

SERFF Tracking Number: AENX-G127067129 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 48180
 Company Tracking Number: AR040080100002
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
 Product Name: 2009 LAW- 2010 Recognized Amount IVL Direct (Medic
 Project Name/Number: 2009 LAW- 2010 Recognized Amount IVL Direct (Medical & Dental/AR040080100002

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 LAW- 2010 Recognized Amount IVL Direct (Medic SERFF Tr Num: AENX- State: Arkansas
 G127067129

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 48180
 Closed

Sub-TOI: H16I.005C Individual - Other Co Tr Num: AR040080100002 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI Disposition Date: 03/08/2011
 Date Submitted: 03/07/2011 Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 LAW- 2010 Recognized Amount IVL Direct
 (Medical & Dental

Status of Filing in Domicile:

Project Number: AR040080100002

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 03/08/2011

State Status Changed: 03/08/2011

Deemer Date:

Created By: SPI AetnaSPI

Submitted By: SPI AetnaSPI

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

The policy amendment forms include an updated version of Aetna's Recognized Charge definition. This definition will provide Aetna with additional flexibility to structure the plans of benefits that it sells in the individual health insurance market to include alternative methods of calculating reimbursement levels for health care coverage based upon the type of coverage, services, supplies and charges. Additionally, in the interest of disclosure to policyholders and their dependents, Aetna has enhanced the definition to:

" include greater detail regarding the manner in which each methodology is calculated;

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" clarify the financial impact to insureds; and

" add definitions of each of the data sources for the charge information, which includes information on the entity that creates the data source and the updating process for the data.

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$100.00	03/07/2011	45327209

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/08/2011	03/08/2011

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Disposition

Disposition Date: 03/08/2011

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-G127067129 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 48180
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 Project Name/Number: 2009 LAW- 2010 Recognized Amount IVL Direct (Medical & Dental/AR040080100002

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	IVL Direct RecogCharge CovLtr	Approved-Closed	Yes
Supporting Document	EOV Medical IVL Direct Policy Amendment, EOV Dental IVL Direct Policy Amendment, Sample #1 Medical, Sample #2 Medical, Sample #3 Dental	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Medical IVL Direct Recognized Charge Policy Amendment	Approved-Closed	Yes
Form	Dental IVL Direct Recognized Charge Policy Amendment	Approved-Closed	Yes

SERFF Tracking Number: AENX-G127067129 State: Arkansas
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 Product Name: 2009 LAW- 2010 Recognized Amount IVL Direct (Medic
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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/08/2011	GR-96655-RC	Policy/Cont	Medical IVL Direct racted/Fraternal Recognized Charge Policy Amendment Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		48.700	AL GE AGR96655R C V001.PDF
Approved-Closed 03/08/2011	GR-96655-RC-D	Policy/Cont	Dental IVL Direct racted/Fraternal Recognized Charge Policy Amendment Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		48.100	AL GE AGR96655R C0D V001.PDF

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

[Policyholder: John Doe]

[Policy No.: 123456]

Effective Date [This Policy Amendment is effective on the later of:

[July 1, 20XX]; or

The date you become covered under the Policy.]

[The policy as specified above has been amended.] This amendment is effective on the date (s) shown above.

This amendment changes the Policy as follows.

[The following definition entitled “**Recognized Charge**” is either added to the *Glossary* section of your Policy or, if it already appears in the *Glossary* section, then it replaces the same definition:]

[Recognized Charge

The covered expense is only the part of a charge which is the **recognized charge**.

As to medical expenses, the **recognized charge** for each service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- [for professional services and other services or supplies not mentioned below:
 - [100% - 400% of the Medicare Allowable Rate;]
 - [100% - 400% of the Aetna Out-of-Network Rate (AONR);]
 - [the 50th-100th percentile of the Prevailing Charge Rate;]for the Geographic Area where the service is furnished.]
- [for inpatient charges of hospitals and other facilities:
 - [100% - 400% of the Medicare Allowable Rate;]
 - [100% - 400% of the Aetna Out-of-Network Rate (AONR);]
 - [100% - 400% of the Aetna Facility Fee Schedule;]for the Geographic Area where the service is furnished.]

- [for outpatient charges of hospitals and other facilities:
 - [100% - 400% of the Medicare Allowable Rate;]
 - [100% - 400% of the Aetna Out-of-Network Rate (AONR);]
 - [100% - 400% of the Aetna Facility Fee Schedule;]
 for the Geographic Area where the service is furnished.]

[As to prescription drug expenses, the **recognized charge** for each service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- [50% - 200%] of the **Average Wholesale Price (AWP)** or other similar resource. **Average Wholesale Price (AWP)** is the current average wholesale price of a **prescription drug** listed in the [Facts and Comparisons] [Medi-Span] weekly price updates (or any other similar publication chosen by Aetna).]

[If Aetna has an agreement with a provider (directly or through a third party) which sets the rate that Aetna will pay for a service or supply, then the **recognized charge** is the rate established in such agreement.]

Aetna may also reduce the **recognized charge** by applying Aetna Reimbursement Policies. Aetna Reimbursement Policies address the appropriate billing of services, taking into account factors that are relevant to the cost of the service such as:

- the duration and complexity of a service;
- whether multiple procedures are billed at the same time, but no additional overhead is required;
- whether an assistant surgeon is involved and necessary for the service;
- if follow up care is included;
- whether there are any other characteristics that may modify or make a particular service unique; and
- when a charge includes more than one claim line, whether any services described by a claim line are part of or incidental to the primary service provided.

Aetna Reimbursement Policies are based on Aetna's review of: the policies developed for Medicare; the generally accepted standards of medical and dental practice, which are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community or which is otherwise consistent with physician or dental specialty society recommendations; and the views of physicians and dentists practicing in the relevant clinical areas. Aetna uses a commercial software package to administer some of these policies.

As used above, [Geographic Area, Medicare Allowable Rates, Aetna Out-of-Network Rates (AONR), Aetna Facility Fee Schedule and Prevailing Charge Rates are] defined as follows:

[Geographic Area: This means an expense area grouping defined by the first three digits of the U.S. Postal Service zip codes. If the volume of charges in a single three digit zip code is sufficient to produce a statistically valid sample, an expense area is made up of a single three digit zip code. If the volume of charges is not sufficient to produce a statistically valid sample, two or more three digit zip codes are grouped to produce a statistically valid sample. When it is necessary to group three digit zip codes, the grouping never crosses state lines.]

[Aetna Out-of-Network Rates (AONR): Aetna's standard rates used to begin contract negotiations with providers who participate in our network. There are separate AONR standard rates for each Geographic Area. The **recognized charge** is based on the AONR standard rates for the Geographic Area in which you receive the service or supply. For Geographic Areas in which Aetna does not maintain these standard rates, AONR shall equal [100%-400%] of the Medicare Allowable Rates.]

[Medicare Allowable Rates: Except as specified below, these are the rates established and periodically updated by The Centers for Medicare and Medicaid Services (CMS) for payment for services and supplies provided to Medicare enrollees. Aetna updates its systems with these revised rates within [90-180 days] of receiving them from CMS. If Medicare does not have a rate for a particular service, the rate will be based on the same method that CMS uses to set Medicare rates.]

[Exceptions:

1. For inpatient services, the Medicare Allowable Rate excludes amounts CMS allocates for Operating Indirect Medical Education (IME) and Direct Graduate Medical Education (DGME) or for other payments which CMS may make directly to hospitals.
2. For professional behavioral health services, the allowable rate will be a percentage of the otherwise applicable Medicare Allowable Rate for the following types of providers: physicians – 100%; clinical psychologists – 80%; social workers – 60%.]

[Prevailing Charge Rates: These are rates reported by [Ingenix, a United Health Group subsidiary, in the [Prevailing Health Care Charges System (PHCS) database] [Medical Data Research (MDR) database], which is compiled from information that Aetna and other insurers submit to Ingenix.] [FAIR Health, a nonprofit company, in their database.] [[Ingenix] [FAIR Health] reviews and, if necessary, changes these rates periodically. Aetna updates its systems with these changes within [90-180 days] after receiving them from [Ingenix] [FAIR Health].]]

[Aetna Facility Fee Schedule: The schedule of rates developed by Aetna using Aetna data or experience for out-of-network facility services and supplies [provided in the Geographic Area in which you receive the service or supply]. Aetna reviews and, if necessary, adjusts this schedule periodically. This schedule is the same for all facilities within the state. It is based on state-wide data reflecting payments made by Aetna. The schedule is adjusted from time to time in Aetna's discretion.]

[Important Note

Aetna periodically updates its systems with changes made to the [Aetna Out-of-Network Rates (AONR)] [Medicare Allowable Rates] [Prevailing Charge Rates] [and] [Aetna Facility Fee Schedule].

What this means to you is that the **recognized charge** is based on the version of the [schedule rates or table] that is in use by Aetna on the date that the service or supply was provided.]

[Additional Information

Aetna's website [aetna.com] may contain additional information which may help you determine the cost of a service or supply. Log on to Aetna Navigator to access the "Estimate the Cost of Care" feature. Within this feature, view our "Cost of Care" and "Member Payment Estimator" tools, or contact our Customer Service Department for assistance.]

This amendment makes no other changes to your Policy.



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

[Amendment: XXXX]

[Issue Date: July 1, 20XX]

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

[Policyholder: John Doe]

[Policy No.: 123456]

Effective Date [This Policy Amendment is effective on the later of:

[July 1, 20XX]; or

The date you become covered under the Policy.]

[The policy as specified above has been amended.] This amendment is effective on the dates(s) shown above.

This amendment changes the Policy as follows.

[The following definition entitled “**Recognized Charge**” is either added to the *Glossary* section of your Policy or, if it already appears in the *Glossary* section, then it replaces the same definition:]

[Recognized Charge

The covered expense is only the part of a charge which is the **recognized charge**.

[As to dental expenses, the **recognized charge** for a service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- [the 50th - 100th percentile of the Prevailing Charge Rate;]
- [100% - 400% of the Aetna Out-of-Network Rate (AONR);]
- [100% - 400% of the Dental Fee Schedule Rate (DFSR);]
for the Geographic Area where the service is furnished.]

[If Aetna has an agreement with a provider (directly or through a third party) which sets the rate that Aetna will pay for a service or supply, then the **recognized charge** is the rate established in such agreement.]

Aetna may also reduce the **recognized charge** by applying Aetna Reimbursement Policies. Aetna Reimbursement Policies address the appropriate billing of services, taking into account factors that are relevant to the cost of the service such as:

- the duration and complexity of a service;
- whether multiple procedures are billed at the same time, but no additional overhead is required;
- whether an assistant surgeon is involved and necessary for the service;
- if follow up care is included;
- whether there are any other characteristics that may modify or make a particular service unique; and
- when a charge includes more than one claim line, whether any services described by a claim line are part of or incidental to the primary service provided.

Aetna Reimbursement Policies are based on Aetna’s review of: the generally accepted standards of medical and dental practice, which are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community or which is otherwise consistent with physician or dental specialty society recommendations; and the views of physicians and dentists practicing in the relevant clinical areas. Aetna uses a commercial software package to administer some of these policies.

As used above, [Geographic Area, Aetna Out-of-Network Rates (AONR), Dental Fee Schedule Rates (DFSR) and Prevailing Charge Rates are] defined as follows:

[Geographic Area: This means an expense area grouping defined by the first three digits of the U.S. Postal Service zip codes. If the volume of charges in a single three digit zip code is sufficient to produce a statistically valid sample, an expense area is made up of a single three digit zip code. If the volume of charges is not sufficient to produce a statistically valid sample, two or more three digit zip codes are grouped to produce a statistically valid sample. When it is necessary to group three digit zip codes, the grouping never crosses state lines.]

[Aetna Out-of-Network Rates (AONR): Aetna’s standard rates used to begin contract negotiations with providers who participate in our network. There are separate AONR standard rates for each Geographic Area. The **recognized charge** is based on the AONR standard rates for the Geographic Area in which you receive the service or supply.]

[Prevailing Charge Rates: These are rates reported by [Ingenix, a United Health Group subsidiary, in the [Prevailing Health Care Charges System (PHCS) database] [Medical Data Research (MDR) database], which is compiled from information that Aetna and other insurers submit to Ingenix.] [FAIR Health, a nonprofit company, in their database.] [[Ingenix] [FAIR Health] reviews and, if necessary, changes these rates periodically. Aetna updates its systems with these changes within [90-180 days] after receiving them from [Ingenix] [FAIR Health].]]

[Dental Fee Schedule Rates (DFSR): The schedule of rates developed by Aetna using Aetna data or experience for out of network dental services and supplies provided in the geographic area in which the covered person receives the service or supply. For purposes of this definition “geographic area” means an expense area grouping defined as either:

- the first three digits of the U.S. Postal Service zip codes; or
- a geographic area with similar demographic data or experience.

Aetna reviews and, if necessary, adjusts this schedule periodically.]

[Important Note

Aetna periodically updates its systems with changes made to the [Aetna Out-of-Network Rates (AONR),] [Prevailing Charge Rates] [and] [Dental Fee Schedule Rates (DFSR)].

What this means to you is that the **recognized charge** is based on the version of the [schedule rates or table] that is in use by Aetna on the date that the service or supply was provided.]

[Additional Information

Aetna’s website [aetna.com] may contain additional information which may help you determine the cost of a service or supply. Log on to Aetna Navigator to access the “Estimate the Cost of Care” feature. Within this feature, view our “Cost of Care” and “Member Payment Estimator” tools, or contact our Customer Service Department for assistance.]

This amendment makes no other changes to your Policy.



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

[Amendment: XXXX]
[Issue Date: July 1, 20XX]

SERFF Tracking Number: AENX-G127067129 *State:* Arkansas
Filing Company: Aetna Life Insurance Company *State Tracking Number:* 48180
Company Tracking Number: AR040080100002
TOI: H16I Individual Health - Major Medical *Sub-TOI:* H16I.005C Individual - Other
Product Name: 2009 LAW- 2010 Recognized Amount IVL Direct (Medic
Project Name/Number: 2009 LAW- 2010 Recognized Amount IVL Direct (Medical & Dental/AR040080100002

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-G127067129 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 48180
 Company Tracking Number: AR040080100002
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
 Product Name: 2009 LAW- 2010 Recognized Amount IVL Direct (Medic
 Project Name/Number: 2009 LAW- 2010 Recognized Amount IVL Direct (Medical & Dental/AR040080100002

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	03/08/2011
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	03/08/2011
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	03/08/2011
Bypass Reason: no rate impact		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	03/08/2011
Bypass Reason: no impact		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	03/08/2011
Bypass Reason: not impacted		
Comments:		

SERFF Tracking Number: AENX-G127067129 State: Arkansas
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 Product Name: 2009 LAW- 2010 Recognized Amount IVL Direct (Medic
 Project Name/Number: 2009 LAW- 2010 Recognized Amount IVL Direct (Medical & Dental/AR040080100002

Item Status: Approved-Closed
Status Date: 03/08/2011
Satisfied - Item: IVL Direct RecogCharge CovLtr
Comments:
Attachment:
 AR Indiv Direct RecogCharge CovLtr.PDF

Item Status: Approved-Closed
Status Date: 03/08/2011
Satisfied - Item: EOY Medical IVL Direct Policy
 Amendment, EOY Dental IVL Direct
 Policy Amendment, Sample #1
 Medical, Sample #2 Medical,
 Sample #3 Dental
Comments:
Attachments:
 AL GE EAGR96655RC V001.PDF
 AL GE EAGR96655RC0D V001.PDF
 ALIC IVL Illustrative Sample-Medical #1.PDF
 ALIC IVL Illustrative Sample-Medical #2.PDF
 ALIC IVL Illustrative Sample-Dental #3.PDF

Item Status: Approved-Closed
Status Date: 03/08/2011
Satisfied - Item: AR - NAIC TRANSMITTAL
 DOCUMENT, AR - NAIC FORM
 FILING ATTACHMENT
Comments:
Attachments:
 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.

Form Number	Score
GR-96655-RC	48.7
GR-96655-RC-D	48.1

Signed: John W Ciesielski

Name: John Ciesielski

Title: Senior Consultant

Date: March 7, 2011



John W. Ciesielski
Product & Regulatory Approvals
Law and Regulatory Affairs
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Hartford, CT 06156
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March 7, 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**
Group Accident & Health Insurance
Recognized Charge Definition
Policy Amendment Forms: GR-96655-RC 01
GR-96655-RC-D 01

Dear Commissioner:

The 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.

We intend to use amendment form GR-96655-RC with the following Individual Policy Forms:

- Medical PPO Policy Form GR-11741, approved by your Department on November 8, 2007; and
- Medical PPO Policy Form GR-11741-LME, approved by your Department on November 8, 2007.

We intend to use amendment form GR-96655-RC-D with the following Individual Policy Form:

- Dental PPO Policy Form GR-11826 approved by your Department on November 8, 2007.

The policy amendment forms include an updated version of Aetna's Recognized Charge definition. This definition will provide Aetna with additional flexibility to structure the plans of benefits that it sells in the individual health insurance market to include alternative methods of calculating reimbursement levels for health care coverage based upon the type of coverage, services, supplies and charges. Additionally, in the interest of disclosure to policyholders and their dependents, Aetna has enhanced the definition to:

- include greater detail regarding the manner in which each methodology is calculated;
- clarify the financial impact to insureds; and
- add definitions of each of the data sources for the charge information, which includes information on the entity that creates the data source and the updating process for the data.

It is important to note the references to "Ingenix" and "United Health Group" within the Prevailing Charge Rate definition. As you may know, these are the names of the company and parent company that currently manage the health care data in the Prevailing Health Care Charges System database and the Medical Data Research database. In 2009 the New York Attorney General announced an intent to enter into an agreement with an academic institution to develop a new database, and also announced the new company, (FAIR Health Inc.), and the members of the research network that will develop the new database. Aetna has agreed that it will use the new database, when it becomes available, for determining "reasonable and customary" or "prevailing" charges. Consistent with that undertaking, at that time Aetna plans to change the names of the companies and the database appearing in this definition. As we have included detailed information regarding this impending change in the Explanation of Variable Material that applies to the form, it is Aetna's intent that the definition will *not* be resubmitted to your Department for approval when the actual name changes occur. These name changes will occur not more than 90 days after the new database is operational.

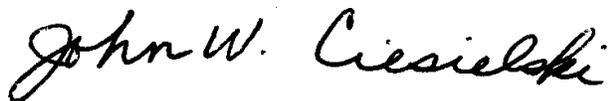
In addition, for your convenience in reviewing this filing, we have included 3 illustrative samples of how the definition will appear in a policy form when it is issued to the policyholder. While the definition appears complex in the version that we are filing for approval, as the samples show, the definition as it will appear in the policy form will be a much simpler version.

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. Coverage, sections and 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 group policy, may vary as the sense demands. Detailed explanations of variability for the forms have been included.

We request approval of this letter, 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,

A handwritten signature in black ink that reads "John W. Ciesielski". The signature is written in a cursive, flowing style.

John W. Ciesielski, Senior Consultant
Product & Regulatory Approvals

Attachments/Enclosures

Aetna Life Insurance Company

Direct Issue Individual Health Insurance

Explanation of Variable Material Policy Amendment Form GR-96655-RC 01

General Comments

1. Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected based upon the plan of benefits or provisions selected by the customer.
2. Throughout the form are bracketed amounts (percentages, percentiles and time periods) which are stated in ranges. These ranges reflect Aetna's standard offerings. However, in some instances, a different amount may print in a form issued to a policyholder but only if the amount is more liberal to the policyholder or the covered person. Please be assured that this more liberal amount will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.
3. The "Policyholder Name" and "Policy Number" field is for policyholder-specific information and may not print upon issue. *The phrase "The policy as specified above has been amended." will be omitted if this information does not print upon issue.*
4. The appropriate policyholder-specific information for the Effective Date will be included upon issue.
5. The bracketed lead-in wording may change to accurately state the manner in which the policy is being amended.
6. The standard language of the benefit or provision may be revised, as needed, to accurately reflect future changes. However, any change made to the language will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.
7. The placement of the text within the form may vary to avoid gaps that would otherwise be created by the deletion of bracketed text.
8. The page numbers are variable so that they may be omitted or to allow that the placement of material be changed in order to avoid gaps and to allow the contractual documents to be system produced.
9. The bracketed designations [Individual-Direct] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the initial abbreviation of your state may be added to identify that the form is state specific. For example, for the State of Connecticut, a "CT" will print.
10. The name and signature of the Aetna officer at the end of the amendment will change to the most current information.
11. If applicable, the Amendment Designation and Issue Date will be inserted at the end of the amendment. These fields are reserved for Aetna's use to allow for the electronic assembly information regarding a Policyholder's specific documents.

Explanation of Variable Material (continued)
Policy Amendment Form GR-96655-RC 01

Policy Amendment Form GR-96655-RC 01

12. The first bracketed lead-in wording applies to policies that currently do not include the definition of "Recognized Charge".
13. The second bracketed lead-in wording applies to policies that currently include the definition of "Recognized Charge".
14. This definition describes the methodology used to calculate the reimbursement levels for services, supplies and charges under a policyholder's plan of benefits.
15. The word "charge" in the title of the definition may be changed to "amount". This change will occur wherever the reference to "Recognized Charge" appears throughout this definition and elsewhere within the policy forms.
16. The definition will apply to network style plans but only to out-of-network coverage.
17. The definition has been structured to allow Aetna to vary the methodologies in their plans based upon the types of coverage, services and charges.
18. Any time periods expressed in "days" may be changed to the equivalent months.
19. If all health expenses that are subject to the recognized charge under a policyholder's plan use the same methodology, then the lead-in wording may be changed to:
*"As to health expenses, the **recognized charge** for each service or supply is the lesser of: etc".*

The lead-in wording may also be changed so that each type of health coverage under a policyholder's plan is listed as follows:

*"As to medical and prescription drug expenses, the **recognized charge** for each service or supply is the lesser of: etc "*

In either of these situations, only one of the reimbursement methodology options will print.

20. The term "network" may be changed to "in-network", "participating", "preferred" or some other term of similar meaning used in a customer's forms.
21. The term "out-of-network" may be changed to "non-participating", "non-preferred", "non-network" or some other term of similar meaning used in a customer's forms.
22. *Professional services and other services or supplies not mentioned below*-This paragraph may be included or combined with the other categories (*inpatient charges of hospitals, etc. and outpatient charges of hospitals, etc.*). Various plan design options are shown, but only one option will print for these types of charges.
23. *Inpatient charges of hospital and other facilities*-This paragraph may be included or combined with the other categories (*professional services, etc. and outpatient charges of hospitals, etc.*).
 - a. Various plan design options are shown, but only one option will print for these types of charges.
 - b. The Medicare Allowable Rate option and the Aetna Out-of-Network (AONR) option will only include the phrase "for the Geographic Area where the service is furnished".
24. *Outpatient charges of hospital and other facilities*-This paragraph may be included or combined with the other categories (*professional services, etc. and inpatient charges of hospitals, etc.*).
 - a. Various plan design options are shown, but only one option will print for these types of charges.
 - b. The Medicare Allowable Rate option and the Aetna Out-of-Network (AONR) option will only include the phrase "for the Geographic Area where the service is furnished".

Explanation of Variable Material (continued)
Policy Amendment Form GR-96655-RC 01

25. *Prescription Drug Expenses*-This option will print if outpatient prescription drug coverage is included in the policyholder's plan of benefits and the methodology differs from that used for other types of health expenses covered under the policyholder's plan. Either the "Facts and Comparisons" or "Medi-Span" references will be included as the source for the Average Wholesale Price.
26. The following paragraph is optional and, when used, would only apply to medical expenses. It addresses a contracted arrangement that may be established by agreement with a provider either directly with Aetna or indirectly with Aetna through a third party vendor. When a covered person is enrolled in:
- a network style plan; and
 - chooses to access an out-of-network provider; and

the provider is subject to this type of contracted arrangement with Aetna, the covered person's benefit payment and reimbursement will be based on the contracted rate. In this situation, the covered person will *not* be balanced billed by the provider for any charges above the contracted rate.

27. *Definitions* – The definitions in this section will be included, as applicable, to describe the methodology(ies) used in a policyholder's plan of benefits.
- a. Medicare Allowable Rates – The listing of exceptions will appear only when applicable to the policyholder's plan of benefits. The examples provided may be modified to include additional examples of excepted expenses.
- b. Prevailing Charge Rates –Either the reference to the "Prevailing HealthCare Charges System (PHCS)" or "Medical Data Research" database will print.

PLEASE NOTE: The references to "Ingenix" and "United Health Group", within the Prevailing Charge Rate definition, are the names of the company and parent company that currently manage the health care data in the Prevailing Health Care Charges System database and the Medical Data Research database. Earlier this year the New York Attorney General announced his intent to enter into an agreement with an academic institution to develop a new database, and very recently he announced the new company, (FAIR Health Inc.), and the members of the research network that will develop the new database. Aetna has agreed that it will use the new database, when it becomes available, for determining "prevailing charges". Aetna will update the Prevailing Charge Rates definition with this database and entity information once the new database is operational.

28. *Important Note* – These reminders are provided to call out important information for covered persons. They may be modified to add approved language from other areas of the policy. They may be moved to different areas of the policy or repeated. They may be omitted if determined not to be relevant to the plan purchased. The references to the methodologies, schedule, rates and table will print in accordance with the options included in a policyholder's plan.
29. *Additional Information* – When included, the name of the web site, tools within the web site and contact department may be changed.

Aetna Life Insurance Company

Direct Issue Individual Health Insurance

Explanation of Variable Material **Policy Amendment Form GR-96655-RC-D 01**

General Comments

1. Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected based upon the plan of benefits or provisions selected by the customer.
2. Throughout the form are bracketed amounts (percentages, percentiles and time periods) which are stated in ranges. These ranges reflect Aetna's standard offerings. However, in some instances, a different amount may print in a form issued to a policyholder but only if the amount is more liberal to the policyholder or the covered person. Please be assured that this more liberal amount will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.
3. The "Policyholder Name" and "Policy Number" field is for policyholder-specific information and may not print upon issue. *The phrase "The policy as specified above has been amended." will be omitted if this information does not print upon issue.*
4. The appropriate policyholder-specific information for the Effective Date will be included upon issue.
5. The bracketed lead-in wording may change to accurately state the manner in which the policy is being amended.
6. The standard language of the benefit or provision may be revised, as needed, to accurately reflect future changes. However, any change made to the language will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.
7. The placement of the text within the form may vary to avoid gaps that would otherwise be created by the deletion of bracketed text.
8. The page numbers are variable so that they may be omitted or to allow that the placement of material be changed in order to avoid gaps and to allow the contractual documents to be system produced.
9. Any references to "non-preferred care" may be changed to "out-of-network", "non-participating", "non-network" or some other term of similar meaning as used within a policyholder's forms.
10. The bracketed designations [Individual-Direct] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the initial abbreviation of your state may be added to identify that the form is state specific. For example, for the State of Connecticut, a "CT" will print.
11. The name and signature of the Aetna officer at the end of the amendment will change to the most current information.
12. If applicable, the Amendment Designation and Issue Date will be inserted at the end of the amendment. These fields are reserved for Aetna's use to allow for the electronic assembly information regarding a Policyholder's specific documents.

Policy Amendment Form GR-96655-RC-D 01

13. The first bracketed lead-in wording applies to policies that currently do not include the definition of "Recognized Charge".

Explanation of Variable Material (continued)
Policy Amendment Form GR-96655-RC-D 01

14. The second bracketed lead-in wording applies to policies that currently include the definition of "Recognized Charge".
15. This definition describes the methodology used to calculate the reimbursement levels for services, supplies and charges under a policyholder's plan of benefits.
16. The word "charge" in the title of the definition may be changed to "amount". This change will occur wherever the reference to "Recognized Charge" appears throughout this definition and elsewhere within the policy forms.
17. The definition will apply to network style plans but only to out-of-network coverage.
18. Any time periods expressed in "days" may be changed to the equivalent months.
19. The term "network" may be changed to "in-network", "participating", "preferred" or some other term of similar meaning used in a customer's forms.
20. The term "out-of-network" may be changed to "non-participating", "non-preferred", "non-network" or some other term of similar meaning used in a customer's forms.
21. Various plan design options are shown for dental expenses, but only one option will print for these types of expenses.
22. The following paragraph is optional and may be omitted. It addresses a contracted arrangement that may be established by agreement with a provider either directly with Aetna or indirectly with Aetna through a third party vendor. When a covered person is enrolled in:
 - a network style plan; and
 - chooses to access an out-of-network provider; and

the provider is subject to this type of contracted arrangement with Aetna, the covered person's benefit payment and reimbursement will be based on the contracted rate. In this situation, the covered person will *not* be balanced billed by the provider for any charges above the contracted rate.

23. *Definitions* – The definitions in this section will be included, as applicable, to describe the methodology(ies) used in a policyholder's plan of benefits.
 - a. *Prevailing Charge Rates* –Either the reference to the "Prevailing HealthCare Charges System (PHCS)" or "Medical Data Research" database will print.

PLEASE NOTE: The references to "Ingenix" and "United Health Group", within the Prevailing Charge Rate definition, are the names of the company and parent company that currently manage the health care data in the Prevailing Health Care Charges System database and the Medical Data Research database. Earlier this year the New York Attorney General announced his intent to enter into an agreement with an academic institution to develop a new database, and very recently he announced the new company, (FAIR Health Inc.), and the members of the research network that will develop the new database. Aetna has agreed that it will use the new database, when it becomes available, for determining "prevailing charges". Aetna will update the Prevailing Charge Rates definition with this database and entity information once the new database is operational.

24. *Important Note* – These reminders are provided to call out important information for covered persons. They may be modified to add approved language from other areas of the policy. They may be moved to different areas of the policy or repeated. They may be omitted if determined not to be relevant to the plan purchased. The references to the methodologies, schedule, rates and table will print in accordance with the options included in a policyholder's plan.
25. *Additional Information* – When included, the name of the web site, tools within the web site and contact department may be changed.

ALIC Illustrative Sample-Medical #1

Recognized Charge

The **covered expense** is only the part of a charge which is the **recognized charge**.

As to medical, the **recognized charge** for each service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- for professional services and other services or supplies not mentioned below:
 - 100% of the **Aetna Out-of-Network Rate (AONR)** for the geographic area where the service is furnished.
- for charges of hospitals and other facilities:
 - 110% of the Medicare Allowable Rate for the geographic area where the service is furnished.

As to **prescription drug** expenses, the **recognized charge** for each service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- 100% of the **Average Wholesale Price (AWP)** or other similar resource. **Average Wholesale Price (AWP)** is the current average wholesale price of a **prescription drug** listed in the Facts and Comparisons weekly price updates (or any other similar publication chosen by **Aetna**).

If **Aetna** has an agreement with a provider (directly or through a third party) which sets the rate that **Aetna** will pay for a service or supply, then the **recognized charge** is the rate established in such agreement.

Aetna may also reduce the **recognized charge** by applying **Aetna Reimbursement Policies**. **Aetna Reimbursement Policies** address the appropriate billing of services, taking into account factors that are relevant to the cost of the service such as:

- the duration and complexity of a service;
- whether multiple procedures are billed at the same time, but no additional overhead is required;
- whether an assistant surgeon is involved and necessary for the service;
- if follow up care is included;
- whether there are any other characteristics that may modify or make a particular service unique; and
- when a charge includes more than one claim line, whether any services described by a claim line are part of or incidental to the primary service provided.

Aetna Reimbursement Policies are based on **Aetna's** review of: the policies developed for Medicare; the generally accepted standards of medical and dental practice, which are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community or which is otherwise consistent with physician or dental specialty society recommendations; and the views of physicians and dentists practicing in the relevant clinical areas. **Aetna** uses a commercial software package to administer some of these policies.

As used above, Medicare Allowable Rates, **Aetna Out-of-Network Rates (AONR)**, and Prevailing Charge Rates are defined as follows:

Aetna Out-of-Network Rates (AONR): **Aetna's** standard rates used to begin contract negotiations with providers who participate in our network. There are separate AONR standard rates for each geographic area. The **recognized charge** is based on the AONR standard rates for the geographic area in which the covered person receives the service or supply. For geographic areas in which **Aetna** does not maintain these standard rates, AONR shall equal 110% of the Medicare Allowable Rates.

Medicare Allowable Rates: Except as specified below, these are the rates established and periodically updated by The Centers for Medicare and Medicaid Services (CMS) for payment for services and supplies provided to Medicare enrollees. **Aetna** updates its systems with these revised rates within 180 days of receiving them from CMS. If Medicare does not have a rate for a particular service, the rate will be based on the same method that CMS uses to set Medicare rates.

Exceptions:

1. For inpatient services, the Medicare Allowable Rate excludes amounts CMS allocates for Operating Indirect Medical Education (IME) and Direct Graduate Medical Education (DGME) or for other payments which CMS may make directly to hospitals.
2. For professional behavioral health services, the allowable rate will be a percentage of the otherwise applicable Medicare Allowable Rate for the following types of providers: physicians – 100%; clinical psychologists – 80%; social workers – 60%.

Prevailing Charge Rates: These are rates reported by Ingenix, a United Health Group subsidiary, in the Medical Data Research (MDR) database, which is compiled from information that **Aetna** and other insurers submit to Ingenix. Ingenix reviews and, if necessary, changes these rates periodically. **Aetna** updates its systems with these changes within 180 days after receiving them from Ingenix.

Important Note

Aetna periodically updates its systems with changes made to the **Aetna** Out-of-Network Rates (AONR), Medicare Allowable Rates and Prevailing Charge Rates.

What this means to you is that the **recognized charge** is based on the version of the rates that is in use by **Aetna** on the date that the service or supply was provided.

Additional Information

Aetna's website aetna.com may contain additional information which may help you determine the cost of a service or supply. Log on to **Aetna** Navigator to access the "Estimate the Cost of Care" feature. Within this feature, view our "Cost of Care" and "Member Payment Estimator" tools, or contact our Customer Service Department for assistance.

ALIC Illustrative Sample #2

Recognized Charge

The **covered expense** is only the part of a charge which is the **recognized charge**.

As to health expenses, the **recognized charge** for each service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- for professional services and other services or supplies not mentioned below:
 - 100% of the **Aetna Out-of-Network Rate (AONR)** for the geographic area where the service is furnished.

As to **prescription drug** expenses, the **recognized charge** for each service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- 100% of the **Average Wholesale Price (AWP)** or other similar resource. **Average Wholesale Price (AWP)** is the current average wholesale price of a **prescription drug** listed in the Facts and Comparisons weekly price updates (or any other similar publication chosen by **Aetna**).

If **Aetna** has an agreement with a provider (directly or through a third party) which sets the rate that **Aetna** will pay for a service or supply, then the **recognized charge** is the rate established in such agreement.

Aetna may also reduce the **recognized charge** by applying **Aetna Reimbursement Policies**. **Aetna Reimbursement Policies** address the appropriate billing of services, taking into account factors that are relevant to the cost of the service such as:

- the duration and complexity of a service;
- whether multiple procedures are billed at the same time, but no additional overhead is required;
- whether an assistant surgeon is involved and necessary for the service;
- if follow up care is included;
- whether there are any other characteristics that may modify or make a particular service unique; and
- when a charge includes more than one claim line, whether any services described by a claim line are part of or incidental to the primary service provided.

Aetna Reimbursement Policies are based on **Aetna's** review of: the policies developed for Medicare; the generally accepted standards of medical and dental practice, which are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community or which is otherwise consistent with physician or dental specialty society recommendations; and the views of physicians and dentists practicing in the relevant clinical areas. **Aetna** uses a commercial software package to administer some of these policies.

As used above, Medicare Allowable Rates and **Aetna Out-of-Network Rates (AONR)** are defined as follows:

Aetna Out-of-Network Rates (AONR): **Aetna's** standard rates used to begin contract negotiations with providers who participate in our network. There are separate AONR standard rates for each geographic area. The **recognized charge** is based on the AONR standard rates for the geographic area in which the covered person receives the service or supply. For geographic areas in which **Aetna** does not maintain these standard rates, AONR shall equal 110% of the Medicare Allowable Rates.

Medicare Allowable Rates: Except as specified below, these are the rates established and periodically updated by The Centers for Medicare and Medicaid Services (CMS) for payment for services and supplies provided to Medicare enrollees. **Aetna** updates its systems with these revised rates within 180 days of

receiving them from CMS. If Medicare does not have a rate for a particular service, the rate will be based on the same method that CMS uses to set Medicare rates.

Exceptions:

1. For inpatient services, the Medicare Allowable Rate excludes amounts CMS allocates for Operating Indirect Medical Education (IME) and Direct Graduate Medical Education (DGME) or for other payments which CMS may make directly to hospitals.
2. For professional behavioral health services, the allowable rate will be a percentage of the otherwise applicable Medicare Allowable Rate for the following types of providers: physicians – 100%; clinical psychologists – 80%; social workers – 60%.

Important Note

Aetna periodically updates its systems with changes made to the **Aetna** Out-of-Network Rates (AONR) and Medicare Allowable Rates.

What this means to you is that the **recognized charge** is based on the version of the rates that is in use by **Aetna** on the date that the service or supply was provided.

Additional Information

Aetna's website aetna.com may contain additional information which may help you determine the cost of a service or supply. Log on to **Aetna** Navigator to access the "Estimate the Cost of Care" feature. Within this feature, view our "Cost of Care" and "Member Payment Estimator" tools, or contact our Customer Service Department for assistance.

Illustrative Sample- Dental #3

Recognized Charge

The **covered expense** is only the part of a charge which is the **recognized charge**.

As to dental expenses, the **recognized charge** for a service or supply is the lesser of:

- What the provider bills or submits for that service or supply; and
- 100% of the Dental Fee Schedule Rate (DFSR) for the geographic area where the service is furnished.

If **Aetna** has an agreement with a provider (directly or through a third party) which sets the rate that **Aetna** will pay for a service or supply, then the **recognized charge** is the rate established in such agreement.

Aetna may also reduce the **recognized charge** by applying **Aetna** Reimbursement Policies. **Aetna** Reimbursement Policies address the appropriate billing of services, taking into account factors that are relevant to the cost of the service such as:

- the duration and complexity of a service;
- whether multiple procedures are billed at the same time, but no additional overhead is required;
- whether an assistant surgeon is involved and necessary for the service;
- if follow up care is included;
- whether there are any other characteristics that may modify or make a particular service unique; and
- when a charge includes more than one claim line, whether any services described by a claim line are part of or incidental to the primary service provided.

Aetna Reimbursement Policies are based on **Aetna's** review of the generally accepted standards of medical and dental practice, which are based on credible scientific evidence published in peer-reviewed literature generally recognized by the relevant medical or dental community or which is otherwise consistent with physician or dental specialty society recommendations; and the views of physicians and dentists practicing in the relevant clinical areas. **Aetna** uses a commercial software package to administer some of these policies.

As used above, Dental Fee Schedule Rates (DFSR) is defined as follows:

Dental Fee Schedule Rates (DFSR): The schedule of rates developed by **Aetna** using **Aetna** data or experience for out of network dental services and supplies provided in the geographic area in which the covered person receives the service or supply. For purposes of this definition "geographic area" means an expense area grouping defined as either:

- the first three digits of the U.S. Postal Service zip codes; or
- a geographic area with similar demographic data or experience.

Aetna reviews and, if necessary, adjusts this schedule periodically.

Important Note

Aetna periodically updates its systems with changes made to the Dental Fee Schedule Rates (DFSR).

What this means to you is that the **recognized charge** is based on the version of the schedule or rates that is in use by **Aetna** on the date that the service or supply was provided.

Additional Information

Aetna's website aetna.com may contain additional information which may help you determine the cost of a service or supply. Log on to **Aetna** Navigator to access the "Estimate the Cost of Care" feature. Within this feature, view our "Cost of Care" and "Member Payment Estimator" tools, or contact our Customer Service Department for assistance.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

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 checked="" 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	AR040080100002
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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	H16I Individual Health - Major Medical
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10. Product Coding Matrix Filing Code	H16I.005C Individual - Other
---------------------------------------	------------------------------

11. Submitted Documents	<input type="checkbox"/> FORMS <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"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <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: _____
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12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	<p>The policy amendment forms include an updated version of Aetna's Recognized Charge definition. This definition will provide Aetna with additional flexibility to structure the plans of benefits that it sells in the individual health insurance market to include alternative methods of calculating reimbursement levels for health care coverage based upon the type of coverage, services, supplies and charges. Additionally, in the interest of disclosure to policyholders and their dependents, Aetna has enhanced the definition to:</p> <ul style="list-style-type: none"> " include greater detail regarding the manner in which each methodology is calculated; " clarify the financial impact to insureds; and " add definitions of each of the data sources for the charge information, which includes information on the entity that creates the date source and the updating process for the data. 	

16.	Certification (If required)	
<p>I HEREBY CERTIFY 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>		
Print Name <u>John Ciesielski</u>		Product and Regulatory Approvals Title <u>Manager</u>
Signature <u>John W Ciesielski</u>		Date <u>March 7, 2011</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AR040080100002	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Medical IVL Direct Recognized Charge Policy Amendment	GR-96655-RC	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Dental IVL Direct Recognized Charge Policy Amendment	GR-96655-RC-D	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	