

SERFF Tracking Number: MUTM-127032364 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 48044  
Company Tracking Number: ELLEN GRADY  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
Product Name: 2011 Post Injury Concussion Mgmt Rider - 4YD6M  
Project Name/Number: 2011 Post Injury Concussion Mgmt Rider/4YD6M

## Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2011 Post Injury Concussion Mgmt Rider - 4YD6M  
SERFF Tr Num: MUTM-127032364 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness  
SERFF Status: Closed-Approved-Closed State Tr Num: 48044

Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
Co Tr Num: ELLEN GRADY State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Disposition Date: 03/01/2011

Authors: Mary Cleasby, Shelly Kaipust, June Rodgers, Mary Gregg, Gilbert Burket, Krysia Gannon, Melanie Worth, Kristin Miller, Lisa Koch, Ellen Grady  
Date Submitted: 02/22/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2011 Post Injury Concussion Mgmt Rider

Project Number: 4YD6M

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Blanket

Filing Status Changed: 03/01/2011

State Status Changed: 03/01/2011

Created By: Krysia Gannon

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/18/2011

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Mary Gregg

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RE: Mutual of Omaha Insurance Company  
NAIC #: 261-71412 FEIN: 47-0246511  
Blanket Accident Coverage  
4YD6M Post Injury Concussion Management Benefit Rider

Please find Rider 4YD6M attached for filing with your department. This form is new and is not intended to replace any previously-approved forms. This form contains no unusual or controversial items according to normal company and industry standards. To the best of my knowledge, this form complies with all of your applicable statutes.

This rider provides medical expense benefits for post-injury concussion assessment. It will be used with policy T5MP - Series 6663S, which was approved by your department on May 1, 1984. This rider is being filed for blanket coverage only, and will be marketed through agents and brokers.

Nebraska, our state of domicile, approved a substantially similar form on February 18, 2011.

The Flesch score for this form is 50.6.

Your review and approval of this submission will be greatly appreciated. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Melanie Worth  
Senior Product and Advertising Compliance Analyst  
Corporate Compliance and Ethics Division  
Phone: 402-351-4260  
Fax: 402-351-5298  
E-mail: [Melanie.Worth@mutualofomaha.com](mailto:Melanie.Worth@mutualofomaha.com)

## Company and Contact

### Filing Contact Information

Ellen Grady, Product & Advertising Compliance  
Analyst  
[ellen.grady@mutualofomaha.com](mailto:ellen.grady@mutualofomaha.com)  
Mutual Of Omaha 402-351-2484 [Phone]  
Mutual of Omaha Plaza 402-351-5298 [FAX]  
Omaha, NE 68175

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**Filing Company Information**

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6910 ext. [Phone]	FEIN Number: 47-0246511	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	02/22/2011	44920994

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/01/2011	03/01/2011

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## Disposition

Disposition Date: 03/01/2011

Implementation Date:

Status: Approved-Closed

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	Actuarial Memorandum	Approved-Closed	No
<b>Form</b>	Post Injury Concussion Management Benefit Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: 4YD6M

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/01/2011	4YD6M	Policy/Cont ract/Fratern al	Post Injury Concussion Management Benefit Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	4YD6M Post Injury Concussion Mgmt Benefit Rider.pdf

# MUTUAL OF OMAHA INSURANCE COMPANY

## Post Injury Concussion Management Benefit

This rider is made a part of the policy or certificate to which it is attached. It is subject to all parts of your policy or certificate not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy or certificate, this rider will control.

Rider Date (same as the Policy or Certificate Date if no date is shown)

Rider Premium (included in the policy or certificate premium if no amount is shown) \$ \_\_\_\_\_

### DEFINITIONS

"Concussion" means an injury to the head that results in a temporary loss of brain function.

"Legally Qualified Physician" means a physician:

- (a) other than the Insured;
- (b) practicing within the scope of his or her license; and
- (c) recognized as a physician in the state where the services are rendered.

"Post Injury Concussion Testing" means an assessment to evaluate brain function following a Concussion for the purpose of clinical management of the Concussion.

### BENEFITS

We will pay for Post Injury Concussion Testing up to the maximum benefit amount shown in the Plan of Insurance.

### CONDITIONS

Post Injury Concussion Testing must be:

- (a) compared against a prior established baseline test;
- (b) related to a covered injury to the head;
- (c) performed within 30 days of the injury;
- (d) recommended by a Legally Qualified Physician; and
- (e) administered by a medically recognized concussion testing program.

### EXCLUSIONS AND LIMITATIONS

This rider is subject to the Exclusions and Limitations of the Insuring Provision(s) and Benefit Provision(s) applicable to the Insured.

Mutual of Omaha Insurance Company



Corporate Secretary

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	03/01/2011
<b>Comments:</b>			
<b>Attachment:</b>			
AR Read Cert.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	03/01/2011
<b>Bypass Reason:</b>	Not applicable for this filing.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	03/01/2011
<b>Bypass Reason:</b>	Not applicable for this filing.		
<b>Comments:</b>			

**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
4YD6M	Post Injury Concussion Management Benefit Rider	50.6 *

\*This score was achieved by removing language or terminology entitled to be excepted by your state's readability regulation.

Date: February 22, 2011



Daniel J. Kennelly  
Vice President , Chief Compliance and Ethics Officer