

SERFF Tracking Number: AMGN-127088299 State: Arkansas
 Filing Company: The United States Life Insurance Company in the State Tracking Number: 48292
 City of New York
 Company Tracking Number:
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Group Health
 Project Name/Number: ABS PPACA Endorsment/

Filing at a Glance

Company: The United States Life Insurance Company in the City of New York

Product Name: Group Health

SERFF Tr Num: AMGN-127088299 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved- State Tr Num: 48292
 Closed

Sub-TOI: H21.000 Health - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Maggie Sheehan

Reviewer(s): Rosalind Minor

Date Submitted: 03/21/2011

Disposition Date: 03/22/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ABS PPACA Endorsment

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 03/22/2011

State Status Changed: 03/22/2011

Deemer Date:

Created By: Maggie Sheehan

Submitted By: Maggie Sheehan

Corresponding Filing Tracking Number:

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

PPACA Notes: null

Filing Description:

The United States Life Insurance Company in the City of New York (USL) wishes to submit the above referenced filing for your review and approval.

The purpose of the attached amendment is to bring our policies/certificates into compliance with the Patient Protection and Affordable Care Act (PPACA). This Amendment G-19912 applies to the previously approved G-19000/G-19001 series of forms.

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Variable text is set off by brackets and is variable to be included as shown, modified or omitted. Variables will be changed to fit the needs of the policyholder, specifically with respect to grandfathered versus non-grandfathered plans.

We certify that these amendments do not contain any additional modifications to the policy/certificates.

Company and Contact

Filing Contact Information

Maggie Sheehan, Analyst maggie.sheehan@aglife.com
 3600 Route 66 732-922-7688 [Phone]
 Neptune, NJ 07754 732-922-5593 [FAX]

Filing Company Information

The United States Life Insurance Company in the City of New York CoCode: 70106 State of Domicile: New York
 830 Third Avenue Group Code: 12 Company Type:
 7th Floor Group Name: AIG State ID Number:
 New York, NY 10022 FEIN Number: 13-5459480
 (713) 831-3508 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The United States Life Insurance Company in the City of New York	\$50.00	03/21/2011	45801292

SERFF Tracking Number: AMGN-127088299 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/22/2011	03/22/2011

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Disposition

Disposition Date: 03/22/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMGN-127088299 State: Arkansas

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Company Tracking Number:

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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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	PPACA Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: G-19912

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/22/2011	G-19912	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PPACA Amendment	Initial		0.000	Endorsement. pdf

AMENDMENT

Underwritten by:

THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK

(Herein called the Company)

Group Catastrophic Major Medical Insurance

This Amendment is attached to and made part of the Policy or Certificate effective [September 23, 2010 at 12:01 AM, Standard Time]. Any changes in coverage apply only with respect to covered losses that occur on or after that date.

The Policy or Certificate to which this amendment is attached is amended as described below:

(1) Any provision of the Policy/Certificate that indicates that a dependent child's eligibility for coverage is based on any factor other than the relationship between the child and an individual covered under the Policy/Certificate for a child under the age of 26 is deleted. Any requirement that such a child be financially dependent on an individual covered under the Policy/Certificate, that the child share a residence with an individual covered under the Policy/Certificate, that the child meet certain student status requirements, that the child be unmarried or not in a Domestic or Civil Union Partnership, [that the child not be eligible for other coverage] or that the child not be employed is deleted.

[For plan years beginning before January 1, 2014, any requirement that the adult child not be eligible for other coverage, is amended to apply only if the adult child is eligible to enroll in an eligible employer-sponsored health plan, as defined in section 5000A(f)(2) of the Internal Revenue Code, other than a group health plan of a parent.]

Any provision of the Policy/Certificate that indicates that the coverage of a dependent child under the age of 26 will terminate when the child marries or enters into a Domestic or Civil Union Partnership, ceases to be financially dependent on an individual covered under the Policy/Certificate, ceases to share a residence with an individual covered under the Policy/Certificate, ceases to be a full-time or part-time student, [is eligible for other coverage] becomes employed full-time or part-time, or reaches age under 26 is deleted.

[For plan years beginning before January 1, 2014, any provisions of the Policy/Certificate that indicates that coverage of the child will cease due to eligibility of the child for other coverage, is revised to provide that termination of coverage will occur only if the adult child is eligible to enroll in an eligible employer-sponsored health plan, as defined in section 5000A(f)(2) of the Internal Revenue Code, other than a group health plan of a parent. For plan years beginning on or after January 1, 2014, any provisions of the Policy/Certificate that indicates that coverage of the adult child will cease due to eligibility of the adult child for other coverage is deleted.]

Any dependent child limiting age of less than 26 in the Policy/Certificate is replaced with the age of 26.

Any provision of the Policy/Certificate that defines or describes which children are eligible for coverage under the Policy/Certificate is revised to include a child who has not attained the child's 26th birthday irrespective of the child's:

- (a) financial dependency on the individual covered under the Policy/Certificate;
- (b) Martial or Civil Union/Domestic Partner status;
- (c) Residency with an individual covered under the Policy/Certificate;
- (d) Student status;
- (e) Employment;
- [(f) Eligibility for other coverage; or**
- (g)] Satisfaction of any combination of the above factors.**

The Policy/Certificate is amended to provide coverage from the first day of the first policy year occurring on or after September 23, 2010, if a child meets all of the following:

- (a) The child is terminated from coverage previously due to failure to satisfy the child definition of the Policy/Certificate or the child was prohibited from enrolling under the Policy/Certificate due to failure to meet the child definition in the Policy/Certificate.
- (b) The child is eligible for coverage based on the terms of this Amendment; and
- (c) The child enrolls during the first 30 days of the first policy year occurring on or after September 23, 2010.

(2) Any lifetime dollar limit on any essential health benefit in the Policy/Certificate is deleted.

The Policy/Certificate is amended to provide that if an individual's coverage under the Policy/Certificate had terminated due to reaching a lifetime dollar limit, the individual may enroll during the first 30 days of a plan year that begins on or after September 23, 2010, and coverage will begin on the first day of the plan year that begins on or after September 23, 2010.

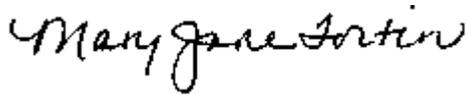
"Essential health benefits" has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

(3) Any provision of the Policy/Certificate that describes the right of the insurer to rescind or void the Policy/Certificate or to rescind the coverage of an individual under the Policy/Certificate is amended to permit the insurer to rescind or void the entire Policy/Certificate or the coverage of an individual only if (1) the individual (or a person seeking coverage on behalf of the individual) performs an act, practice, or omission that

constitutes fraud; or (2) the individual (or a person seeking coverage on behalf of the individual) makes an intentional misrepresentation of material fact. Any provision of the Policy/Certificate that describes notice of rescission of coverage and that provides less than 30-days advance written notice of rescission is amended to provide 30-days advance written notice of any rescission of coverage.

This Amendment is part of the Policy/Certificate. Except as stated above, nothing in this Amendment changes or affects any other terms of the Policy/Certificate.

The President and Secretary of The United States Life Insurance Company in the City of New York witness this Amendment:



President



Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	03/22/2011
Comments:			
Attachment:			
	AR LH214AR_112805.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	03/22/2011
Bypass Reason:	N/A this is not a policy filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	03/22/2011
Bypass Reason:	N/A This is not an individual health product filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	03/22/2011
Bypass Reason:	N/A this is not an individual health product filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	03/22/2011
Comments:			
Attachment:			

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

Insurer: The United States Life Insurance Company in the City of New York

Form Number(s): G-19912

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



Signature of Company Officer

Keith Coleman

Name

Assistant Secretary

Title

3/18/2011

Date

PPACA Uniform Compliance Summary

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

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

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

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

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
United States Life Insurance Company in the City of New York	70106		G-19000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PPACA Uniform Compliance Summary

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

PPACA Uniform Compliance Summary

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

PPACA Uniform Compliance Summary

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

PPACA Uniform Compliance Summary

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.
	Explanation: N/A the policy does not have pre-existing condition provision			
	Page Number:			
H16G	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.
	Explanation: N/A the policy does not contain annual dollar limits			
	Page Number:			
H16G	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation:			
	Page Number: 2			
H16G	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation:			
	Page Number: 2-3			

PPACA Uniform Compliance Summary

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services Explanation: N/A Page Number:	[Section 2713 of the PHSA/Section 1001 of the PPACA]	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.
H16G	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇ Explanation: Page Number: 1-2	[Section 2714 of the PHSA/Section 1001 of the PPACA]	<input checked="" type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: N/A Page Number:	[Section 2719 of the PHSA/Section 1001 of the PPACA]	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation: N/A</p> <p>Page Number:</p>	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation: N/A</p> <p>Page Number:</p>	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation: N/A</p> <p>Page Number:</p>	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.