

SERFF Tracking Number: ASWX-G127162702 State: Arkansas  
 Filing Company: Time Insurance Company State Tracking Number: 48737  
 Company Tracking Number: AR01378FI00019  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Time Insurance Health Care Reform Filings  
 Project Name/Number: Time Insurance Health Care Reform Filings/AR01378FI00019

## Filing at a Glance

Company: Time Insurance Company

Product Name: Time Insurance Health Care Reform Filings SERFF Tr Num: ASWX-G127162702 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved-Closed State Tr Num: 48737

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: AR01378FI00019 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: SPI Disposition Date: 05/12/2011

AssurantHealthandEmployeeBenef

Date Submitted: 05/10/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 06/07/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: Time Insurance Health Care Reform Filings

Project Number: AR01378FI00019

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AssurantHealthandEmployeeBenef

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

PPACA Notes: null

Filing Description:

Please see attached cover letter.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/12/2011

State Status Changed: 05/12/2011

Created By: SPI

AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

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Christine Fleming, Senior Contract Compliance christine.fleming@assurant.com  
 Analyst

501 W. Michigan St. 414-299-1306 [Phone] 1306 [Ext]  
 Milwaukee, WI 53203 414-299-6168 [FAX]

**Filing Company Information**

Time Insurance Company	CoCode: 69477	State of Domicile: Wisconsin
501 W. Michigan St.	Group Code: 19	Company Type:
Milwaukee, WI 53203	Group Name:	State ID Number:
(800) 800-1212 ext. [Phone]	FEIN Number: 39-0658730	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Time Insurance Company	\$100.00	05/10/2011	47432271

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2011	05/12/2011

*SERFF Tracking Number:* ASWX-G127162702      *State:* Arkansas  
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## **Disposition**

Disposition Date: 05/12/2011

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: ASWX-G127162702 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Variability Statement	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Waiver Rider	Approved-Closed	Yes
Form	Waiver Rider	Approved-Closed	Yes

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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 05/12/2011	B458 Endorsement	Other	Waiver Rider	Initial		41.440	B458 Waiver IM PPACA TIC Assoc & Trust GF Endorsement.PDF
Approved-Closed 05/12/2011	B459 Endorsement	Other	Waiver Rider	Initial		41.440	B459 Waiver IM PPACA TIC Assoc & Trust NGF Endors.PDF

## PPACA ENDORSEMENT RIDER

Due to the passage of the Patient Protection and Affordable Health Care Act (PPACA), also known as health care reform legislation, Your plan will now include certain PPACA provisions not reflected in Your plan contract. Notwithstanding anything in the Certificate to the contrary, the following provisions apply to the terms of the Certificate to which this rider is attached. In addition, the standards identified below are minimum standards and any coverage in excess of the standards identified below that is required by applicable state law or according to the Certificate terms that existed prior to the Endorsement Date of this rider remains in effect.

As used in this rider, "You" and "Your" means the Certificate Holder of the Certificate to which this rider is attached.

"PPACA" means the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010 and applicable federal rules or regulations adopted in regard to such acts.

"Essential health benefits" means benefits consistent with those set forth in PPACA in the following categories: ambulatory patient services, hospitalization, emergency services, 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 Benefits and chronic disease management and pediatric services, including oral and vision care.

### **1. Lifetime Maximum Benefit Amounts:**

Maximum lifetime benefit limits referenced pertain only to those health care services and supplies that are not essential health benefits.

### **2. Rescission of Coverage:**

Your coverage cannot be rescinded except when You have performed an act or practice that constitutes fraud or intentional misrepresentation of material fact.

### **3. Dependent Eligibility:**

If Your plan allows the addition of Dependents, a Dependent child is eligible for coverage up to attainment of 26 years of age, regardless of marital or student status, financial dependency, or residency requirements. If Your Certificate allows for Dependent eligibility for enrollees age 26 and older, such provisions remain in effect subject to the plan terms and conditions for such eligibility.

This plan does not provide coverage for any spouse or child(ren) of an eligible Dependent child, except if required by state law.

Nothing in this rider will be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Certificate, other than as stated above.

This rider is effective on the Effective Date of the Certificate to which it is attached[, or the Endorsement Date if later].

[Endorsement Date: [xx/xx/xxxx]]

[insert signature]  
Secretary

[insert signature]  
President

## PPACA ENDORSEMENT RIDER

Due to the passage of the Patient Protection and Affordable Health Care Act (PPACA), also known as health care reform legislation, Your plan will now include certain PPACA provisions not reflected in Your plan contract. Notwithstanding anything in the Certificate to the contrary, the following provisions apply to the terms of the Certificate to which this rider is attached. In addition, the standards identified below are minimum standards and any coverage in excess of the standards identified below that is required by applicable state law or according to the Certificate terms that existed prior to the Endorsement Date of this rider remains in effect.

As used in this rider, "You" and "Your" means the Certificate Holder of the Certificate to which this rider is attached.

"PPACA" means the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010 and applicable federal rules or regulations adopted in regard to such acts.

"Emergency medical condition" means a medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in 1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; 2) serious impairment of bodily functions; or 3) serious dysfunction of any bodily organ or part.

"Emergency services" means, with respect to an emergency medical condition: transportation services (such as ambulance services) and covered inpatient and outpatient hospital services furnished by a provider qualified to furnish those services that are needed to evaluate or stabilize an emergency medical condition.

"Stabilize" means, with respect to an emergency medical condition: to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility (or, with respect to a pregnant woman, to deliver, including the placenta).

"Essential health benefits" means benefits consistent with those set forth in PPACA in the following categories: ambulatory patient services, hospitalization, emergency services, 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 Benefits and chronic disease management and pediatric services, including oral and vision care.

**1. Lifetime Maximum Benefit Amounts:**

Maximum lifetime benefit limits referenced pertain only to those health care services and supplies that are not essential health benefits.

**2. Rescission of Coverage:**

Your coverage cannot be rescinded except when You have performed an act or practice that constitutes fraud or intentional misrepresentation of material fact.

**3. Dependent Eligibility:**

If Your plan allows the addition of Dependents, a Dependent child is eligible for coverage up to attainment of 26 years of age, regardless of marital or student status, financial dependency, or residency requirements. If Your Certificate allows for Dependent eligibility for enrollees age 26 and older, such provisions remain in effect subject to the plan terms and conditions for such eligibility.

This plan does not provide coverage for any spouse or child(ren) of an eligible Dependent child, except if required by state law.

**4. Pre-Existing Condition Limitations Waived for Covered Children:**

Any pre-existing conditions limitation does not apply to covered persons under 19 years of age.

**5. Preventive Benefits:**

The PPACA specifies coverage requirements for preventive benefits. Cost-sharing requirements, such as Your responsibility for paying deductibles, coinsurance and co-payments, will not be required for these preventive benefits. Such coverage includes preventive benefits for the following:

- (a) evidence-based items or services that have, in effect, a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force, and with respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration;
- (b) immunizations that have, in effect, a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and
- (c) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

[Benefits for such preventive services will be provided for policy years that begin on or after the date that is one year after the date the recommendation or guideline is issued.]

**6. Right to Appeal:**

You may appeal any coverage or claim determination made by Us to deny, reduce, or terminate the provision or payment for health care services under Your plan. Appeals must be submitted in accordance with Our appeal policy and required timeframes, as set forth in Your plan documents.

When we have made an adverse claim determination based on a judgment as to Medical Necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You may, to the extent required by state or federal rules or regulation, have the right to have Our decision reviewed by an external independent review organization. A request for an external independent review must be submitted within 4 months from the date You received notice of the adverse determination through Our internal appeal process. Except when a covered person's life or health would be seriously jeopardized, You must first exhaust Our internal appeal process before we will grant Your request for an external independent review.

**7. Primary Care Providers:**

Primary care providers include pediatricians, obstetricians and gynecologists.

**8. Emergency Services:**

Covered emergency services will be provided without the requirement for prior authorization.

Other applicable plan provisions still apply to Emergency Services, including but not limited to those relating to cost-sharing, exclusions, coordination of benefits, and affiliation or waiting periods.

Nothing in this rider will be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Certificate, other than as stated above.

This rider is effective on the Effective Date of the Certificate to which it is attached[, or the Endorsement Date if later].

[Endorsement Date: [xx/xx/xxxx]]

[insert signature]  
Secretary

[insert signature]  
President

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Variability Statement	Approved-Closed	05/12/2011
<b>Comments:</b>		
<b>Attachment:</b> IM PPACA TIC Association & Trust SOV.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	05/12/2011
<b>Comments:</b>		
<b>Attachment:</b> AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	05/12/2011
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	05/12/2011
<b>Comments:</b>		
<b>Attachment:</b> AR - PPACA UNIFORM COMPL SUMMARY.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter	Approved-Closed	05/12/2011
<b>Comments:</b>		

*SERFF Tracking Number:* ASWX-G127162702      *State:* Arkansas  
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*Project Name/Number:* Time Insurance Health Care Reform Filings/AR01378FI00019

**Attachment:**

IM PPACA TIC Association & Trust Cover Letter.PDF



**ASSURANT**  
Health

501 West Michigan  
P.O. Box 3050  
Milwaukee, WI 53201-3050  
T 800.800.1212

[www.assurant.com](http://www.assurant.com)

## STATEMENT OF VARIABILITY

The variable and adaptable items in the form(s) have been bracketed to provide items which customarily vary according to the insured's specific plan of insurance, helping to alleviate any ambiguity on the part of the customers as to what is covered and how it is covered.

Since these Riders are filed for general use, the variability and terminology has been designed to accommodate use with various forms by incorporating variable terms.

We also reserve the right to amend the form(s) to correct any minor clerical or typographical errors we may have overlooked prior to approval, and to revise any phraseology to clarify the intent within the confines of the law.

### **B458.XX & B459.XX (Grandfathered & Non-Grandfathered Endorsement) Detailed Explanation of Variability**

- Time Insurance Company  
[501 West Michigan St.  
Milwaukee, WI 53203]

**Explanation:** Time Insurance Company's current address will print.

- This rider is effective on the Effective Date of the Certificate to which it is attached[, or the Endorsement Date if later].

[Endorsement Date: [xx/xx/xxxx]]

**Explanation:** The variable phrases prints on transitional plans as the PPACA requirements will be effective 1/1/2011, not the plan's Effective Date

- [insert signature]  
Secretary

**Explanation:** The current Secretary's signature will print.

- [insert signature]  
President

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.

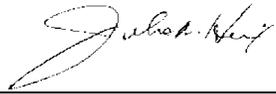
**Explanation:** The current President's signature will print.

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Time Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
B458 Endorsement	41.44
B459 Endorsement	41.44

Signed:   
Name: Julia M. Hix  
Title: VP Regulatory Compliance & AH Compliance Officer  
Date: 5/10/11

## 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
Time Insurance Company	0019-69477	ASXW-G127162702	496, 499	<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
H16G	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: B459.XX			
	Page Number: page 1			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: N/A			
	Page Number:			
H16G	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: B459.XX, B458.XX			
	Page Number: page 1			
H16G	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: B459.XX, B458.XX			
	Page Number: page 1			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: B459.XX			
	Page Number: page 1			
H16G	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: B459.XX, B458.XX			
	Page Number: page 1			
H16G	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: B459.XX			
	Page Number: page 1			
H16G	<b>Emergency Services</b> – 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.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: B459.XX			
	Page Number: page 2			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G	<b>Access to Pediatricians</b> – 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.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: B459.XX			
	Page Number: page 1			
H16G	<b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: B459.XX			
	Page Number: page 2			

## PPACA Uniform Compliance Summary

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> 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"/> <b>Yes</b> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

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

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

- For plan years beginning before January 1, 2010, 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><b>Emergency Services</b> – 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:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<p><b>Access to Pediatricians</b> – 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	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<p><b>Access to OB/GYNs</b> – 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	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.



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May 10, 2011

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Arkansas Department of Insurance  
1200 W Third Street  
September 9, 2010

Re: **Time Insurance Company (NAIC #: 69477; FEIN: 39-0658730)**

PPACA Individual Market Grandfathered Plan with Waiver Endorsement Rider B458.XX

PPACA Individual Market Non-Grandfathered Plan with Waiver Endorsement Rider  
B459.XX

Dear Sir/Madam:

The above-referenced forms are submitted for your review and approval. These forms are new and do not replace any form currently on file with your department. These forms will be used with individual medical insurance issued to a non-employer sponsored association.

With regard to limited medical expense forms 496 and 499, Assurant Health applied for and was granted a Waiver of the Annual Limits Requirements of PHS Act Section 2711 by the Secretary of Health and Human Services. The approval applies to the plan or policy year next beginning on or after September 23, 2010. This waiver only applies to the annual limits requirements in Section 2711 of the ACA and does not apply to any other requirement of the Affordable Care Act, ERISA, the IRS Code or the PHS Act.

These forms are subject only to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Please see the enclosed Statement of Variability for additional information on form adaptability.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

Best Regards,

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Legal Department  
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