

SERFF Tracking Number: AMRP-127127879 State: Arkansas  
Filing Company: American Republic Insurance Company State Tracking Number: 48497  
Company Tracking Number:  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
Product Name: WIC MMR Mandated Benefits Rider  
Project Name/Number: WIC MMR Mandated Benefits Rider/R4800W-AR (4-11)

## Filing at a Glance

Company: American Republic Insurance Company

Product Name: WIC MMR Mandated Benefits Rider SERFF Tr Num: AMRP-127127879 State: Arkansas

Rider

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 48497  
Closed

Sub-TOI: H16G.001A Any Size Group - PPO Co Tr Num: State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Susan Falk, Sarah Shives, Disposition Date: 04/20/2011

Jamie Mueller, Michele Kulish

Danielson, Colletta Maddy

Date Submitted: 04/14/2011 Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: WIC MMR Mandated Benefits Rider

Project Number: R4800W-AR (4-11)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size: Small and Large

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Previous Filing Number: AMRP-125470057

Group Market Type: Association, Non Employer  
Group

Overall Rate Impact:

Filing Status Changed: 04/20/2011

State Status Changed: 04/20/2011

Deemer Date:

Created By: Colletta Maddy

Submitted By: Colletta Maddy

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We are submitting this mandated benefits rider, form R4800W-AR (4-11), for your Department's review. This rider was previously filed and approved under SERFF tracking number AMRP-125470057. We have updated this rider to include benefits for gastric pacemakers (see item #14), which is required pursuant to HB 1915.

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If you have any questions, please contact me at 1-800-641-0366, extension 4250, or by e-mail at colletta.maddy@americanenterprise.com.

Sincerely,

Colletta Maddy  
 Compliance Analyst

## Company and Contact

### Filing Contact Information

Colletta Maddy, colletta.maddy@americanenterprise.com  
 601 6th Ave. 515-245-4250 [Phone]  
 Des Moines, IA 50309

### Filing Company Information

American Republic Insurance Company CoCode: 60836 State of Domicile: Iowa  
 601 6th Ave Group Code: 3527 Company Type: Life Accident and  
 Health Insurance  
 Des Moines, IA 50309 Group Name: State ID Number:  
 (800) 987-8988 ext. [Phone] FEIN Number: 42-0113630

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Filing or review of life and health policy/contracts, endorsements, certificate, riders, applications or annuity forms, per form...\$50.00.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Republic Insurance Company	\$50.00	04/14/2011	46579615

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/20/2011	04/20/2011
Approved-Closed	Rosalind Minor	04/15/2011	04/15/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	State Mandated Benefits Rider	Colletta Maddy	04/20/2011	04/20/2011
Supporting Document	Flesch Certification	Colletta Maddy	04/20/2011	04/20/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Reopen Filing	Note To Reviewer	Colletta Maddy	04/15/2011	04/15/2011

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## Disposition

Disposition Date: 04/20/2011

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: AMRP-127127879 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document (revised)</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Flesch Certification	Replaced	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form (revised)</b>	State Mandated Benefits Rider	Approved-Closed	Yes
<b>Form</b>	State Mandated Benefits Rider	Replaced	Yes

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Comment:

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**Amendment Letter**

Submitted Date: 04/20/2011

**Comments:**

Thank you for reopening the filing. I have amended the form to add item #15; coverage for prostate cancer screenings. A new Flesch Score certification is also included.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
R4800W-AR (4-11)	Certificate Amendment, Mandated Insert Page, Benefits Endorsemen Rider t or Rider	State	Revised		AMRP-125470057	R4800W-AR	49.700	R4800W-AR (4-11) (State Mandated Benefits Rider).pdf

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Flesch Certification**

Comment:

FLESCH SCORE CERTIFICATION - R4800W.pdf

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**Note To Reviewer**

**Created By:**

Colletta Maddy on 04/15/2011 01:33 PM

**Last Edited By:**

Colletta Maddy

**Submitted On:**

04/15/2011 01:33 PM

**Subject:**

Request to Reopen Filing

**Comments:**

Thank you for your prompt review of the filing. I am requesting that this filing be reopened as I would like to add the mandated benefit for prostate cancer screening, as required by ACA § 83-79-1303.

Thank you for your consideration.

Sincerely,

Colletta Maddy  
Compliance Analyst

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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 04/20/2011	R4800W-AR (4-11)	Certificate	State Mandated Benefits Rider t, Insert Page, Endorsement or Rider	Revised	Replaced Form #: R4800W-AR Previous Filing #: AMRP-125470057	49.700	R4800W-AR (4-11) (State Mandated Benefits Rider).pdf



P. O. Box 14556, Des Moines, Iowa 50306-3556  
National Headquarters – Omaha, Nebraska  
Customer Service • 1-800-786-7557

## Arkansas

### State Mandated Benefits Rider

This rider is made a part of the Certificate to which it is attached. It is subject to all the provisions of the Certificate not in conflict with the provisions of this rider.

The provisions described in this rider are applicable when the Certificate, to which this rider is attached, is issued to residents of the state of Arkansas.

The following Covered Expenses are added to the Certificate:

1. General anesthesia and Hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in such facilities, if the Provider treating the Covered Person certifies that, because of the person's Age or condition or problem, Hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the patient is:
  - a. A child under 7 years of Age who is determined by 2 dentists to require, without delay, necessary dental Treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;
  - b. A Covered Person with a diagnosed serious mental or physical condition; or
  - c. A Covered Person with a significant behavioral problem as determined by the Covered Person's Physician.
2. Colorectal cancer examinations and laboratory tests for Covered Persons who are 50 years of Age or older; less than 50 years of Age and at high risk for colorectal cancer; and Covered Persons experiencing bleeding from the rectum or blood in the stool or a change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts more than 5 days.

Screening shall include the following examinations and laboratory tests: Annual fecal occult blood test utilizing the take-home sample method or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years; double contrast barium enema every 5 years; or a colonoscopy every 10 years.

3. Medically Necessary equipment, supplies, and services for the Treatment of Type I, Type II, and gestational diabetes when prescribed by a licensed Physician. Diabetes self-management training is also a benefit under this provision. Medically Necessary and Physician-prescribed diabetes self-management training is limited to 1 per lifetime.
4. Diabetes self-management training. Shall offer, in addition to the required 1 per lifetime training program, additional diabetes self-management training in the event the Physician prescribes Medically Necessary additional training because of a significant change in the Covered Person's symptoms or condition.
5. Postmastectomy care. Inpatient coverage for a period up to 48 hours following a mastectomy.
6. Mammography screening for the presence of occult breast cancer as follows:
  - a. For women 35 to 40 years of Age – a baseline mammogram;
  - b. For women 40 to 49 years of Age, inclusive, one mammogram every 1 to 2 years based on recommendation of the woman's Physician;
  - c. For women Age 50 and older – one mammogram each year or more frequent mammograms if recommended by the woman's Physician;
  - d. This covered expense is limited to not less than \$50 for each screening mammogram, which shall include payment for both the professional and technical components. In the case of Hospital Outpatient screening mammography, when there is a claim for the professional services separate from the claim for technical services, the claim for the professional component will not be less than 40% of the total fee.

7. Treatment of loss or impairment of speech or hearing. "Loss or impairment of speech or hearing" shall include those communicative disorders generally treated by a speech pathologist or audiologist licensed by the Board of Examiners in Speech-Language Pathology and Audiology and which fall within the scope of his or her area of certification. Coverage provided for loss or impairment of speech or hearing does not include hearing instruments or devices.
8. Child preventive health care services on a periodic basis. Such services shall include 20 visits at approximately the following Age intervals: birth; 2 weeks; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 2 years; 3 years; 4 years; 5 years; 6 years; 8 years; 10 years; 12 years; 14 years; 16 years; and 18 years. Services rendered during a periodic review shall only be covered to the extent that those services are provided by or under the supervision of a single Physician during the course of one visit. Benefits for immunization services are exempt from any Coinsurance, Deductible, Copayment or dollar limit of the certificate.

"Children's Preventive Health Care Services" means Physician-delivered or Physician-supervised services for covered dependent children from birth through Age 18, with periodic preventive care visits, including medical history, physical examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards.

9. Medical foods and low protein modified food products for the Medically Necessary Treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism when administered under the direction of a licensed Physician. The cost of the medical food or low protein modified food products for a Covered Person must exceed the income tax credit of \$2,400 per person per year.
10. Off-label prescription medication. Coverage for any drug approved by the United States Food and Drug Administration (FDA) for use in the Treatment of cancer, if the drug has been recognized as safe and effective for Treatment of that specific type of cancer in: The American Hospital Formulary Service drug information; The United States Pharmacopoeia dispensing information; or the drug has been recognized as safe and effective for Treatment of that specific type of cancer in 2 articles from medical literature that have not had their recognition of the drug's safety and effectiveness contradicted by clear and convincing evidence presented in another article from medical literature. Coverage includes Medically Necessary services associated with the administration of the drug, provided that such services are covered by the Certificate.
11. Reconstructive breast surgery following a mastectomy. Coverage provided for reconstruction of the breast on which the mastectomy has been performed as well as surgery and reconstruction of the nondiseased breast to produce a symmetrical appearance. We will also pay for prostheses and coverage of physical complications at all stages of a mastectomy, including lymphedemas. This benefit is subject to any Deductible, Copayment and Coinsurance amounts under the policy.
12. Medical Treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment will include both surgical and nonsurgical procedures. Coverage will be provided for Medically Necessary diagnosis and Treatment of these conditions whether they are the result of accident, trauma, congenital defect, developmental defect, or pathology. This coverage shall be the same as that provided for any other musculoskeletal disorder in the body and will be provided whether prescribed or administered by a Physician or dentist.
13. Medically Necessary care and Treatment of a newborn child(ren) in the same manner as such care and Treatment is provided to other Covered Persons. This coverage includes care and Treatment of: Illness; Injury; congenital defects; premature birth; hypothyroidism; phenylketonuria; galactosemia; tests for sickle-cell anemia; testing of newborn infants mandated by law; and routine nursery care and pediatric charges for a well newborn child not to exceed 5 full days in a Hospital nursery, or until the mother is discharged, whichever is the lesser period of time.

14. Coverage for gastric pacemakers. Eligible charges shall be based on medical necessity or Our coverage criteria for other medical services. This benefit is subject to any Deductible, Copayment and Coinsurance amounts under the Certificate.

“Gastric pacemaker” means a medical device that:

- A. Uses an external programmer and implanted electrical leads to the stomach; and
- B. Transmits low-frequency, high-energy electrical stimulation to the stomach to entrain and pace the gastric slow waves to treat gastroparesis.

15. Prostate Cancer Screening. Coverage includes benefits for at least one (1) screening per year for the early detection of prostate cancer in men 40 years of age and older according to the most current National Comprehensive Cancer Network guidelines. The coverage for prostate cancer screening is not subject to any policy deductible and shall not exceed the actual cost of the prostate cancer screening up to the usual and customary allowance per screening.



[Mary K. Durand]  
Secretary

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Rate data does NOT apply to filing.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> FLESCH SCORE CERTIFICATION - R4800W.pdf	Approved-Closed	04/20/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable. <b>Comments:</b>	Approved-Closed	04/15/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> Not applicable. <b>Comments:</b>	Approved-Closed	04/15/2011

## FLESCH SCORE CERTIFICATION

I certify that the form below achieved the score indicated:

**Form Number**

R4800W-AR (4-11)

**Flesch Score**

49.7

A handwritten signature in black ink that reads "Michael C. Fitzgerald". The signature is written in a cursive style with a long horizontal flourish at the end.

Michael C. Fitzgerald  
VP and General Counsel

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/14/2011	Form	State Mandated Benefits Rider	04/20/2011	R4800W-AR (4-11) (State Mandated Benefits Rider).pdf (Superseded)
04/14/2011	Supporting Document	Flesch Certification	04/20/2011	WIC FLESCH SCORE CERTIFICATION.pdf (Superseded)



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National Headquarters – Omaha, Nebraska  
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## Arkansas

### State Mandated Benefits Rider

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Mary K. Durand  
Secretary

## FLESCH SCORE CERTIFICATION

I certify that the form below achieved the score indicated:

**Form Number**

R4800W-AR (4-11)

**Flesch Score**

49.1

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Michael C. Fitzgerald  
VP and General Counsel