

SERFF Tracking Number: ANTX-127113576 State: Arkansas  
 Filing Company: American National Life Insurance Company of Texas State Tracking Number: 48422  
 Company Tracking Number:  
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only  
 Expense  
 Product Name: Autism Amendment  
 Project Name/Number: /

## Filing at a Glance

Company: American National Life Insurance Company of Texas

Product Name: Autism Amendment SERFF Tr Num: ANTX-127113576 State: Arkansas  
 TOI: H15G Group Health - SERFF Status: Closed-Approved- State Tr Num: 48422  
 Hospital/Surgical/Medical Expense Closed  
 Sub-TOI: H15G.002 Large Group Only Co Tr Num: State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Author: Deborah Biediger Disposition Date: 04/12/2011  
 Date Submitted: 04/06/2011 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: Arkansas state mandated coverage not applicable in any other state.  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Large  
 Group Market Type: Association Overall Rate Impact:  
 Filing Status Changed: 04/12/2011  
 State Status Changed: 04/12/2011 Deemer Date:  
 Created By: Deborah Biediger Submitted By: Deborah Biediger  
 Corresponding Filing Tracking Number:  
 PPACA: Not PPACA-Related  
 PPACA Notes: null  
 Filing Description:  
 In compliance with HB 1315, effective 10/01/11, we are filing an amendment to our affected out of state group association plans adding the mandated autism coverage. Rates are unaffected by the addition of this mandate.

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## Company and Contact

### Filing Contact Information

Deborah Biediger, Compliance Analyst      deborah.biediger@anico.com  
 One Moody Plaza SSH MP, Ste. 200      281-538-4838 [Phone]  
 Galveston, TX 77550      409-766-2024 [FAX]

### Filing Company Information

American National Life Insurance Company of Texas      CoCode: 71773      State of Domicile: Texas  
 One Moody Plaza, SSH MP, Ste.200      Group Code: -99      Company Type: Health Insurance  
 Galveston, TX 77550      Group Name:      State ID Number:  
 (281) 538-4842 ext. [Phone]      FEIN Number: 75-1016594

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Life Insurance Company of Texas	\$100.00	04/06/2011	46319005

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/12/2011	04/12/2011

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## Disposition

Disposition Date: 04/12/2011

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	No
<b>Supporting Document</b>	Application	Approved-Closed	No
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	No
<b>Form</b>	AMENDMENT FOR ARKANSAS RESIDENTS	Approved-Closed	No

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## Form Schedule

### Lead Form Number: ANL-AutAmend (AR)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/12/2011 (AR)	ANL-AutAmend (AR)	Policy/Contract	AMENDMENT FOR Fraternal RESIDENTS Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			ANL-AutAmend (AR).pdf

**AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS  
HOME OFFICE: ONE MOODY PLAZA  
GALVESTON, TEXAS 77550**

**AMENDMENT FOR ARKANSAS RESIDENTS**

The Policy or Certificate to which this Amendment is attached is hereby revised as follows. This Amendment applies to a Covered Person who is a resident of Arkansas on the Policy Date and on the date a claim is incurred. This Amendment is effective on the latter of the Policy or Certificate Date or the Effective Date, shown below. This Amendment is subject to all provisions, terms, definitions, and limitations of the Policy, which do not conflict with the provisions of this Amendment.

**Effective October 1, 2011, the following is added:**

The following definitions apply to the Autism Spectrum Disorders benefit:

Autism Spectrum Disorders - Any of the pervasive developmental disorders as defined by the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders", including:

1. Autistic disorder;
2. Asperger's disorder; and
3. Pervasive developmental disorder not otherwise specified.

Applied Behavior Analysis – The design, implementation, and evaluation of environmental modifications by a board-certified behavior analyst using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

Autism services provider – A person, entity, or group that provides diagnostic evaluations and treatment of autism spectrum disorders, including licensed physicians, licensed psychiatrists, licensed speech therapists, licensed occupational therapists, licensed physical therapists, licensed psychologists, and board-certified behavior analysts.

Board-certified behavior analyst – An individual certified by the nationally accredited Behavior Analyst Certification Board, a nationally accredited nongovernmental agency that certifies individuals who have completed academic, examination, training, and supervision requirements in applied behavior analysis.

Diagnosis – Medically necessary assessment, evaluations, or tests to diagnose whether or not an individual has an autism spectrum disorder. Diagnostic evaluations do not need to be completed concurrently to diagnosis autism spectrum disorder.

Evidence-based treatment – Treatment subject to research that applies rigorous, systematic, and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

Medically necessary – Reasonably expected to do the following:

1. Prevent the onset of an illness, condition, injury or disability;
2. Reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; or
3. Assist to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and the functional capacities that are appropriate for individuals of the same age;

Pharmacy care - Medications prescribed by a licensed physician and any health-related services deemed medically necessary to determine the need or effectiveness of the medications.

Psychiatric care – Direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

Psychological care - Direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

Therapeutic care – Services provided by licensed speech therapists, occupational therapists, or physical therapists.

## BENEFIT

Reasonable and Customary Charges for treatment of Autism Spectrum Disorders for a dependent child covered by the Policy who is less than eighteen (18) years of age. This treatment includes the following care prescribed, provided, or ordered for a specific individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary and evidence-based including without limitation:

1. Applied behavior analysis when provided by or supervised by a Board Certified Behavior Analyst;
2. Pharmacy care;
3. Psychiatric care;
4. Psychological care;
5. Therapeutic care; and
6. Equipment determined necessary to provide evidence-based treatment; and
7. Any care for an individual with autism spectrum disorder that is determined by a licensed physician to be:
  - a. Medically necessary; and
  - b. Evidence based.

Applied behavior analysis services will:

1. Have an annual limitation of fifty thousand dollars (\$50,000); and
2. Be limited to children under eighteen (18) years of age.

Coverage is not subject to:

1. Any limits on the number of visits an individual may make to an autism services provider; or
2. Dollar limits, deductibles or coinsurance provisions that are less favorable than those applicable to illnesses in general under the Policy.

The Company will not request reviews of the medical necessity of treatment for Autism Spectrum Disorders to a greater extent than it does for other illnesses.

Except as stated in this Amendment, nothing contained in this Amendment will be held to change, waive or extend any provisions of the Policy or Certificate. This Amendment expires when coverage under the Policy or Certificate expires, unless while coverage under the Policy or Certificate is still in force, a Covered Person(s) moves to a state other than Arkansas. In such case, this Amendment terminates for such Covered Person(s) as of the next premium due date after the change of residency.

Signed on behalf of American National Life Insurance Company of Texas at Galveston, Texas.



Secretary

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	04/12/2011
<b>Comments:</b>	FLESCH certification		
<b>Attachment:</b>	READ - antex.pdf		
<b>Bypassed - Item:</b>	Application	Approved-Closed	04/12/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	04/12/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS  
ONE MOODY PLAZA  
GALVESTON, TEXAS

READABILITY CERTIFICATION

We hereby certify that form(s) ANL-AutAmend (AR) has achieved a Flesch scale readability score that meets the minimum reading ease score as required by the state of Arkansas.

A handwritten signature in cursive script, appearing to read "James P. Stelling", is written over a horizontal line.

James P. Stelling  
Vice President , Health Compliance

Date: April 6, 2011