

SERFF Tracking Number: AMRP-127128676 State: Arkansas  
 Filing Company: American Republic Insurance Company State Tracking Number: 48501  
 Company Tracking Number: M1464A  
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
 Product Name: ARIC Mandated Benefits Endorsement  
 Project Name/Number: ARIC Mandated Benefits Endorsement/M1464A

## Filing at a Glance

Company: American Republic Insurance Company

Product Name: ARIC Mandated Benefits SERFF Tr Num: AMRP-127128676 State: Arkansas

Endorsement

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 48501  
 Closed

Sub-TOI: H16I.005C Individual - Other Co Tr Num: M1464A State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Susan Falk, Sarah Shives, Disposition Date: 04/19/2011

Jamie Mueller, Michele Kulish

Danielson, Colletta Maddy

Date Submitted: 04/15/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: ARIC Mandated Benefits Endorsement

Project Number: M1464A

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Colletta Maddy

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We are submitting form M1464A-AR for your review and approval. The purpose of this filing is to amend our AR-issued individual Major Medical policies to provide coverage for gastric pacemakers, which is required pursuant to HB 1915. The endorsement also specifies that coverage is provided for prostate cancer screenings in accordance with 23-79-1303.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 04/19/2011

State Status Changed: 04/19/2011

Created By: Colletta Maddy

Corresponding Filing Tracking Number:

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The form is in final print subject only to minor modification in paper size, stock, color, border, font, company logo and adaptation to computer printing.

We hope this filing meets your approval. If you have any questions, please contact me at 1-800-641-0366, extension 4250.

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	04/15/2011	46608232

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*Company Tracking Number:*      *M1464A*  
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*Product Name:*              *ARIC Mandated Benefits Endorsement*  
*Project Name/Number:*      *ARIC Mandated Benefits Endorsement/M1464A*

## **Correspondence Summary**

### **Dispositions**

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	04/19/2011	04/19/2011

### **Amendments**

<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Form	Mandated Benefit Endorsement	Colletta Maddy	04/15/2011	04/15/2011

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## Disposition

Disposition Date: 04/19/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

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>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form (revised)</b>	Mandated Benefit Endorsement	Approved-Closed	Yes
<b>Form</b>	Mandated Benefit Endorsement	Replaced	Yes

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**Amendment Letter**

Submitted Date: 04/15/2011

**Comments:**

I have amended the form to place brackets around the name of our company's secretary to show that this is variable material.

**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
M1464A-AR	Policy/Contr	Mandated act/Fraternal Benefit Certificate: Endorsement, t	Initial				45.000	M1464A-AR.pdf

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## Form Schedule

### Lead Form Number: M1464A-AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/19/2011	M1464A-AR	Policy/Cont Mandated Benefit ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.000	M1464A-AR.pdf



## ENDORSEMENT

The policy to which this Endorsement is attached is amended as follows:

The following benefit is added to the Eligible Expenses section of this coverage:

**Gastric Pacemaker.** We will pay benefits for expenses incurred for a gastric pacemaker for a Covered Person. 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 Policy.

“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.

**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.

All other provisions of the coverage to which this Endorsement is attached remain unchanged.

[Mary K. Durand]  
Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	04/19/2011
<b>Comments:</b>		
<b>Attachment:</b>		
FLESCH SCORE CERTIFICATION - M1464A-AR.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	04/19/2011
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	04/19/2011
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	04/19/2011
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	04/19/2011
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

## FLESCH SCORE CERTIFICATION

I certify that the form below achieved the score indicated:

**Form Number**

M1464A-AR

**Flesch Score**

45



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)
04/15/2011	Form	Mandated Benefit Endorsement	04/15/2011	M1464A-AR.pdf (Superseded)



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Secretary