within 90 days after a Covered Sickness or Accident. We will pay this amount once per Covered Sickness or Accident.

This benefit is subject to the Ambulance Benefit Maximum Benefit, shown on the Certificate Schedule.】

[MENTAL HEALTH BENEFITS Inpatient Benefits

For Inpatient Benefits, we will pay the Mental Health Inpatient Benefit, shown on the Certificate Schedule, for each day of confinement if any Covered Person is confined to a Hospital or licensed institution to provide treatment for Mental Illness.

Benefits are subject to the Mental Health Inpatient Benefit Maximum Benefit shown on the Certificate Schedule.

Outpatient Benefits

For Outpatient Benefit, we will pay the Mental Health Outpatient Benefit, shown on the Certificate Schedule, for Covered Persons receiving treatment as a result of Mental Illness.

Benefits are subject to the Mental Health Outpatient Benefit Maximum shown on the Certificate Schedule.

Mental Illness means any mental condition including but not limited to affective disorders, neuroses, anxiety, stress, adjustment reactions, Alzheimer's disease and other organic senile dementias.

We will not pay any benefit for stays in a Half-Way house or other place that is not a licensed facility offering treatment for Mental Illness.】

[CHEMICAL ABUSE AND DEPENDENCY DIAGNOSIS AND TREATMENT BENEFIT

We will pay the Chemical Abuse and Dependency Diagnosis and Treatment Benefit, shown on the Certificate Schedule for Covered Persons receiving services provided in facilities which are accredited by the joint commission on accreditation of hospitals as alcoholism, substance abuse or chemical dependence treatment programs, for the treatment of Chemical Abuse and Chemical Dependency.

Benefits for detoxification services as a consequence of chemical dependence are subject to the Detoxification Maximum Benefit, shown on the Certificate Schedule, of 7 days of active treatment per Policy Year per Family.

Benefits for rehabilitation services are subject to the Rehabilitation Maximum Benefit, shown on the Certificate Schedule, of 30 days of inpatient care per Policy Year per Family.

Chemical Abuse and Dependence Diagnosis and Treatment

The term "chemical abuse" means alcohol and substance abuse.

[[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFIT

[Accidental Death Benefit

We will pay the Accidental Death Benefit, shown on the Certificate Schedule if any Covered Person is injured as the result of a Covered Accident, and the injury causes the Covered Person to die within 90 days after the Covered Accident.]

[Dismemberment Benefit

We will pay the Dismemberment Benefit amount shown on the Rider Schedule if any Covered Person is injured as the result of a Covered Accident. Loss must occur within 90 days after the Covered Accident.

Only one amount will be paid for all losses resulting from one Accident. We will pay the largest benefit amount to which the Covered Person is entitled. Payment will be made to the Covered Person, or in the event of his death, to the named beneficiary.]

Proof of Loss

We must be given written proof of loss within 90 days after the covered loss occurs. If an authorized representative is not able to give Us written proof of loss within 90 days, it will not have a bearing on the claim if proof is given to Us as soon as it is reasonably possible except in the absence of legal capacity. Written proof of loss must include a claim form and if loss is due to death of a covered person, a certified copy of the death certificate.

Beneficiary

In the event of a benefit payable due to the Named Insured's death, the Accidental Death benefit will be paid to the Named Insured's beneficiary. The beneficiary is the person the Named Insured designated in the enrollment form as the beneficiary, unless it was changed at a later date. If a beneficiary was not named or if the person named is not living at the Named Insured's death, any Accidental Death benefit due will be paid in this order to:

The Insured's Spouse; or children; or parents; or brothers and sisters; or estate. In the event of a benefit payable due to the death of a Spouse or Dependent child, the Accidental Death benefit will be paid to the Named Insured, if living, otherwise to the estate of the insured Spouse or Dependent child.

If benefits are payable to a Covered Person's estate, We can pay benefits up to \$1,000 to someone related to the Covered Person by blood or marriage who We feel is fairly entitled to them. If We do this, We will have no responsibility for this payment because We made it in good faith.

Change of Beneficiary

The Named Insured can ask Us to change their beneficiary at any time. The Insured should notify Us, and We will send him the form to complete. The request must be witnessed by someone other than his present beneficiary or his proposed beneficiary and returned to Us at Our home office. The change must be approved by Us. If approved, it will go into effect the day he signed the request. The change will not have a bearing on any payment We make before We receive it.]

[DENTAL BENEFIT

We will pay the Maximum Covered Charge for the corresponding Dental Procedure listed on the Certificate Schedule for any Covered Person receiving the dental procedure. Any procedure not listed is excluded. If one or more of the listed procedures would be appropriate according to customary dental practice, the Maximum Covered Charge will be the amount allowable for the lesser charge.]

[TERM LIFE BENEFIT

We will pay the Term Life Benefit, shown on the Certificate for any Covered Person, who dies.]

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for:

Treatment, services or supplies which:

- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat Sickness or injury;
- Are experimental/investigational in nature, except as required by law;
- Are received without charge or legal obligation to pay; or
- Is provided by an immediate family member.

Additional Limitations and Exclusions

Except as specifically provided for in this Policy or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:

[Alcoholism or Drug Addiction]

[Dental Procedures –Dental care or treatment except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.]

Elective Procedures and Cosmetic Surgery –

Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.

Felony or Illegal Occupation Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

[Manipulations of the Musculoskeletal System –care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation or of or in the vertebral column.]

[Mental Illness – is a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. Mental Illness is not covered under this Policy. However, Alzheimer's disease and other organic senile dementias are covered under this Policy.]

Suicide or Injuries Which Any Covered Person Intentionally Does to Himself- suicide, attempted suicide or intentionally self-inflicted injury.

War or Act of War. War or act of war (whether declared or undeclared; participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.

Worker's Compensation –benefits provide under any State or Federal workers' compensation, employers' liability or occupational disease law.

[Pre-existing Condition Limitation

There is no coverage for a pre-existing condition for a continuous period of [6] months following the effective date of coverage under this Policy.

This limitation does not apply to:

- genetic information in the absence of a diagnosis of the condition related to such information;
- a newborn child who is enrolled in the plan within 30 days after birth; nor to a child who is adopted or placed for adoption before attaining 18 years of age; and as of the last day of the 30-day period beginning on the date of birth, adoption or placement for adoption, is covered under creditable coverage;
- pregnancy; and
- an individual, and any dependent of such individual, who is eligible for a federal tax credit under the federal Trade Adjustment Assistance Reform Act of 2002 and who has three months or more of creditable coverage.

In determining whether a pre-existing condition limitation applies, we will credit the time the covered person was

previously covered under creditable coverage, if the previous creditable coverage was

Creditable coverage includes (a) a group health plan; (b) health coverage; (c) Part A or Part B of title XVIII of the Social Security Act; (d) Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928; (e) Chapter 55 of title 10, United States Code; (f) a medical care program of the Indian Health Service or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under chapter 89 of title 5, United States Code; (i) a public health plan, including health coverage provided under a plan established or maintained by a foreign country or political subdivision (as defined in regulations); (j) a health plan under section 5(e) of the Peace Corps Act (22 U.S.C. 2504(e)) and coverage under S-CHIP.]

TERMINATION OF INSURANCE

Termination of a Named Insured's Coverage

The coverage on a Named Insured will terminate on the earliest of the following dates:

- the date the Policy terminates; or
- midnight on the last day, for which premium was paid, if premium is not paid by the end of the grace period, or
- 90 days after the date written notice was provided that the Named Insured is no longer in an eligible class; or
- the date the Named Insured's class is no longer included for insurance; or
- on the date the Named Insured asks Us to end their coverage.

If we discontinue to offer this coverage to a particular class we will provide the class the option to purchase other coverage currently offered in such market without regard to the claims experience of the class or any health related status to any insureds covered or new insureds who may become eligible for such coverage.

Extension of Benefits

Termination of coverage will not affect any claim that began while the coverage was in force.

If a Covered Person is Confined in a Hospital on the date coverage terminates We will continue to pay any applicable benefits until the earlier of

- the date the Covered Person is discharged from the Hospital; or
- 90 days after the date the coverage terminates.

When Coverage Ends on the Named Insured's Spouse and/or Dependents

If this is Named Insured and Spouse coverage or two-parent family coverage, coverage on the Named Insured's Spouse will end:

- if the Policy terminates;
- if the premiums are not paid for the Named Insured's Spouse when they are due;

- on the date the Named Insured asks Us to end their Spouse's coverage;
- on the date the Named Insured dies; or
- on the date the next premium is due after the Named Insured divorces their Spouse.

If this is family coverage, coverage on the Named Insured's dependents will end:

- if this Policy terminates;
- if the premium is not paid for the Named Insured's dependents when it is due;
- on the date the Named Insured asks Us to end their Dependent coverage; or
- on the date the Named Insured dies.

Coverage will end on each Dependent child when they no longer qualifies as a Dependent as defined in the Certificate. It is the Named Insured's responsibility to notify Us if any Dependent no longer qualifies as an eligible Dependent. If this is family coverage and all of the dependents no longer qualify as eligible dependents and We are not notified, the extent of Our liability will be to refund premium for the time period for which they did not qualify. Coverage will not end on a Dependent child who reaches the limiting age if that child is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation as defined in the mental hygiene law or physical handicap and who became so incapable prior to the attainment of the age at which dependent coverage would otherwise terminate and who is dependent upon such employee or member for support and maintenance.

GENERAL PROVISIONS

Coverage Provided by the Policy

We insure a Covered Person for loss according to the provisions of the Policy.

When making a benefit determination under the Policy, We have discretionary authority to determine the Covered Person's eligibility for the benefits and interpret the terms and provisions of the Policy.

State Laws

Any provision of the Policy that, on the effective date, does not agree with state laws where the Named Insured lives will be amended to conform to the minimum requirements of those laws.

HOW TO FILE A CLAIM/CLAIM PROVISIONS

How to File a Claim

A claim form must be completed within 90 days after the covered loss begins or as soon as it is reasonably possible. The claim form, along with proof of loss, should be sent to Us at Our home office.

If the Named Insured does not have a claim form, he must give Us a written statement describing the loss within 90 days after the covered loss begins or as soon as it is reasonably possible. The statement should include his name and Certificate Schedule Number as AMLI GRP LM 2007 CERT (1/11)

shown in the Certificate Schedule. It must also include proof of loss and how the loss occurred. The Named Insured should send the statement to Us at Our home office. When We receive the statement describing the loss, We will send him claim forms within 15 days. If he does not receive claim forms, his written statement along with the proof of loss will be used to process his claim.

Proof of Loss

The Named Insured must give Us a written proof of loss within 90 days after the covered loss begins. If he is not able to give Us written proof of loss within 90 days, it will not have a bearing on this claim if proof is given to Us as soon as it is reasonably possible, except in the absence of legal capacity.

Refer to the applicable benefit section(s) for written proof of loss requirement.

Payment of Claim

Benefits will be paid to the Named Insured or to the designated beneficiary on record. If no named beneficiary is on record with us all or any part of the benefits owed will be paid to the estate. In lieu of paying benefits to the estate we may at our option pay benefits to any one or more of the following surviving relatives:

- spouse;
- mother;
- father
- child or children; and
- brothers or sisters.

If there are no survivors in any of these classes, we may pay benefits for expenses on account to a Hospital or Doctor's office or other person actually supporting him or her and who is deemed by us to be entitled to payment. Any payments made in good faith will end our liability to the extent of the payment.

Time of Payment of Claim

We will pay any benefits due not more than 60 days after We receive written proof of loss.

Questions Concerning the Named Insured's Claim

If the Named Insured has questions concerning his claim, he can call Us at Our home office.

Physical Examinations

We can require that any Covered Person be examined by a Physician of Our choice at Our expense as often as it is reasonably necessary while his claim is pending.

Legal Action

We cannot be sued for benefits under the Policy until 60 days after written proof of loss has been given as required by the Policy or the expiration of 3 years from the time We receive written proof of loss.

**American Medical and Life Insurance Company
New York, New York**

GROUP LIMITED BENEFITS HEALTH INSURANCE CERTIFICATE SCHEDULE

[Named Insured: [John Member]]

Certificate Schedule Number: [123]

Group Policy Number: [12345]

Policy Holder: [ABC Association]

Certificate Effective Date: [January 1, 2011]

Certificate Anniversary Date: [January 1, of each year]

Open Enrollment Period: [January 1] through [December 31] during each Policy Year

1. Description of Eligible Classes

I. - All active members of [ABC Association] as determined by bylaws or charter of the Association

[II. Dependents of Named Insured as defined in the Policy.]

2. Eligibility Period: [31 days]

3. Waiting Period [0] days

4. Plan Type: [Association-Paid – Association Contributions 1 - 100 %] [Voluntary]

5. Coverage: [Named Insured] [Named Insured and Spouse] [Family]

6. Benefits:

| | |
|---|---|
| [Accident Medical Benefit | |
| Accident Medical Benefit Deductible | [\$250] per Policy Year per Covered Person |
| Accident Medical Benefit | [80]% |
| Accident Medical Maximum Benefit | [\$500] per Policy Year per Covered Person] |
| [Hospital Confinement Benefits | |
| Hospital Confinement Benefit | [\$300] per day of confinement |
| Maximum Benefit | [60] days per Policy Year per Covered Person] |
| [Hospital Intensive Care Unit Confinement Benefit | [\$600] per day of confinement |
| Maximum Benefit Period | Up to [15] days per Policy Year per Covered Person] |
| [Surgery With Anesthesia Benefit | |
| Maximum Benefit per Surgery | [80%] Initial 2010 RBRVS |
| Maximum Benefit | [\$3,500]] per Policy Year per Covered Person] |
| Anesthesia Benefit | [25] % of surgical benefit.] |
| [Skilled Nursing Facility Benefit | |
| Skilled Nursing Facility Benefit | [\$200] per day of confinement |
| Maximum Benefit | Up to [60] days per Policy Year per Covered Person] |

| | |
|--|---|
| [Hospital Admission Benefit | |
| Hospital Admission Benefit | [\$[1,000] per admission |
| Maximum Benefit | [\$[5,000] per Policy Year per Covered Person] |
| [Doctor's Office Visit Benefits | |
| Doctor's Office Benefit | [\$[50] per visit |
| Maximum Benefit | [3] visits per Policy Year per Covered Person] |
| [Preventive Care Test Benefit | |
| Preventive Care Test Benefit | [\$[50] per Test |
| Maximum Benefit | [1] Tests per Policy Year per Covered Person] |
| [Urgent Care/Emergency Room Benefit | |
| Urgent Care/Emergency Room Benefit | [\$[50] per Visit |
| Maximum Benefit | [3] Visits per Policy Year per Covered Person] |
| [Diagnostic Tests, X-ray and Laboratory Benefit | |
| Diagnostic Test Benefit | [\$[100] per day |
| Maximum Benefit | [3] Tests per Policy Year per Covered Person] |
| [Prescription Benefit | |
| Prescription Benefit | [\$[20] per prescription |
| Maximum Benefit | [2] prescriptions per month per Covered Person] |
| [Ambulance Benefit | |
| Ambulance Benefit | [\$[100] per covered sickness/accident per Covered Person |
| Maximum Number of Benefits | [3] per Policy Year per Covered Person.] |
| [Mental Health Benefit | |
| Mental Health Inpatient Benefit | [\$[50] per day |
| Mental Health Inpatient Maximum Benefit | [30] days per Covered Person per Policy Year |
| Mental Health Outpatient Benefit | [\$[50] per treatment |
| Mental Health Outpatient Maximum Benefit | [15] days Covered Person per Policy Year] |
| [Chemical Abuse and Dependence Diagnosis and Treatment Benefit | |
| Chemical Abuse and Dependence Diagnosis and Treatment Benefit | [\$[100] per day |
| Detoxification Maximum Benefit | 7 Days of Active Treatment per Policy Year per Covered Person |
| Inpatient Rehabilitation Maximum Benefit | 30 Days per Policy Year per Covered Person] |
| [Accidental Death [and Dismemberment Benefit] | |
| Accidental Death Benefit | [\$[5,000] |
| [Dismemberment Benefit | \$[5,000 Loss of both hands or both feet - 100% Loss of sight of both eyes - 100% Loss of one hand and one foot - 75% Loss of one hand and sight of one eye - 50% Loss of one foot and sight of one eye - 50% Loss of one hand - 25% Loss of sight of one eye - 25%]]] |
| [Dental Benefit | |
| Dental Benefit Deductible | [\$[50.00] per Policy Year per Covered Person |

| <u>Procedure Number</u> | <u>Description of Services</u> | <u>Maximum Covered Charge</u> |
|---|--|-------------------------------|
| PREVENTIVE PROCEDURES | | |
| ORAL EXAMINATIONS | | |
| D0120 | Periodic oral examination (limited to one examination every 6 months) provided no other procedure is performed during the same visit | [\$17.00] |
| D0140 | Limited oral evaluation/problem focused | [\$27.00] |
| D0150 | Comprehensive oral evaluation (limited to one examination per coverage year) | [\$27.00] |
| D9110 | Palliative (Emergency) treatment, per visit | [\$38.00] |
| X-RAY AND PATHOLOGY | | |
| (Except for injuries, covered charge includes examination and diagnosis.) | | |
| D0210 | Intraoral (including bitewings) (limited to once every 3 years) | [\$40.00] |
| D0220 | Intraoral - Single film/initial | [\$7.00] |
| D0230 | Intraoral - Each additional | [\$7.00] |
| D0240 | Intraoral occlusal view, maxillary or mandibular, each (limited to once every 36 consecutive months) | [\$10.00] |
| D0250 | Extraoral – Single film/initial | [\$11.00] |
| D0260 | Extraoral - Each additional | [\$9.00] |
| D0270 | Bitewing – Single film (limited to once every 6 months) | [\$8.00] |
| D0272 | Bitewing films, 2 films (limited to once every 6 months) | [\$12.00] |
| D0274 | Bitewing films, 4 (limited to once every 6 months) | [\$17.00] |
| PROPHYLAXIS AND FLUORIDE APPLICATIONS | | |
| D1110 | Prophylaxis for individuals age 14 or over, treatments to include scaling and polishing (limited to one treatment every 6 months) | [\$30.00] |
| D1120 | Prophylaxis for children under age 14 (limited to one treatment every 6 months) | [\$20.00] |
| D1203 | Topical application of fluoride/child (limited to one treatment per 6 consecutive months) | [\$12.00] |
| D1204 | Topical application of fluoride/adult (limited to one treatment per 6 consecutive months) | [\$12.00] |
| D1351 | Sealant, per tooth | [\$16.00] |
| BASIC PROCEDURES | | |
| AMALGAM RESTORATIONS — PRIMARY/PERMANENT TEETH | | |
| D2140 | Amalgam - 1 surface | [\$35.00] |
| D2150 | Amalgam - 2 surfaces | [\$45.00] |
| D2160 | Amalgam - 3 surfaces | [\$56.00] |
| D2161 | Amalgam - 4 or more surfaces | [\$64.00] |
| SYNTHETIC RESTORATIONS | | |
| D2330 | Resin-based composite - 1 surface, anterior | [\$42.00] |
| D2331 | Resin-based composite - 2 surfaces, anterior | [\$55.00] |
| D2332 | Resin-based composite - 3 surfaces, anterior | [\$67.00] |
| D2335 | Resin-based composite - 4 or more surfaces, or involving incisal angle, anterior | [\$71.00] |
| D2390 | Resin-based composite crown - anterior primary | [\$77.00] |
| D2391 | Resin-based composite - 1 surface, posterior | [\$50.00] |
| D2392 | Resin-based composite - 2 surfaces, posterior | [\$68.00] |
| D2393 | Resin-based composite - 3 or more surfaces, posterior | [\$85.00] |
| ORAL SURGERY | | |
| (Includes local anesthesia and routine post-operative care). | | |
| EXTRACTIONS | | |
| D7140 | Extraction - Erupted tooth of exposed root | [\$39.00] |
| D7220 | Removal of impacted tooth – Soft tissue | [\$45.00] |
| D7230 | Removal of impacted tooth – Partially bony | [\$70.00] |
| D7240 | Removal of impacted tooth – Completely bony | [\$85.00] |
| D7241 | Removal of impacted tooth – Completely bony with unusual surgical complications | [\$85.00] |
| D7250 | Surgical removal of residual tooth roots | [\$30.00] |
| D7510 | Incision and drainage of abscess | [\$45.00] |
| D9220 | General anesthesia | [\$52.00] |

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|--|--|
| PERIODONTICS | |
| D4341 | Periodontal scaling and root planing, per quadrant \$[72.00] |
| D4355 | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis \$[50.00] |
| D4910 | Periodontal maintenance procedures following active therapy, periodontal prophylactic \$[3.00] |
| ENDODONTICS (excluding final restoration) | |
| D3220 | Therapeutic pulpotomy \$[125.00] |
| D3310 | Complete root canal therapy - Anterior \$[125.00] |
| D3320 | Complete root canal therapy – Bicuspid \$[135.00] |
| D3330 | Complete root canal therapy - Molar \$[140.00] |
| | |
| [Term Life Benefit | \$[5,000] |
| | |
| | |

- 7 Pre-existing Condition Limitation Period [12] months following the effective date of coverage under this Policy
- 8. Rate Guarantee Period A change in premium rate will not take effect before [12] months after the group policy effective date

SERFF Tracking Number: CMPL-127004799 State: Arkansas
 Filing Company: American Medical and Life Insurance Company State Tracking Number: 47820
 Company Tracking Number: AMLI CASA REV BEN
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: AMLI CASA Rev Ben
 Project Name/Number: AMLI CASA Rev Ben/AMLI CASA Rev Ben

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Flesch Certification | Approved-Closed | 02/14/2011 |
| Comments: | | |
| Attachment: READABILITY CERTIFICATION signed by officer.pdf | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Bypassed - Item: Application | Approved-Closed | 02/14/2011 |
| Bypass Reason: Please see full explanation within the cover letter - filing description of this filing. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: Authorization | Approved-Closed | 02/14/2011 |
| Comments: | | |
| Attachment: AMLI Filing Authorization 2011.pdf | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Statement of Variables | Approved-Closed | 02/14/2011 |
| Comments: | | |
| Attachment: AMLI IL CASA SOV 1-11.pdf | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: ARKANSAS AMENDATORY ENDORSEMENT GRP LM 2007-AE-AR-(11/08) | Approved-Closed | 02/14/2011 |

SERFF Tracking Number: CMPL-127004799 State: Arkansas
Filing Company: American Medical and Life Insurance Company State Tracking Number: 47820
Company Tracking Number: AMLI CASA REV BEN
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: AMLI CASA Rev Ben
Project Name/Number: AMLI CASA Rev Ben/AMLI CASA Rev Ben

Comments:

Attachment:

AR AE.pdf

| | Item Status: | Status |
|--|---------------------|-------------------------|
| Satisfied - Item: Certification | Approved-Closed | Date: 02/14/2011 |
| Comments: | | |
| Attachment: | | |
| AR COC.pdf | | |

READABILITY CERTIFICATION

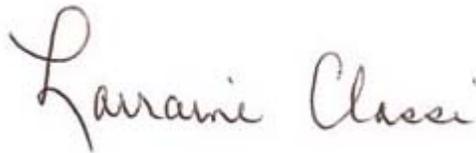
RE: American Medical and Life Insurance Company

NAIC # 81418

FEIN # 13-2562243

This is to certify that form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

| <u>Forms</u> | <u>Score</u> |
|--|--------------|
| AMLI GRP LM 2007 CERT (1/11), Certificate of Coverage | 46 |
| AMLI GRP LM 2007 SCHED (1/11), Group Limited Benefits Health Insurance Certificate Schedule | 43 |



Signature of Company Officer

Lorraine Classi

Name

Executive VP

Title

1-27-2011

Date



8 West 38th Street, Suite 1002
New York, NY 10018

Steve Mellas
Chief Compliance Officer
646.350.4843
TOLL FREE 866.691.9353
FAX 212.354.9089
smellas@usamli.com
www.usamli.com

January 19, 2011

NAIC Company Code: 81418

Re: Policies and Related Forms

To: All Departments of Insurance

American Medical and Life Insurance Company hereby authorizes Compliance Research Services, LLC to represent the company in the submission of the above referenced forms and to negotiate with the insurance departments for their approval.

Sincerely,

Steven G. Mellas
Chief Compliance Officer

Statement of Variables
AMLI GRP LM 2007 CERT (1/11), et al
Group Limited Benefits Accident and Sickness Health Insurance

Coverage levels are chosen by the policyholder. Benefit amounts will change according to the level selected by the policyholder and/or the named insured. All numerical variable range levels will comply with the minimum statutory requirements and are provided herein.

AMLI GRP LM 2007 CERT (1/11), AMLI GRP LM 2007 SCHED (1/11)

1. On the Certificate face page, the Group Insurance Policy Number, the Holder and the Policy Date will be unique to each Policyholder. With regard to the Certificate Schedule, the bracketed items included from the beginning of the Certificate Schedule through item 5 are all specific to the Named Insured or are unique to each Policyholder.
2. The Phone number on the Certificate face page is variable to accommodate any new call center number.
3. The Table of Contents page numbers will vary dependent upon the number of benefits included in policy.
4. The definition of Hospital Intensive Care Unit will either be included or omitted from the certificate at the option of the policyholder.
5. The definition of Pre-Existing Condition will either be included or omitted from the certificate at the option of the policyholder. The number of months will range from 6-12.
6. The definition of Resource Based Relative Value System, referred to as RBRVS will be included if the Surgery with Anesthesia Benefit is included by the policyholder.
7. The Accidental Medical Benefit may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following ranges:
 - coinsurance - 100%, 90%, 80%
 - deductible - \$50, \$100, \$250, \$500
 - maximum benefit - \$0-\$10,000
8. The Hospital Confinement Benefit may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following ranges:
 - range for dollar amount per day - \$0 - \$5,000
 - range for days per Policy Year – 0 -100 days
9. The Hospital Intensive Care Unit Confinement Benefit may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following ranges:
 - range for dollar amount per day - \$0 - \$5,000
 - range for days per Policy Year – 0 -15 days
10. The Surgery with Anesthesia Benefit may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following ranges:
 - Percentage - 50%, 60%, 70% 80% 90% 100%
 - Maximum benefit - \$1 - \$15,000
 - anesthesia benefit – 0% - 50%
11. The Skilled Nursing Facility Benefit may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within following ranges: \$0 - \$2,000 per day of confinement, 0-60 days per Policy Year

12. The Hospital Admission Benefit may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following range: \$200 – \$2,000 per admission in \$100 increments; \$2,000 – \$10,000 in \$1,000 increments maximum benefit. Insureds must be admitted within 30 days – 6 months after accident.
13. Doctor’s Office Visit Benefits may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following ranges: \$0 - \$200 per visit, 0-15 visits per year
14. Preventive Care Test Benefit may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following range: \$0 - \$1,000 per test, 0-3 tests per year
15. Urgent Care/Emergency Room Visit Benefit be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following range: \$0 - \$1,000 per visit, 0-5 visits
16. Diagnostic Tests, X-ray and Laboratory Benefit be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following range: \$0 - \$1,000 per day, 0 - 10 per year
17. Prescription Benefit be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following range: \$0 - \$1,000 per prescription, 0-25 RX per year
18. Ambulance Benefit be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following range: \$0 - \$1,000 per covered sickness/accident, 0 thru unlimited per year
19. Mental Health Benefit may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following range:
 - \$0 - \$2,000 per day
 - 0-45 days per Policy Year
 - \$0 - \$1,000 per outpatient treatment
 - 0-45 days per Policy Year
20. Chemical Abuse and Dependence Diagnosis and Treatment Benefit may be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within following range:
 - \$0 - \$2,000 per day
21. Accidental Death with or without the Dismemberment Benefit will be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following range: up to \$50,000, in \$5,000 increments
22. Dental Benefit be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder with the amounts shown on the schedule page or future rate filings, upon approval.
23. Term Life Benefit be included or omitted at the option of the policyholder. The benefit amounts will also be at the option of the policyholder within the following range: up to \$25,000, in \$1 increments.
24. The exclusion for Alcoholism or Drug Addiction will either be omitted or included, at the option of the policyholder.
25. The exclusion for Dental Procedures will either be omitted or included, at the option of the policyholder.
26. The exclusion for Manipulations of the Musculoskeletal System will either be omitted or included, at the option of the policyholder.
27. The exclusion for Mental Illness will either be omitted or included, at the option of the policyholder.
28. The Pre-existing Condition Limitation will either be omitted or included, at the option of the policyholder. The number of months will range from 3-12.



ARKANSAS AMENDATORY ENDORSEMENT

This amendatory endorsement is made a part of the Policy or Certificate to which it is attached and is subject to all terms and provisions of such Policy or Certificate not inconsistent herewith. This amendatory endorsement is applicable only to Insured Persons who are **residents** of the State of Arkansas on the Certificate Date and on the date the claim is incurred.

1. The "Coverage for the Named Insured's adopted child(ren)" provision in the "Eligibility and Effective Date" section is deleted in its entirety. The following shall be substituted in its place:

We will cover the Named Insured's adopted child(ren) from the moment of birth if You take physical custody of the infant upon the infant's release from the hospital and file a petition pursuant to Section 115-c of the Domestic Relations Law within sixty days of birth provided that no notice of revocation to the adoption has been filed pursuant to Section 115-b of the Domestic Relations Law and consent to the adoption has not been revoked. However, coverage of the initial hospital stay shall not be required where a natural parent has insurance coverage available for the infant's care.

A child adopted by You or Your insured Spouse will automatically become insured as a dependent. The effective date of the coverage will be the earlier of:

- the date of placement for the purpose of adoption; or
- the date on which You assume a legal obligation for total or partial support of the child.

Coverage for adopted children will be to the same extent as is provided for other covered dependent children and will include the necessary care and treatment of pre-existing medical conditions.

Coverage will continue for the adopted child unless the placement is disrupted prior to the final adoption; and

- the child is permanently removed from placement;
- the legal obligation terminates; or
- You rescind, in writing, the agreement of adoption or agreement assuming financial responsibility.

For each newborn, step child and/or adopted child, You must:

- notify Us of his birth or placement in Your residence;
- complete the required application for him; and
- pay the required premium for him, if any.

If a newborn is not enrolled within 90 days of birth coverage will be provided from the date that notice is given. Any Additional premium required should be made to the Holder within 90 days of notification of birth.

If an adopted child is not enrolled within 90 days of adoption coverage will be provided from the date that notice is given. Any Additional premium required should be made to the Holder within 90 days of notification of placement for the purposes of adoption.

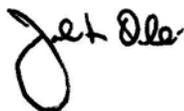
2. The "Time of Payment of Claim" provision in the "How to File a Claim/Claim Provisions" section is deleted in its entirety. The following shall be substituted in its place:

We will pay any benefits due not more than 30 days after We receive written proof of loss electronically or 45 days if the claim is submitted by other means.

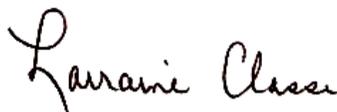
There are no other changes to the certificate.

This endorsement takes effect and expires concurrently with the policy or certificate to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.

In Witness Whereof, We have caused this Endorsement to be signed by



Chairman, President and CEO

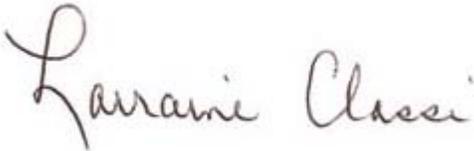


Executive Vice President & Chief Compliance Officer

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: American Medical and Life Insurance Company
Form AMLI GRP LM 2007 CERT (1/11), Certificate of Coverage
Number(s) AMLI GRP LM 2007 SCHED (1/11), Group Limited Benefits Health
: Insurance Certificate Schedule

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Lorraine Classi

Name

Executive VP

Title

1-27-2011

Date