

SERFF Tracking Number: AENX-G127281238 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 49082
Company Tracking Number: AR045210100002
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: 2011 HCR- Mini-Med (ALIC)
Project Name/Number: 2011 HCR- Mini-Med (ALIC)/AR045210100002

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2011 HCR- Mini-Med (ALIC) SERFF Tr Num: AENX-G127281238 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved-Closed State Tr Num: 49082

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: AR045210100002 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI Disposition Date: 06/30/2011
Date Submitted: 06/17/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 06/17/2011

Implementation Date:

State Filing Description:

General Information

Project Name: 2011 HCR- Mini-Med (ALIC)

Project Number: AR045210100002

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 06/30/2011

State Status Changed: 06/30/2011

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

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

PPACA Notes: null

Filing Description:

The purpose of this filing is to bring Aetna's mini med plan forms into compliance with applicable Health Care Insurance Reform (HCR) requirements.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AetnaSPI

Company and Contact

Filing Contact Information

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John Ciesielski, Product and Regulatory CiesielskiJW@Aetna.com
 Approvals Manager
 151 Farmington Avenue 860-279-1282 [Phone]
 Mail Stop RW61 860-952-2069 [FAX]
 Hartford, CT 06156

Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut
 151 Farmington Avenue Group Code: 1 Company Type:
 Hartford, CT 06156 Group Name: Aetna State ID Number:
 (860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

Filing Fees

Fee Required? Yes
 Fee Amount: \$650.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$650.00	06/17/2011	48824061

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/30/2011	06/30/2011

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Disposition

Disposition Date: 06/30/2011

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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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	EOV GR-9 General Comments, EOV for GR-9 11798-2, EOV for GR-9 12444-1, EOV for GR-9 11814-2, EOV for GR-9N-MMCR1-HCR 01, EOV for GR-9N S-14-015 05, EOV for GR-9N S-14-040 05, EOV for GR-9N S-15-015 05, EOV for GR-9N S-15-040 05, EOV for GR-9N S-15-0, ...	Approved-Closed	Yes
Supporting Document	GR-9 and GR-9N Cover Letter	Approved-Closed	Yes
Supporting Document	Attachment A	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Inpatient Supplemental Medical Expense Benefit	Approved-Closed	Yes
Form	Emergency Room Expenses	Approved-Closed	Yes
Form	Preface	Approved-Closed	Yes
Form	Booklet-Certificate Amendment	Approved-Closed	Yes
Form	Mental Disorders and Substance Abuse Calendar Year Maximum Benefits	Approved-Closed	Yes
Form	Coverage for Emergency Medical Conditions	Approved-Closed	Yes
Form	Supplemental Benefits	Approved-Closed	Yes
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Form	Coverage for Emergency Medical Conditions	Approved-Closed	Yes
Form	Supplemental Benefits	Approved-Closed	Yes
Form	Preface	Approved-Closed	Yes
Form	Coverage for Emergency Medical Conditions	Approved-Closed	Yes
Form	Inpatient Supplemental Medical Expense Benefit	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 06/30/2011	GR-9 11798-2	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Inpatient Supplemental Medical Expense Benefit	Initial		34.100	AL GE GR911798 V002.PDF
Approved- Closed 06/30/2011	GR-9 11814-2	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Emergency Room Expenses	Initial		43.500	AL GE GR911814 V002.PDF
Approved- Closed 06/30/2011	GR-9 12444-1	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Preface	Initial		33.790	AL GE GR912444 V001.PDF
Approved- Closed 06/30/2011	GR-9N- MMCR1- HCR 01	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Booklet-Certificate Amendment	Initial		50.800	AL GE AMMGR9NC R1HCR V001 .PDF
Approved- Closed 06/30/2011	GR-9N S- 14-015 05	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Disorders and Substance Abuse Calendar Year Maximum Benefits	Initial		0.000	AL GE GR9N00S141 5 V005.PDF
Approved-	GR-9N S-	Certificate	Coverage for	Initial		0.000	AL GE

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<i>Company Tracking Number:</i>	<i>AR045210100002</i>		
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<i>Product Name:</i>	<i>2011 HCR- Mini-Med (ALIC)</i>		
<i>Project Name/Number:</i>	<i>2011 HCR- Mini-Med (ALIC)/AR045210100002</i>		
Closed	14-040 05	Amendmen Emergency Medical	GR9N00S144
06/30/2011	t, Insert	Conditions	0 V005.PDF
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Closed	040 04	Amendmen Emergency Medical	46.600
06/30/2011	t, Insert	Conditions	AL GE
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[Health Expense Coverage]

[Limited] [Major] [Comprehensive] Medical Expense Coverage]

[Inpatient Supplemental Medical Expense Benefit

An additional benefit may be paid if a covered person is confined in a **hospital** [treatment facility; **hospice facility**; **rehabilitation facility**; **convalescent facility**] and has exhausted the Plan's overall [Inpatient] Calendar Year Maximum. The added benefit is the Inpatient Supplemental Medical Expense Benefit.

Covered Medical Expenses include only those **charges for board and room**, **physician's** services and other services or supplies] and those for [private duty nursing or] special nursing services, that are incurred in excess of the Plan's overall [Inpatient] Calendar Year Maximum Benefit. [It does not include items such as: prescription drugs and medicines; medical and surgical supplies and devices; lab and x-ray services; operating and recovery room expenses.]

[Covered Medical Expenses for charges made for inpatient facility expenses will be paid under this benefit as follows:]

<i>[Inpatient Supplemental Medical Expense:]</i>	[Preferred Care]	[Non-Preferred Care]
Payment Percentage	[50%-100%]	[50%-100%]
Inpatient Supplemental Medical Expense Calendar Year Maximum Benefit]	[\$45,000-\$100,000]	[\$45,000-\$100,000]

[The Inpatient Supplemental Medical Expense Benefit will cease paying charges incurred for Covered Medical Expenses when the Plan's overall [Inpatient] Calendar Year Maximum is restored every calendar year. It will not pay charges again until a covered person has exhausted the Plan's overall [Inpatient] Calendar Year Maximum each calendar year.]

[Inpatient Supplemental Medical Expense Calendar Year Maximum Benefit

This is the most that will be paid for all covered inpatient expenses incurred by a covered person in a calendar year under the Inpatient Supplemental Medical Expense Benefit.]

[Unless otherwise shown, Maximums are a combined limit for **Preferred Care** and **Non-Preferred Care** expenses.]]

[Health Expense Coverage]

[Limited] [Major] [Comprehensive] Medical Expense Coverage]

[Emergency Room Expenses

Emergency Care

If treatment:

- is received in the emergency room of a **hospital** while a covered person is not a full-time inpatient; and
- the treatment is emergency care;

Covered Medical Expenses for charges made by a **hospital** or a **physician** for care in an emergency room will be paid under this benefit as follows:]

<i>[Emergency Room Expenses:]</i>	[Preferred Care]	[Non-Preferred Care]
[Payment Percentage]	[50%-100%]	[50%-100%]
Emergency Room		
Calendar Year Deductible	[\$5-\$100]	[\$5-\$100]
Copay/Deductible per visit	[\$5-\$100]	[\$5-\$100]
Per Visit Maximum	[\$5-\$150]	[\$5-\$150]
Number of Visits		
Calendar Year Maximum	[3-6]	[3-6]
Calendar Year Maximum]	[\$500-\$5,000]	[\$500-\$5,000]

**See Important Note
Below*

***Important Note:** Please note that as these providers are not **Preferred Care Providers** and do not have a contract with Aetna, the provider may not accept payment of your cost share (your copay/deductible and coinsurance) as payment in full. Covered Medical Expenses for care provided by a **Non-Preferred Care Provider** will be paid at no greater cost to you than if the services were performed by a **Preferred Care Provider**, up to any applicable maximum benefit within your plan. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. You are responsible for paying any additional amount above the plan maximum.

[Emergency Room Calendar Year Maximum

This is the most that will be paid for all covered emergency room expenses incurred by a covered person in a calendar year under the Emergency Room Expenses benefit.]

[Unless otherwise shown, Maximums are a combined limit for **Preferred Care** and **Non-Preferred Care** expenses.]

[Health Expense Coverage]

Preface

[Affordable Care Act Notice:

The Affordable Care Act prohibits health plans from applying arbitrary dollar limits for coverage for key benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$750,000.

Your health insurance coverage, offered by Aetna Life Insurance Company, does not meet the minimum standards required by the Affordable Care Act described above. Instead, it puts an annual limit of:

[dollar amount] on [all covered benefits]

and/or

[dollar amount(s) and covered benefits will be listed].

In order to apply the lower limits described above, your health plan requested a waiver of the requirement that coverage for key benefits be at least \$750,000 this year. That waiver was granted by the U.S. Department of Health and Human Services based on your health plan's representation that providing \$750,000 in coverage for key benefits this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. This waiver is valid for one year.

If the lower limits are a concern, there may be other options for health care coverage available to you and your family members. For more information, go to: www.HealthCare.gov.

If you have any questions or concerns about this notice, contact SRC, an Aetna company, at 1-888-772-9682.

In addition, you can contact www.healthcare.gov/news/factsheets/capgrants_states.html for consumer assistance program information.]

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

[Policyholder:] [ABC Company]

Group Policy No.: [GP-123456]

Effective Date: This [Booklet-Certificate] Amendment is effective on [October 1, 2010] [the later of:
October 1, 2010; or
The date you become covered under the Group Policy].

The group policy noted above has been changed. The following is a summary of the changes in the group policy, and the [Booklet-Certificate] which includes the policy terms is also changed. This amendment is effective on the date(s) shown above.

1. Any overall [Plan] Lifetime Maximum that is a dollar maximum and the [Plan] Lifetime Maximum Benefit Automatic Yearly Restoration provisions in any *Medical Expense Benefits* section of your [Schedule of Benefits], no longer apply. All references to these overall plan dollar maximums that may appear in your [Schedule of Benefits], [Booklet-Certificate] and any amendments or riders that have been issued to you, are removed [with the exception of the following which have been changed to a calendar year dollar maximum:
 - The Inpatient Supplemental Medical Expense Benefits lifetime dollar maximum that appears in your [Schedule of Benefits] has been changed to a calendar year dollar maximum in the same amount as reflected in your [Schedule of Benefits]. Any reference to a lifetime maximum that may appear in your [Booklet-Certificate] has been revised to a calendar year maximum.
 - The Mental Disorders and Substance Abuse Lifetime Maximum Benefits provisions that appear in your [Schedule of Benefits] have been changed to a calendar year dollar maximums in the same amount as reflected in your [Schedule of Benefits].
 - The overall [Plan] Lifetime Maximum Benefit that appears in your [Schedule of Benefits] has been changed to a calendar year dollar maximum in the same amount as reflected in your [Schedule of Benefits].
- [2.] Any [monthly; per visit; per day; and] lifetime dollar maximum benefit that applies to an "**Essential Service**" (as defined by the Federal Department of Health and Human Services) for [**Network, Out-of-Network and Other Health Care**], no longer applies.

If your Plan includes coverage for the following **Essential Services** and such services include these [monthly; per visit; per day; and] lifetime dollar maximums, then the maximums are removed from your [Schedule of Benefits], [Booklet-Certificate] and any amendments or riders that have been issued to you:

- Administration of Anesthesia;
- **Birth Center** Services;
- Emergency Medical Services (include Physician, Emergency Room and Ambulance Services);
- Home Health Care (Outpatient);

- **Hospital** Expenses incurred while confined as an inpatient;
- Immunizations (not part of a physical exam);
- Oral and Maxillofacial Treatment-Facility Expenses (Mouth, Jaws and Teeth);
- Outpatient Diagnostic Lab and X-ray Services (at a hospital or other facility);
- Outpatient Surgery (performed in a Physician's Office, at a Hospital Outpatient Facility or a Surgery Center or Facility);
- Outpatient Therapy (Chemotherapy, Infusion and Radiation);
- **Physician** Office Visits (including E-Visit consultations);
- Pregnancy and Newborn Child Care;
- **Prescription Drugs**;
- Prosthetic Devices;
- Short Term Outpatient Rehabilitation Therapies (Cardiac, Cognitive, Occupational, Physical, Pulmonary, Speech)
- **Skilled Nursing Facility Services** (Convalescent Facility);
- Skilled Nursing Care (Inpatient and Outpatient);
- Transplant Services Facility and Non-Facility Expenses;
- Treatment of [**Mental Disorders**] (Inpatient and Outpatient);
- Treatment of [**Substance Abuse**] (Inpatient and Outpatient);
- **Urgent Care**; and
- Walk-In Clinic Non-Emergency Visit.]

Essential Services will continue to be subject to any **coinsurance**; **copays**; **deductibles**; other types of maximums (e.g., calendar year dollar maximums[, monthly, day and visit maximums]); **precertification** rules; and any exclusions and limitations that apply to these types of **covered expenses** in your [*Booklet-Certificate*].

- [3.] If your Plan includes a preexisting conditions provision, then this provision will not apply to a person under [19-30] years of age.
- [4.] If your Plan includes coverage for dependent children, the following applies to your [**prescription drug** and] medical expense insurance coverage. [*If your Plan includes other types of coverage, the dependent eligibility rules will remain the same for the other coverage.*]

The eligibility rules for children in the [*Eligibility, Enrollment and Effective Date of Your Coverage*] section of your [*Booklet-Certificate*] have been changed. As to [**prescription drug** and] medical expense insurance coverage, a child will now be eligible to enroll if he or she is under [26-30] years of age. Any rule that they be a full-time student, not married or solely dependent upon you for support will not apply.

[If your plan is a grandfathered plan, and your child is eligible for such coverage through his or her employer, then that child is not eligible to enroll in this Plan. Contact the policyholder to determine your Plan is grandfathered.]

If you have a dependent child that can now be enrolled under these new rules, you may enroll that child [during your Plan's next open enrollment period]. Please contact **Member Services** for details.

- [5]. The Coverage for Emergency Medical Conditions provision that appears in your [*Booklet-Certificate*] has been revised to include charges made by a **physician** for services provided in an emergency room to evaluate and treat an **emergency medical condition**.
- [6]. The Coverage for Emergency Medical Conditions provision that appears in your [*Schedule of Benefits*] has been revised to include the following:

Important Note

[For Out-of-Network services: Please note that as these providers are not network providers and do not have a contract with Aetna, the provider may not accept payment of your cost share (your **deductible** and **coinsurance**) as payment in full. **Covered expenses** for care provided by a **non-network provider** will be paid at no greater cost to you than if the services were performed by a **network provider**, up to any applicable maximum benefit within your plan. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. You are responsible for paying any additional amount above the plan maximum.

Please note that the provider may not accept payment of your cost share (your **deductible** and **coinsurance**) as payment in full. **Covered expenses** will be paid up to any applicable maximum benefit within your plan. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. You are responsible for paying any additional amount above the plan maximum.]

This amendment makes no other changes to the Group Policy or the [*Booklet-Certificate*].

[



Mark T. Bertolini
Chairman, Chief Executive Officer and President]

Aetna Life Insurance Company
(A Stock Company)

[Amendment: XXXX]
[Issue Date: October 1, 20XX]

[Schedule of Benefits]

[As to covered expenses for Mental Disorders and Substance Abuse:

Mental Disorders and Substance Abuse Calendar Year Maximum Benefits

[Mental Disorders and Substance Abuse <i>Calendar Year</i> <i>Maximum Benefit</i> (For Persons Not Eligible For Medicare)]	[\$5,000-\$500,000]
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[Mental Disorders and Substance Abuse <i>Calendar Year</i> <i>Maximum Benefit</i> (For Persons Not Eligible For Medicare)]	[\$50,000-\$500,000*]
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[*Applies to all expenses except those incurred for treatment of **injuries** resulting from a **motor vehicle** accident and **injuries** resulting from play or practice in collegiate and intercollegiate sports.]

[Mental Disorders and Substance Abuse <i>Calendar Year</i> <i>Maximum Benefit</i> (For Persons Eligible For Medicare)]	[\$5,000-\$500,000]
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[Mental Disorders and Substance Abuse <i>Calendar Year</i> <i>Maximum Benefit</i> (For Persons Eligible For Medicare)]	[\$50,000-\$500,000 *]
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[*Applies to all expenses except those incurred for treatment of **injuries** resulting from a **motor vehicle** accident and **injuries** resulting from play or practice in collegiate and intercollegiate sports.]

[The most the plan will pay for covered expenses for mental disorders and substance abuse incurred by any one covered person during a calendar year is called the Calendar Year Maximum Benefit.]

[As to all other **covered expenses**:]

Calendar Year Maximum Benefits

[[Plan] <i>Calendar Year Maximum Benefit</i> (For Persons Not Eligible For Medicare)]	[\$5,000-\$500,000]
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[[Plan] <i>Calendar Year Maximum Benefit</i> (For Persons Not Eligible For Medicare)]	[For each illness or injury , \$50,000-\$500,000 *]
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[*Applies to all expenses except those incurred for treatment of injuries resulting from a motor vehicle accident and injuries resulting from play or practice in collegiate and intercollegiate sports.]	
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[[Plan] <i>Calendar Year Maximum Benefit</i> (For Persons Eligible For Medicare)]	[\$5,000-\$500,000]
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[[Plan] <i>Calendar Year Maximum Benefit</i> (For Persons Eligible For Medicare)]	[For each illness or injury , \$50,000-\$500,000 *]
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[*Applies to all expenses except those incurred for treatment of injuries resulting from a motor vehicle accident and injuries resulting from play or practice in collegiate and intercollegiate sports.]	
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[The most the plan will pay for [Plan] **covered expenses** incurred by any one covered person during a calendar year is called the [Plan] Calendar Year Maximum Benefit.]

[The [Plan] Calendar Year Maximum Benefit does not apply to the “[basic] [and] [limited] [major] [special] [comprehensive] [medical] **mental disorders** [and] **substance abuse** [dental] [vision] [hearing] **prescription drug** expense coverage” described in the Booklet-Certificate.]

[Schedule of Benefits]

PLAN FEATURES	
[Coverage for Emergency Medical Conditions]	
<i>[Emergency Room]</i>	[50%-100% after the Calendar Year Deductible , and Outpatient Calendar Year Deductible , and Hospital Emergency Room Calendar Year Deductible , and a \$0-\$100 deductible per emergency room visit] <i>*See Important Note Below</i>
[Maximum number of visits per calendar year]	[3-6]
[Maximum per visit]	[\$35-\$150]
[Maximum per calendar year]	[\$500-\$5,000]
<i>Non-Emergency Care in a Hospital Emergency Room</i>	Not Covered
<p>[If you are admitted to a hospital as an inpatient immediately following a visit to an emergency room, your emergency room per visit deductible is waived.]</p> <p>[Covered expenses that are applied to the Hospital Emergency Room Calendar Year Deductible or emergency room per visit deductible cannot be applied to any other deductibles under your plan. Likewise, covered expenses that are applied to any of your plan's other deductibles cannot be applied to the Emergency Room Calendar Year Deductible or emergency room per visit deductible.]</p> <p>*Important Note: Please note that the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. Covered expenses will be paid up to any applicable maximum benefit within your plan. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. You are responsible for paying any additional amount above the plan maximum.</p>	

[Schedule of Benefits]

PLAN FEATURES	
[Inpatient Supplemental Medical Expense Benefits]	[50%-100%]
[Maximum benefit per calendar year]	[\$45,000-\$100,000]
[Supplementary Inpatient Hospital Expense Benefits]	[50%-100% after a \$0-\$200 deductible per occurrence]
[Maximum benefit per day]	[\$300-\$600]
[Maximum benefit per confinement]	[5-10 days per occurrence]
[Supplementary Maternity Expense Benefits]	[50%-100% after a \$0-\$200 deductible per occurrence]
[Maximum benefit per day]	[\$300-\$600]
[Maximum benefit per confinement]	[5-10 days per occurrence]
[Maximum benefit for maternity expenses]	[\$1,000-\$2,000 per occurrence]
[Supplementary Surgical Expense Benefits]	[50%-100% after a \$0-\$200 deductible per occurrence]
[Surgical maximum benefit per occurrence]	[\$1,000-\$2,000]
[Supplementary Accident Expense Benefits]	[50%-100% after a \$0-\$200 deductible per occurrence]
[Maximum occurrences per calendar year]	[1-5]
[Maximum benefit per occurrence]	[\$300-\$10,000]
[Maximum benefit per calendar year]	[\$300-\$10,000]
[Injuries Resulting From A Motor Vehicle Accident]	[Payable on the same basis as any other injury except as provided below.]
[Maximum benefit per calendar year]	[\$10,000-\$30,000*]
[*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries resulting from a motor vehicle accident.]	
[Injuries Due To Participating in Collegiate and Intercollegiate Sports]	[Payable on the same basis as any other injury except as provided below.]
[Maximum benefit per calendar year]	[\$5,000-\$15,000*]
[*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries resulting from the play or practice in collegiate and intercollegiate sports.]	
[Injuries to Sound Natural Teeth]	[Payable on the same basis as any other injury except as provided below.]
[Maximum benefit per calendar year]	[\$250-\$750, per tooth*]
[*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries to sound natural teeth.]	
All Other Expenses	
(Applies to all other expenses not otherwise shown above.)	[50%-100%] after any applicable deductible]

[Schedule of Benefits]

[As to covered expenses for Mental Disorders and Substance Abuse:

Mental Disorders and Substance Abuse Calendar Year Maximum Benefits

	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[Mental Disorders and Substance Abuse Calendar Year Maximum Benefit (For Persons Not Eligible For Medicare)]	[\$5,000-\$500,000]	[\$5,000-\$500,000]	[\$5,000-\$500,000]
[Mental Disorders and Substance Abuse Calendar Year Maximum Benefit (For Persons Not Eligible For Medicare)]	[\$50,000-\$500,000*]	[\$50,000-\$500,000*]	[\$50,000-\$500,000*]
[*Applies to all expenses except those incurred for treatment of injuries resulting from a motor vehicle accident and injuries resulting from play or practice in collegiate and intercollegiate sports.]			
[Mental Disorders and Substance Abuse Calendar Year Maximum Benefit (For Persons Eligible For Medicare)]	[\$5,000-\$500,000]	[\$5,000-\$500,000]	[\$5,000-\$500,000]
[Mental Disorders and Substance Abuse Calendar Year Maximum Benefit (For Persons Eligible For Medicare)]	[\$50,000-\$500,000*]	[\$50,000-\$500,000*]	[\$50,000-\$500,000*]
[*Applies to all expenses except those incurred for treatment of injuries resulting from a motor vehicle accident and injuries resulting from play or practice in collegiate and intercollegiate sports.]			

[The most the plan will pay for covered expenses for mental disorders and substance abuse incurred by any one covered person in a calendar year is called the Calendar Year Maximum Benefit.]

[As to all other **covered expenses**:]

Calendar Year Maximum Benefits

	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[[Plan] <i>Calendar Year Maximum Benefit (For Persons Not Eligible For Medicare)</i>]	[\$5,000-\$500,000]	[\$5,000-\$500,000]	[\$5,000-\$500,000]

[[Plan] <i>Calendar Year Maximum Benefit (For Persons Not Eligible For Medicare)</i>]	[For each illness or injury , \$50,000-\$500,000*]	[For each illness or injury , \$50,000-\$500,000*]	[For each illness or injury , \$50,000-\$500,000*]
--	--	--	--

[*Applies to all expenses except those incurred for treatment of **injuries** resulting from a **motor vehicle** accident and **injuries** resulting from play or practice in collegiate and intercollegiate sports.]

[[Plan] <i>Calendar Year Maximum Benefit (For Persons Eligible For Medicare)</i>]	[\$5,000-\$500,000]	[\$5,000-\$500,000]	[\$5,000-\$500,000]
--	---------------------	---------------------	---------------------

[[Plan] <i>Calendar Year Maximum Benefit (For Persons Eligible For Medicare)</i>]	[For each illness or injury , \$50,000-\$500,000*]	[For each illness or injury , \$50,000-\$500,000*]	[For each illness or injury , \$50,000-\$500,000*]
--	--	--	--

[*Applies to all expenses except those incurred for treatment of **injuries** resulting from a **motor vehicle** accident and **injuries** resulting from play or practice in collegiate and intercollegiate sports.]

[The most the plan will pay for [Plan] **covered expenses** incurred by any one covered person during a calendar year is called the [Plan] Calendar Year Maximum Benefit.]

[The [Plan] Calendar Year Maximum Benefit applies to [network], [out-of-network] and **other health care** expenses combined.]

[The [Plan] Calendar Year Maximum Benefit [does] [does not] apply to [network] and **other health care** expenses. However, a Calendar Year Maximum Benefit applies to [out-of-network] expenses.]

[The [Plan] Calendar Year Maximum Benefit [does] [does not] apply to the “[basic] [and] [limited] [major] [special] [comprehensive] [medical] [dental] [vision] [hearing] [**prescription drug**] expense coverage” described in the *Booklet-Certificate*.]

[Schedule of Benefits]

PLAN FEATURES			
Coverage for Emergency Medical Conditions			
	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
<i>[Emergency Room]</i>	[50%-100% after the Calendar Year Deductible and Outpatient Calendar Year Deductible and Hospital Emergency Room Calendar Year Deductible and a \$0-\$100 copay per emergency room visit]	[50%-100% after the Calendar Year Deductible and Outpatient Calendar Year Deductible and Hospital Emergency Room Calendar Year Deductible and a \$0-\$100 deductible per emergency room visit] <i>*See Important Note Below</i>	[50%-100% after the Calendar Year Deductible and Outpatient Calendar Year Deductible and Hospital Emergency Room Calendar Year Deductible and a \$0-\$100 deductible per emergency room visit]
[Maximum number of visits per calendar year]	[3-6]	[3-6]	[3-6]
[Maximum per visit]	[\$35-\$150]	[\$35-\$150]	[\$35-\$150]
[Maximum per calendar year]	[\$500-\$5,000]	[\$500-\$5,000]	[\$500-\$5,000]
Non-Emergency Care in a Hospital Emergency Room	Not covered	Not covered	Not covered
<p>[If you are admitted to a hospital as an inpatient immediately following a visit to an emergency room, your emergency room per visit [copay or deductible] is waived.]</p> <p>[Covered expenses that are applied to the hospital Emergency Room Calendar Year Deductible or emergency room per visit [copay or deductible] cannot be applied to any other [copays or deductibles] under your plan. Likewise, covered expenses that are applied to any of your plan's other [copays or deductibles] cannot be applied to the Emergency Room Calendar Year Deductible or emergency room per visit [copay or deductible].]</p> <p>Important Note: Please note that as these providers are not network providers and do not have a contract with Aetna, the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. Covered expenses for care provided by an out-of-network provider will be paid at no greater cost to you than if the services were performed by a network provider, up to any applicable maximum benefit within your plan. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. You are responsible for paying any additional amount above the plan maximum.</p>			

[Schedule of Benefits]

PLAN FEATURES			
	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[Inpatient Supplemental Medical Expense Benefits]	[50%-100%]	[50%-100%]	[50%-100%]
[Maximum benefit per calendar year]	[\$45,000-\$100,000]	[\$45,000-\$100,000]	[\$45,000-\$100,000]
[Supplementary Inpatient Hospital Expense Benefits]	[50%-100% after a \$0-\$100 copay per occurrence]	[50%-100% after a \$0-\$200 deductible per occurrence]	[50%-100% after a \$0-\$200 deductible per occurrence]
[Maximum benefit per day]	[\$300-\$600]	[\$300-\$600]	[\$300-\$600]
[Maximum benefit per confinement]	[5-10 days per occurrence]	[5-10 days per occurrence]	[5-10 days per occurrence]
[Supplementary Maternity Expense Benefits]	[50%-100% after a \$0-\$100 copay per occurrence]	[50%-100% after a \$0-\$200 deductible per occurrence]	[50%-100% after a \$0-\$200 deductible per occurrence]
[Maximum benefit per day]	[\$300-\$600]	[\$300-\$600]	[\$300-\$600]
[Maximum benefit per confinement]	[5-10 days per occurrence]	[5-10 days per occurrence]	[5-10 days per occurrence]
[Maximum benefit for maternity expenses]	[\$1,000-\$2,000 per occurrence]	[\$1,000-\$2,000 per occurrence]	[\$1,000-\$2,000 per occurrence]
[Supplementary Surgical Expense Benefits]	[50%-100% after a \$0-\$100 copay per occurrence]	[50%-100% after a \$0-\$200 deductible per occurrence]	[50%-100% after a \$0-\$200 deductible per occurrence]
[Surgical maximum benefit per occurrence]	[\$1,000-\$2,000]	[\$1,000-\$2,000]	[\$1,000-\$2,000]

[Schedule of Benefits]

	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[Supplementary Accident Expense Benefits]	[50%-100% after a \$0-\$100 copay per occurrence]	[50%-100% after a \$0-\$200 deductible per occurrence]	[50%-100% after a \$0-\$200 deductible per occurrence]
[Maximum occurrences per calendar year]	[1-5]	[1-5]	[1-5]
[Maximum benefit per occurrence]	[\$300-\$10,000]	[\$300-\$10,000]	[\$300-\$10,000]
[Maximum benefit per calendar year]	[\$300-\$10,000]	[\$300-\$10,000]	[\$300-\$10,000]
[Injuries Resulting From A Motor Vehicle Accident]	[Payable on the same basis as any other injury except as provided below.]	[Payable on the same basis as any other injury except as provided below.]	[Payable on the same basis as any other injury except as provided below.]
[Maximum benefit per calendar year]	[\$10,000-\$30,000*] [*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries resulting from a motor vehicle accident.]	[\$10,000-\$30,000*] [*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries resulting from a motor vehicle accident.]	[\$10,000-\$30,000*] [*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries resulting from a motor vehicle accident.]

[Schedule of Benefits]

	[NETWORK]	[OUT-OF-NETWORK]	[OTHER HEALTH CARE]
[Injuries Due To Participating in Collegiate and Intercollegiate Sports]	[Payable on the same basis as any other injury except as provided below.]	[Payable on the same basis as any other injury except as provided below.]	[Payable on the same basis as any other injury except as provided below.]
[Maximum benefit per calendar year]	[\$5,000-\$15,000*] [*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries resulting from the play or practice in collegiate and intercollegiate sports.]	[\$5,000-\$15,000*] [*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries resulting from the play or practice in collegiate and intercollegiate sports.]	[\$5,000-\$15,000*] [*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries resulting from the play or practice in collegiate and intercollegiate sports.]
[Injuries to Sound Natural Teeth]	[Payable on the same basis as any other injury except as provided below.]	[Payable on the same basis as any other injury except as provided below.]	[Payable on the same basis as any other injury except as provided below.]
[Maximum benefit per calendar year]	[\$250-\$750, per tooth*] [*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries to sound natural teeth.]	[\$250-\$750, per tooth*] [*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries to sound natural teeth.]	[\$250-\$750, per tooth*] [*This is the most the plan will pay in a calendar year for covered expenses incurred for the treatment of injuries to sound natural teeth.]
All Other Expenses			
(Applies to all other covered expenses not otherwise shown above.)	[50%-100%] after any applicable copay or deductible	[50%-100%] after any applicable copay or deductible	[50%-100%] after any applicable copay or deductible

Preface

Aetna Life Insurance Company (ALIC) is pleased to provide you with this [*Booklet-Certificate*]. Read this [*Booklet-Certificate*] carefully. This Plan is underwritten by Aetna Life Insurance Company of Hartford, Connecticut (referred to as **Aetna**).

This [*Booklet-Certificate*] is part of the Group Insurance Policy between **Aetna** and the [Policyholder]. The Group Insurance Policy determines the terms and conditions of coverage. **Aetna** agrees with the [Policyholder] to provide coverage in accordance with the conditions, rights, and privileges as set forth in this [*Booklet-Certificate*]. The [Policyholder] selects the products and benefit levels under this Plan. A person covered under this Plan [and their covered dependents] is subject to all the conditions and provisions of the Group Insurance Policy.

The [*Booklet-Certificate*] describes the rights and obligations of you and **Aetna**, what this Plan covers and how benefits are paid for that coverage. It is your responsibility to understand the terms and conditions in this [*Booklet-Certificate*]. Your [*Booklet-Certificate*] includes the [*Schedule of Benefits*] and any amendments or riders.

If you become insured, this [*Booklet-Certificate*] becomes your Certificate of Coverage under the Group Insurance Policy, and it replaces and supersedes all certificates describing similar insurance coverage by **Aetna** that were previously issued to you.

[If you become insured, **Aetna** will issue an [insert]. You should keep this [insert] with your *Booklet-Certificate*. This *Booklet-Certificate* with the [insert] will become your Certificate of Coverage. It replaces and supersedes all *Booklet-Certificates* previously issued to you from **Aetna** under a Group Insurance Policy.]

[Affordable Care Act Notice:

The Affordable Care Act prohibits health plans from applying arbitrary dollar limits for coverage for key benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$750,000.

Your health insurance coverage, offered by Aetna Life Insurance Company, does not meet the minimum standards required by the Affordable Care Act described above. Instead, it puts an annual limit of:

[dollar amount] on [all covered benefits]

and/or

[dollar amount(s) and covered benefits will be listed].

In order to apply the lower limits described above, your health plan requested a waiver of the requirement that coverage for key benefits be at least \$750,000 this year. That waiver was granted by the U.S. Department of Health and Human Services based on your health plan's representation that providing \$750,000 in coverage for key benefits this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. This waiver is valid for one year.

If the lower limits are a concern, there may be other options for health care coverage available to you and your family members. For more information, go to: www.HealthCare.gov.

If you have any questions or concerns about this notice, contact SRC, an Aetna company, at 1-888-772-9682.

In addition, you can contact www.healthcare.gov/news/factsheets/capgrants_states.html for consumer assistance program information.]

[IMPORTANT NOTICE

Please read the copy of the application attached to this *Booklet-Certificate*. If any information on it is not correct and complete, please write to Aetna Life Insurance Company at the address shown on your [insert] within 30 days.

Your application has now become part of the *Booklet-Certificate*, which has been issued on the basis that the information given in your answers to all questions shown in the application is correct and complete. Incorrect or incomplete information could jeopardize your claim or result in termination of your coverage.

Your review of this application now will help prevent cases of misstatements or misunderstandings.]

[Right to Examine this Certificate of Coverage for 30 Days. [Except for transfer business,] you will have 30 days from the date of receipt to examine this Certificate. If you do not wish to keep this Certificate, it must be returned to [Aetna at its home office] within this 30 day period. Upon receipt of the Certificate, [Aetna] will return any premium paid and this insurance will not have taken effect for you that would have otherwise been covered under this Certificate.]

[Group Policyholder:	The ABC Company
Participating Association	The ABC Association
Group Policy Number:	456789
Group Policy Effective Date:	MO/DAY/YR
Plan Effective Date	MO/DAY/YR
Plan Revision Effective Date:	MO/DAY/YR
Issue Date:	MO/DAY/YR
Summary of Coverage coded:	OA]

[



Mark T. Bertolini
Chairman, Chief Executive Officer and President]

Aetna Life Insurance Company
(A Stock Company)

Important Information Regarding Availability of Coverage

No benefits are covered under this *[Booklet-Certificate]* in the absence of payment of current premiums subject to the *[Grace Period]* and the *Premium* section of the Group Insurance Policy.

Unless specifically provided in any applicable termination or continuation of coverage provision described in this *[Booklet-Certificate]* or under the terms of the Group Insurance Policy, this Plan does not pay benefits for [the loss of life; an **accident**; a disability; or a health care or dental care expense service or supply] incurred before coverage starts under this plan.

[For life, **accident** and disability products this plan will also not pay any benefits for any [losses; claims; expenses; services or supplies] that start after coverage ends.]

[For health insurance plans, this plan will not pay any benefits for any claims, or expenses incurred after the date this plan terminates.]

[This provision applies even if the loss, or expense, was incurred because of an [**accident, injury or illness**] that occurred, began or existed while coverage was in effect.]

Please refer to the sections, *[Termination of Coverage (Extension of Benefits) and Continuation of Coverage]* for more detail about these provisions.

[Benefits may be modified during the term of this Plan as specifically provided under the terms of the Group Insurance Policy or upon renewal. If benefits are modified, the revised benefits (including any reduction in benefits or elimination of benefits) apply to any [losses; expenses incurred; services or supplies furnished] that start on or after the effective date of the Plan modification. There are no vested rights to receive any benefits described in the Group Insurance Policy or in this *[Booklet-Certificate]* beyond the date of termination or renewal including if the [loss; **accident**; disability; health care; dental care; service or supply] [starts; happens; or is furnished] on or after the effective date of the Plan modification, but prior to your receipt of amended Plan documents.]

[Coverage for Emergency Medical Conditions]

Covered expenses include charges made by a **hospital** or a **physician** for services provided in an emergency room to evaluate and treat an **emergency medical condition**.

The **emergency care** benefit covers:

- Use of emergency room facilities;
- Emergency room [staff] **physicians** services;
- **Hospital** nursing staff services; and
- [Staff] radiologists and pathologists services.

Please contact your [network provider] after receiving treatment for an **emergency medical condition**.

[Emergency Room Calendar Year Maximum]

This is the most this Plan will pay for all covered emergency room expenses incurred by a covered person in a calendar year under the Emergency Room Expenses benefit.]

[Important Reminder]

Refer to the [*Schedule of Benefits*] for details about **copays, deductibles, coinsurance** and maximum benefit limits.]]

[Inpatient Supplemental Medical Expense Benefit

An additional benefit may be paid if a covered person is confined in a **hospital** [treatment facility; **hospice facility; rehabilitation facility; skilled nursing facility**] and has exhausted this Plan's overall [Inpatient] Calendar Year Maximum. The added benefit is the Inpatient Supplemental Medical Expense Benefit.

Covered expenses include only those charges for **room and board** [, **physician's** services and other services or supplies] listed under your *Inpatient Hospital* and *Inpatient Facility* benefits, that are incurred in excess of this Plan's overall [Inpatient] Calendar Year Maximum Benefit. [It does not include items such items as: **prescription drugs** and medicines; medical and surgical supplies and devices; lab and x-ray services; operating and recovery room expenses.]

The Inpatient Supplemental Medical Expense Benefit will cease paying charges incurred for **covered expenses** when this Plan's overall [Inpatient] Calendar Year Maximum is restored every calendar year. It will not pay charges again until a covered person has exhausted this Plan's overall [Inpatient] Calendar Year Maximum each calendar year.

Inpatient Supplemental Medical Expense Calendar Year Maximum Benefit

This is the most this Plan will pay for all covered inpatient expenses incurred by a covered person in a calendar year under the Inpatient Supplemental Medical Expense Benefit.

[Important Reminders

Refer to the [*Schedule of Benefits*] for details about any **coinsurance** and maximum benefit limits.]]

SERFF Tracking Number: AENX-G127281238 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 49082
 Company Tracking Number: AR045210100002
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: 2011 HCR- Mini-Med (ALIC)
 Project Name/Number: 2011 HCR- Mini-Med (ALIC)/AR045210100002

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/30/2011
Comments: Attached. Carriers may not revise the HHS model language included in forms		
Attachment: AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/30/2011
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/30/2011
Comments:		
Attachment: AR PPACA Checklist.PDF		

	Item Status:	Status Date:
Satisfied - Item: EOV GR-9 General Comments, EOV for GR-9 11798-2, EOV for GR-9 12444-1, EOV for GR-9 11814-2, EOV for GR-9N-MMCR1-HCR 01, EOV for GR-9N S-14-015 05, EOV for GR-9N S-14-040 05, EOV for GR-9N S-15-015 05, EOV for GR-9N S-15-040 05, EOV for GR-9N S-15-0, ...	Approved-Closed	06/30/2011

SERFF Tracking Number: AENX-G127281238 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 49082
 Company Tracking Number: AR045210100002
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: 2011 HCR- Mini-Med (ALIC)
 Project Name/Number: 2011 HCR- Mini-Med (ALIC)/AR045210100002

Comments:

Attachments:

- AL GE EGR9MMGeneral V001.PDF
- AL GE EGR911798 V002.PDF
- AL GE EGR912444 V001.PDF
- AL GE EGR911814 V002.PDF
- AL GE EAMMGR9NCR1HCR V001.PDF
- AL GE EGR9N0S1415 V005.PDF
- AL GE EGR9N0S1440 V005.PDF
- AL GE EGR9N0S1515 V005.PDF
- AL GE EGR9N0S1540 V005.PDF
- AL GE EGR9N0S1570 V006.PDF
- AL GE EGR9N002005 V005.PDF
- AL GE EGR9N014040 V004.PDF
- AL GE EGR9N014205 V004.PDF

	Item Status:	Status
		Date:
Satisfied - Item: GR-9 and GR-9N Cover Letter	Approved-Closed	06/30/2011
Comments:		
Attachment:		
MM HCR GR-9 & GR-9N CovLTR .PDF		

	Item Status:	Status
		Date:
Satisfied - Item: Attachment A	Approved-Closed	06/30/2011
Comments:		
Attachment:		
MM HCR GR-9 & GR-9N AttachA.PDF		

	Item Status:	Status
		Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	06/30/2011
Comments:		

SERFF Tracking Number: AENX-G127281238 *State:* Arkansas
Filing Company: Aetna Life Insurance Company *State Tracking Number:* 49082
Company Tracking Number: AR045210100002
TOI: H16G Group Health - Major Medical *Sub-TOI:* H16G.001C Any Size Group - Other
Product Name: 2011 HCR- Mini-Med (ALIC)
Project Name/Number: 2011 HCR- Mini-Med (ALIC)/AR045210100002

Attachments:

AR - NAIC TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING ATTACHMENT.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life 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.

Form Number	Score
GR-9 11798-2	34.1
GR-9 11814-2	43.5
GR-9 12444-1	33.79
GR-9N-MMCR1-HCR 01	50.8
GR-9N S-14-015 05	0
GR-9N S-14-040 05	0
GR-9N S-14-070 06	0
GR-9N S-15-015 05	0
GR-9N S-15-040 05	0
GR-9N S-15-070 06	0
GR-9N 02-005 05	54.1
GR-9N 14-040 04	46.6
GR-9N 14-205 04	32

STATE OF ARKANSAS
READABILITY CERTIFICATION

Form Number	Score
--------------------	--------------

Signed: _____

Name:

Title:

Date: _____

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
Aetna Life Insurance Company	001-60054	AENX-G127281238	GR-9 and GR-29 GR-9N and GR-29N	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A ñ Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19 Explanation: Page Number:	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014. Explanation: Page Number:	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Eliminate Lifetime Dollar Limits on Essential Benefits Explanation: Page Number:	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact. Explanation: Page Number:	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A ñ Individual Health Benefit Plans

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

PPACA Uniform Compliance Summary

SECTION A ñ Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – 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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – 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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

PPACA Uniform Compliance Summary

SECTION B ñ Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G Group Health - Major Medical	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Explanation:		If no , please explain.	If no , please explain.
	Page Number: GR-9N-MMCR1-HCR 01 Page 2			
H16G Group Health - Major Medical	Eliminate Annual Dollar Limits on Essential Benefits – 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"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Explanation: Please see cover letter. HHS Waiver.		If no , please explain.	If no , please explain.
	Page Number:			
H16G Group Health - Major Medical	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Explanation:		If no , please explain.	If no , please explain.
	Page Number: GR-9N-MMCR1-HCR 01 Pages 1 and 2			
H16G Group Health - Major Medical	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Explanation: Current approved forms do not include rescission provision.		If no , please explain.	If no , please explain.
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B ñ Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G Group Health - Major Medical	Preventive Services – 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Please see cover letter. Updates will be made upon final HHS guidelines.			
	Page Number:			
H16G Group Health - Major Medical	Extends Dependent Coverage for Children Until age 26 – 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 checked="" type="checkbox"/> Yes • <input type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: GR-9N-MMCR1-HCR 01 Page 2			
H16G Group Health - Major Medical	Appeals Process – 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Current approved form GR-GrpAppealsER 02, Approved October 5, 2010, SERFF filing # AENX-G126855446			
	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 ñ Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16G Group Health - Major Medical	Emergency Services – 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Current approved forms are compliant.			
	Page Number:			
H16G Group Health - Major Medical	Access to Pediatricians – 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Current approved forms are compliant.			
	Page Number:			
H16G Group Health - Major Medical	Access to OB/GYNs – 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.
	Explanation: Current approved forms are compliant.			
	Page Number:			

EXPLANATION OF VARIABLE MATERIAL
[Limited] [Major] [Comprehensive] Medical Expense Coverage
GR-9

General Explanations:

The material shown within brackets on the enclosed forms is intended to be variable and, therefore, subject to omission, inclusion or change according to the needs of a particular situation. Provisions will be arranged in the order shown, but we would plan to move up material whenever appropriate to avoid gaps that would otherwise be created by the deletion of bracketed material.

We would like to be in a position to meet the needs of a particular group policyholder who may wish to make changes in the forms as to style or design. For example, GR-9 may be issued on pages that are 8 1/2 by 11 inches or on pages that are 5 1/2 by 8 1/2 inches. In no event, however, will a type size smaller than 10 point be used. We also would like to be able to apply advances in technical systems to the manner in which the certificate forms are produced.

Please note that unless stated in no event will any change in language be made to the enclosed certificate insert pages that:

- **will result in a more restrictive benefit than reflected in this filing or reflected in a filing submission which has been approved by your Department; or**
- **is not in compliance with any [state] law or regulation.**

EXPLANATION OF VARIABLE MATERIAL
[Limited] [Major] [Comprehensive] Medical Expense Coverage
GR-9

Certificate Insert Page:
11798-2

Inpatient Supplemental Medical Expense Benefit

1. This benefit may apply only to expenses incurred while confined in a hospital. If a plan includes this option, references to other types of facilities will be deleted from the first paragraph. In addition, the reference to "convalescent facility" may be changed to "skilled nursing facility".
2. Coverage for private duty nursing may or may not be included in the second paragraph.
3. The last sentence of the second paragraph will be revised to remove services that are covered under the policyholder's plan.
4. The "Payment Percentages" for Preferred and Non-Preferred Care will vary within the ranges shown, but will never be less than 50%. The Payment Percentages for Preferred Care and Non-Preferred Care may be different[, and upon issue will be in compliance with applicable benefit differential requirements.
5. References to Preferred and Non-Preferred Care will be omitted if coverage is not provided under the plan on a preferred provider basis. If omitted, the amounts listed under the Non-Preferred column will apply.
6. The stated maximum amounts may be a combined limit for both Preferred and Non-Preferred Care, apply separately to Preferred and Non-Preferred Care, will vary within the ranges shown, (but never less than the minimum shown), and the maximums may differ between Preferred and Non-Preferred Care.
7. The term "Inpatient" in the first, second and fourth paragraphs will be deleted if the plan has one overall Calendar Year Maximum that applies to both inpatient and outpatient expenses.
8. The insert pages will reflect the appropriate heading in accordance with the plan of benefits.
9. The following terms will be revised as noted:
 - "preferred" may be changed to "in-network", "participating", "network" or some other term with the same meaning;
 - "non-preferred" may be changed to "non-network", "non-participating", "out of network" or some other term with the same meaning
 - "Calendar Year" may be changed to "Plan Year", "Policy Year", "Coverage Year" or some other term with the same meaning.

EXPLANATION OF VARIABLE MATERIAL
[Limited] [Major] [Comprehensive] Medical Expense Coverage
GR-9

Certificate Insert Page
12444-1

The Affordable Care Act Notice

This notice will be included for limited major medical plans, or “mini-med” plans, pursuant to the Federal Department of Health and Human Services (HHS) requirements. When included, it will be revised as follows:

- The minimum annual maximum dollar amount permitted under health care reform will be adjusted as required;
- Contact information, such as telephone numbers and URLs, will change as needed;
- The second paragraph will be revised to include all applicable maximums in accordance with the policyholder’s plan;
- The notice language and it’s format will be revised in accordance with any changes made by HHS to this requirement;
- The last paragraph will be included for plans offered in states with a Consumer Assistance Program.

EXPLANATION OF VARIABLE MATERIAL
[Limited] [Major] [Comprehensive] Medical Expense Coverage
GR-9

Certificate Insert Page:
11814-2

Emergency Room Expenses

1. For treatment of an emergency medical condition, expenses incurred on a Non-Preferred Care basis will be paid at the Preferred Care level of coverage up to any plan maximums, and the cost sharing in the non-preferred column will reflect this upon issue.
2. Non-emergency use of the emergency room may be payable at a different level of coverage.
3. References to Preferred and Non-Preferred Care will be omitted if coverage is not provided under the plan on a preferred provider basis. If omitted, the amounts listed under the Non-Preferred column will apply.
4. The stated maximum amounts may be a combined limit for both Preferred and Non-Preferred Care, apply separately to Preferred and Non-Preferred Care and may vary between Preferred and Non-Preferred Care.
5. The "Payment Percentages" for Preferred and Non-Preferred Care will vary within the ranges shown, but will never be less than 50%.
6. The "Emergency Room Calendar Year Deductible" may or may not apply for Preferred and Non-Preferred Care. If included, they will vary within the ranges shown, and will never be more than the maximum amounts shown,. These copays and deductibles may apply on a calendar year basis or at other intervals elected by the policyholder.
7. The Emergency Room "Per Visit Maximum" amounts may be deleted. If included, they will vary within the ranges shown, and will never be less than the minimum amounts shown.
8. The Emergency Room "Number of Visits Calendar Year Maximum" amounts may be deleted. If included, they will vary within the ranges shown, but will never be less than the minimum amounts shown. These maximums may apply on a calendar year basis or at other intervals elected by the policyholder.
9. The Emergency Room "Calendar Year Maximum" amounts may be deleted. If included, they will vary within the ranges shown, and will never be less than the minimum amounts shown. These maximums may apply on a calendar year basis or at other intervals elected by the policyholder.
10. The insert pages will reflect the appropriate heading in accordance with the plan of benefits.
11. The following terms will be revised as noted:
 - "preferred" may be changed to "in-network", "participating", "network" or some other term with the same meaning;
 - "non-preferred" may be changed to "non-network", "non-participating", "out of network" or some other term with the same meaning
 - "Calendar Year" may be changed to "Plan Year", "Policy Year", "Coverage Year" or some other term with the same meaning.

Aetna Life Insurance Company
Explanation of Variable Material

Booklet-Certificate Amendment Form:
GR-9N-MMCR1-HCR

01

General Comments

This amendment applies to both grandfathered and non-grandfathered plans.

This amendment is intended to be issued to existing policyholders but may also be issued to new policyholders. It will be used to temporarily revise a policyholder's forms to describe Health Care Reform changes to a policyholder's plan of benefits.

Upon issue, this amendment will be customized in accordance with a policyholder's plan of benefits, the specific forms issued to a policyholder, state mandates and this explanation of variability.

Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected.

The placement of the text within the form may vary to avoid gaps that would otherwise be created by the deletion of bracketed text and to allow the contractual documents to be system produced.

The following terms may be revised as noted:

- "policyholder" may be changed to "employer", "association", "plan sponsor", "contract holder", "participating employer", "member group" or other term with the same meaning;
- "Booklet-Certificate" may be changed to "Certificate", "Certificate of Insurance" or some other term with the same meaning;
- "Schedule of Benefits" may be changed to "Summary of Benefits", "Summary of Coverage" or some other term with the same meaning;
- "Calendar Year" may be changed to "Plan Year", "Policy Year", "Coverage Year" or some other term with the same meaning;
- "network" may be changed to "in-network", "participating", "preferred" or some other term with the same meaning;
- "out-of-network" may be changed to "non-network", "non-participating", "non-preferred" or some other term with the same meaning.

Any of the bracketed section references will change to the name of the section that is used within a policyholder's forms.

The references to Prescription Drug coverage may be omitted if not applicable under a policyholder's plan.

The item number designations (ex. [3.]) will change when text is omitted from the amendment.

The bracketed designations [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

Aetna Life Insurance Company

Explanation of Variable Material

General Comments (continued)

The name and signature of the Aetna officer at the end of the amendment will change to the most current information.

If applicable, the Amendment Designation and Issue Date will be inserted at the end of the amendment. These fields are reserved for Aetna's use to allow for the electronic assembly information regarding a policyholder's specific documents.

GR-9N-MMCRI-HCR 01

The appropriate policyholder specific information will print (Policyholder Name, Group Policy Number and Effective Date).

1. ***Item 1 will print for both grandfathered and non-grandfathered and it may be revised as follows:***
 - a. The term "Plan" may be revised to "Coverage" or "Insurance", or may be omitted.
 - b. The appropriate title of the outpatient prescription drug and medical coverage will print.
 - c. Any one, or a combination, of the three bulleted provisions will be included or omitted based on the policyholder's plan.
 - d. As used in the second bullet, the term "mental disorders" may be changed to "serious mental illness" or some other term with the same meaning, and the term "substance abuse" may be changed to "alcohol and drug abuse" or some other term with the same meaning.

2. ***Item 2 will be included for both grandfathered and non-grandfathered plans and it may be revised as follows:***
 - a. The bracketed maximums "monthly, per visit, per day" will print if the final regulations, as issued by the Federal Department of HHS, do not permit such dollar maximums. This list of maximums may be expanded to include additional types of maximums that may be prohibited under HHS.
 - b. The terms "Network, Out-of-Network and Other Health Care" will print for network-based plans.
 - c. The category "Other Health Care" is only used with PPO medical plans. This category allows Aetna to reimburse an insured at a percentage higher than the out-of-network percentage, but lower than the in-network percentage in areas of the country where the PPO network may not be robust. This category also applies, for example, when we do not have contracts with all sub-categories of providers under a broad category, (e.g., radiologists under the category of physicians.)
 - d. The bracketed list of services is variable to allow Aetna to publish the final list of "Essential Services", as defined by the Federal Department of Health and Human Services (HHS), when this form is issued to policyholders.
 - e. The list will vary in accordance with the types of maximums included in a policyholder's plan that apply to these services. For example, if the plan does not apply a dollar maximum to "Emergency Medical Services", then Emergency Medical Services will not be listed. The list will also vary with the types of services that are covered under a policyholder's plan. The wording used to describe the Essential Services may be slightly modified when this amendment is issued in accordance with the terms used in a booklet-certificate form.

- f. The variable maximums in the parenthetical for “other types of maximums” will be included or omitted based on the policyholder's plan.
3. ***Item 3 will be included for grandfathered and non-grandfathered plans.*** The age limit will vary within the stated range.
4. ***Item 4 will be included for grandfathered and non-grandfathered plans and it may be revised as follows:***
 - a. The bracketed sentence “*If your Plan includes other types of coverage...*” will be omitted if a policyholder elects to extend this eligibility requirement to all coverage under the plan.
 - b. The age limit will vary within the stated range.
 - c. The bracketed phrase "during your Plan's next open enrollment period" will be modified in accordance with the final regulations issued by the Federal Department of HHS.
5. ***Item 5 will be included for grandfathered and non-grandfathered plans and,*** the second paragraph will be included for traditional medical plans that do not include a network component, and the third paragraph will be included for PPO plans.
6. ***Item 6 will be included for grandfathered and non-grandfathered plans.*** The first paragraph will be included for PPO plans, and the second paragraph will be included for traditional medical plans that do not include a network component.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-14-15
05

General Comments

This page will be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.

The following terms may be changed as noted:

- "Schedule of Benefits" may be changed to "Summary of Benefits", "Summary of Coverage" or some other term with the same meaning;
- "calendar year" may be changed to "plan year", "policy year", "coverage year" or some other term with the same meaning;
- "mental disorders" may be changed to "serious mental illness" or some other term with the same meaning;
- "substance abuse" may be changed to "alcohol and drug abuse" or some other term with the same meaning.

The bracketed designations [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific

Calendar Year Maximum Benefits

These items may be included or omitted. When included:

- the type of maximum will vary by the type of plan and whether or not a covered person is eligible for Medicare;
- the Calendar Year Maximum Benefits may apply to all expenses or only to certain expenses;
- the maximum amounts will vary within the stated ranges.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-14-40
05

General Comments

The coinsurance percentage, deductible amount, visit limits and maximum dollar amounts will vary within the stated ranges.

The term “Schedule of Benefits” may be changed to “Summary of Benefits”, “Summary of Coverage” or some other term with the same meaning.

The bracketed designations [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

Coverage for Emergency Medical Conditions

1. All variable components within this section may be included or omitted in accordance with the policyholder's plan.
2. Maximums may or may not be applied. When no maximum applies for a particular benefit, the maximum benefit line(s) will be omitted.
3. A deductible may apply or be waived. When a deductible applies:
 - it will apply on an overall plan calendar year, outpatient calendar year, or hospital emergency room calendar year, and/ or per emergency room visit basis;
 - the applicable deductible may be waived when a person is admitted to the hospital;
 - the cross application of deductible provision may or may not apply. If included, it may be liberalized.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-15-15
05

General Comments

This page will be included when mental disorders and/or substance abuse have a separate cost-sharing arrangement from all other covered expenses.

The following terms may be changed as noted:

- “Booklet-Certificate” may be changed to “Certificate”, “Certificate of Insurance” or some other term with the same meaning;
- "Schedule of Benefits" may be changed to "Summary of Benefits", “Summary of Coverage” or some other term with the same meaning;
- “calendar year” may be changed to “plan year”, “policy year” or “coverage year” or some other term with the same meaning;
- “network” may be changed to “in-network”, “participating”, “preferred” or some other term with the same meaning;
- “out-of-network” may be changed to “non-network”, “non-participating”, “non-preferred” or some other term with the same meaning;
- “mental disorders” may be changed to “serious mental illness” or some other term with the same meaning;
- “substance abuse” may be changed to “alcohol and drug abuse” or some other term with the same meaning.

The bracketed designations [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

Calendar Year Maximum Benefits

These items may be included or omitted. When included:

- they will apply to Network expenses only, Out-of-Network expenses only, or both;
- the type of maximum will vary by the type of plan and whether or not a covered person is eligible for Medicare;
- the Calendar Year Maximum Benefits may apply to all expenses or only to certain expenses;
- the maximum amounts will vary within the stated ranges.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-15-40
05

General Comments

The coinsurance percentage, copay/deductible amount, visit limits and maximum dollar amounts will vary within the stated ranges.

The following terms may be changed as noted:

- “Schedule of Benefits” may be changed to "Summary of Benefits", “Summary of Coverage” or some other term with the same meaning;
- “network” may be changed to “in-network”, “participating”, “preferred” or some other term with the same meaning;
- “out-of-network” may be changed to “non-network”, “non-participating”, “non-preferred” or some other term with the same meaning.

The bracketed designations [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

Coverage for Emergency Medical Conditions

1. All variable components within this section may be included or omitted in accordance with the Policyholder's plan.
2. Maximums may or may not be applied. When no maximum applies to a particular benefit, the maximum benefit line(s) will be omitted.
3. A copay/deductible may apply or be waived. When a copay/deductible applies:
 - it will apply on an overall plan calendar year, outpatient calendar year, or hospital emergency room calendar year, and/ or per emergency room visit basis;
 - the applicable copay/deductible may be waived when a person is admitted to the hospital;
 - the cross application of copay/deductible provision may or may not apply. If included, it may be liberalized.

Aetna Life Insurance Company
Explanation of Variability
Schedule of Benefits
GR-9N
S-15-70
06

General Comments

Coinsurance percentages, copay/deductible amounts, dollar maximums, per day and per occurrence maximums will vary within the stated ranges.

The following terms may be changed as noted:

- "Schedule of Benefits" may be changed to "Summary of Benefits", "Summary of Coverage" or some other term with the same meaning;
- "calendar year" may be changed to "plan year", "policy year", "coverage year" or some other term with the same meaning;
- "network" may be changed to "in-network", "participating", "preferred" or some other term with the same meaning;
- "out-of-network" may be changed to "non-network", "non-participating", "non-preferred" or some other term with the same meaning.

The bracketed designations [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

Inpatient Supplemental Medical Expense Benefits

1. All variable components within this section may be omitted or included in accordance with the policyholder's plan.
2. Maximums may or may not be applied. When no maximum applies to a particular benefit, the maximum benefit line(s) will be omitted.

Aetna Life Insurance Company

Preface

Explanation of Variability

GR-9N

02-005

05

General Comments

The following terms may be changed as noted:

- "Booklet-Certificate" may be changed to "Certificate", "Certificate of Insurance" or some other term with the same meaning;
- "Schedule of Benefits" may be changed to "Summary of Benefits", "Summary of Coverage" or some other term with the same meaning;
- "policyholder" may be changed to "employer", "association", "plan sponsor", "contract holder", "participating employer", "member group" or other term with the same meaning;

Any of the bracketed section references will change to the name of the section that is used within a policyholder's forms.

The bracketed designations [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

GR-9N 02-005 05

1. The reference to dependents in the second paragraph will be omitted when the policyholder's plan does not include coverage for dependents.
2. The fifth paragraph on page 1 as well as the Important Notice and Right to Examine paragraphs will only be included when the policyholder is not an employer group, but is a group as allowed by state or federal law for purposes of purchasing group insurance.
3. The Affordable Care Act Notice will be included for limited major medical plans, or "mini-med" plans, pursuant to the Federal Department of Health and Human Services (HHS) requirements. When included, it will be revised as follows:
 - The minimum annual maximum dollar amount permitted under health care reform will be adjusted as required;
 - Contact information, such as telephone numbers and URLs, will change as needed;
 - The second paragraph will be revised to include all applicable maximums in accordance with the policyholder's plan;
 - The notice language and its format will be revised in accordance with any changes made by HHS to this requirement;
 - The last paragraph will be included for plans offered in states with a Consumer Assistance Program.
4. Upon issue, policyholder-specific items under the Right to Examine provision, will be completed to reflect the policyholder's information.
5. The signature section will reflect the title of the officer whose signature appears.

Aetna Life Insurance Company

Preface

Explanation of Variability

GR-9N

02-005

05

Important Information Regarding Availability of Coverage

This page will always be included. Bracketed provisions will be included or omitted as appropriate to the specific policyholder's plan of benefits.

1. Only the products purchased by the policyholder will be included in the second paragraph.
2. The third paragraph will be included when a life or disability product is purchased, and the fourth and fifth paragraphs will be included when a health product is purchased.
3. The section references in the sixth paragraph may change to reflect the correct sections. Reference to Continuation of Coverage will be omitted when continuation is not included under the policyholder's plan.
4. The last paragraph will be revised to reflect the terminology appropriate for the products under the policyholder's plan.

Aetna Life Insurance Company
Explanation of Variability
GR-9N
14-040
04

General Comments

The following terms will be changed as noted:

- “network provider” in the sentence that follows the bulleted list will be changed to “physician” for medical plans that do not have a network component;
- for PPO plans the term “network” may be changed to “participating”, “preferred”, “in-network” or some other term with the same meaning;
- “non-network” may be changed to “non-participating”, “non-preferred” or some other term with the same meaning;
- “calendar year” may be changed to “plan year”, “policy year”, “coverage year” or some other term with the same meaning;
- "Schedule of Benefits" may be changed to "Summary of Benefits", “Summary of Coverage” or some other term with the same meaning.

The bracketed designations [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

Coverage for Emergency Medical Conditions

1. The reference to “staff” in the second and fourth bullets may be included or omitted.
2. The Emergency Room Calendar Year Maximum will be included if this feature is selected by the policyholder.

Aetna Life Insurance Company
Explanation of Variability
GR-9N
14-205
04

General Comments

Section 14-205 will be omitted if the policyholder's plan does not include such coverage.

The following terms may be changed as follows:

- "Calendar Year" may be changed to "Plan Year", "Policy Year", "Coverage Year" or some other term with the same meaning;
- "Schedule of Benefits" may be changed to "Summary of Benefits", "Summary of Coverage" or some other term with the same meaning.

The bracketed designations [00000] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the postal abbreviation of your state may be added to identify that the form is state specific.

Inpatient Supplemental Medical Expense Benefit

1. In the first paragraph, the term "skilled nursing facility" may be changed to "convalescent facility".
2. If coverage for inpatient treatment is limited to hospital confinements only, then references to other types of facilities will be deleted from the first paragraph.
3. The term "Inpatient" in the phrase "Inpatient Calendar Year Maximum", in the first, second and third paragraphs, will be omitted when the policyholder's plan includes an overall Calendar Year Maximum that applies to both inpatient and outpatient expenses.
4. If coverage includes charges for only room and board, then references to other types of services will be deleted from the second paragraph.
5. The last sentence of the second paragraph will be revised to remove services that are covered under the policyholder's plan.



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June 17, 2011

Insurance Commissioner Julie Benafield Bowman
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Subject: **Aetna Life Insurance Company, NAIC No. 001-60054**
Group Accident and Health Insurance

Health Care Insurance Reform Provisions, Grandfathered & Non-Grandfathered Plans:

Booklet-Certificate Amendment Form: GR-9N-MMCR1-HCR 01

Booklet-Certificate Insert Sub-Section Forms: GR-9N 02-005 05, et al

Booklet-Certificate Insert Page Forms: GR-9 12444-1, et al

Dear Commissioner:

The booklet-certificate forms listed above are being submitted for your Department's review and approval on a general use basis. The forms are new and do not replace any previously filed forms. They are in final form rather than being drafts or proofs.

All of the forms attached to this filing submission will be used for both "grandfathered" and "non-grandfathered" limited major medical plans, also known as "mini med" plans.

PPACA Uniform Compliance Summary

As required, please find attached [two] completed PPACA Uniform Compliance Summaries. The Section B Small/Large Group Health Benefit Plans portion of the Summaries has been completed for this submission.

It is important to note that the forms attached to this filing are **not bookmarked** because Aetna's software is incompatible with bookmarking when forms are submitted through SERFF.

On September 24, 2010 Aetna was granted a waiver from the *Overall Plan Calendar Year Dollar Limit Elimination* and *Calendar Year Dollar Limit on Essential Services Elimination* reforms. Aetna's approval is noted on the Office of Consumer Information and Insurance Oversight's (OCIIO) website, see line 712:

http://www.hhs.gov/ociio/regulations/approved_applications_for_waiver.html

For your convenience we have attached an excerpt from the OCIIO website as the last page of this letter.

The purpose of filing the attached insert sub-section forms and insert page forms is to bring Aetna's mini med plan into compliance with those applicable Health Care Insurance Reform (HCR) requirements that Aetna had not previously filed, and from which waivers are not available. Those requirements include:

- *Overall Plan Lifetime Dollar Limits* - Elimination of overall plan lifetime dollar limits.
- *Lifetime Dollar Limits on Essential Services* - Elimination of lifetime dollar limits that apply individually to "Essential Services".
- *Emergency Services* - Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the hospital or physician, and at the in-network cost-sharing level up to the plan maximum.
- *Emergency Services Notice* - Provides notice to persons covered under an Aetna mini med plan regarding provider "balance billing" for services rendered in a hospital emergency room setting. Specifically, this filing addresses a recommendation stemming from a conversation between Aetna and the U.S. Department of Health and Human Services (HHS) that an Emergency Care Notice be provided to persons covered under an Aetna conversion medical plan. The additional language on the schedule page provides clarification of Aetna's administrative claim practices for hospital emergency room services.
- *Transparency Notice* – Requires plans to include HHS model language in any plan or policy documents evidencing coverage that are sent to eligible participants and subscribers.

Aetna is filing the GR-9N-MMCR1-HCR 01 form to be used for existing policyholders, and in some circumstances new policyholders, to temporarily amend their forms in response to health care reform (HCR). Therefore it includes all applicable HCR requirements.]

Regarding the *Preventive Services* reform, as conversations continue at the federal level to finalize the list of preventive services, including among other things tobacco cessation, substance abuse, and obesity counseling, the mini med wellness provision is not yet being submitted. Based on HHS information, Aetna expects to receive final preventive services guidance from the federal government at the beginning of the third quarter of 2011. For those preventive care services for which HHS has provided specific coverage guidance Aetna is updating our claims practices accordingly.

We intend to use the GR-9 forms with:

- Booklet-Certificate Form GR-9 that was approved by your Department on November 17, 1987; and
- Wraparound Style Policy Form GR-29 that was approved by your Department on November 17, 1987.

We intend to use the GR-9N forms and the amendment form GR-9N-MMCR1-HCR 01 with:

- Booklet-Certificate Form GR-9N that was approved by your Department on June 23, 2006; and
- Wraparound Style Policy Form GR-29N that was approved by your Department on June 23, 2006.

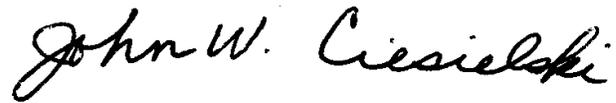
Variability

Variability, as indicated by bracketed material on the form(s), is required so that only the appropriate language may be reflected on the form(s). Upon issuance of these documents, the placement of textual material may vary to avoid gaps that would otherwise be created by the deletion of bracketed material. Provisions may appear in sequence other than that shown. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands. Detailed Explanations of Variability for the forms have been included.

We request approval of the enclosed forms and any attachments

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski". The signature is written in a cursive style with a large initial 'J' and 'C'.

John W Ciesielski
Senior Consultant
Product & Regulatory Affairs

Enclosure(s)

Approved Applications for Waiver of the Annual Limits Requirements

Updated January 26, 2011

All Applicants Listed have had 1 or more plans/policies approved.

Approved State applicants are listed separately [below](#)

Applications for waivers from annual limit requirements are reviewed on a case by case basis by Department officials who look at a series of factors including whether or not a premium increase is large or if a significant number of enrollees would lose access to their current plan because the coverage would not be offered in the absence of a waiver. More detailed information on specific criteria can be found at: http://www.hhs.gov/ocio/regulations/11-05-2010annual_limits_waiver_bulletin.pdf. Approved applicants are granted an annual limit waiver for one year. The Office of Consumer Information and Insurance Oversight's sub-regulatory guidance on the process for obtaining waivers of the annual limits requirements may be found at: http://www.hhs.gov/ocio/regulations/patient/ocio_2010-1_20100903_508.pdf

	Applicant	Application Received	Plan Effective Date	Number of Enrollees	Application Completed by Applicant	Waiver Approved
712	Aetna	9/16/2010	10/1/2010	209,423	9/16/2010	9/24/2010

Attachment A

GR-9: Booklet-Certificate, Insert Pages		
<i>Form/Insert Page Numbers</i>	<i>Form Name</i>	<i>Flesch Score</i>
GR-9 11814-2	Emergency Room Expenses	43.5
GR-9 12444-1	Preface, HHS Transparency	33.8
GR-9 11798-2	Inpatient Supplemental Medical Expense Benefit	34.1

[GR-9 &] GR-9N: Amendment		
<i>Form Number</i>	<i>Form Name</i>	<i>Flesch Score</i>
GR-9N-MMCR1-HCR 01	Mini-med Health Care Reform Amendment	50.8

GR-9N: Schedule of Benefits, Insert Sub-Sections		
<i>Form/Insert Section Numbers</i>	<i>Form Name</i>	
GR-9N S-14-15 05	Mental Disorders and Substance Abuse Calendar Year Maximum Benefits	
GR-9N S-15-15 05	Mental Disorders and Substance Abuse Calendar Year Maximum Benefits	
GR-9N S-14-40 05	Coverage for Emergency Medical Conditions	
GR-9N S-15-40 05	Coverage for Emergency Medical Conditions	
GR-9N S-14-70 06	Supplemental Benefits	
GR-9N S-15-70 06	Supplemental Benefits	

GR-9N: Booklet-Certificate, Insert Sub-Sections		
<i>Form/Insert Section Numbers</i>	<i>Form Name</i>	<i>Flesch Score</i>
GR-9N 02-005 05	Preface	54.1
GR-9N 14-040 04	Coverage for Emergency Medical Conditions	46.6
GR-9N 14-205 04	Inpatient Supplemental Medical Expense Benefit	32

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
--------------------------	--

6. Company Tracking Number	AR045210100002
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7. <input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	H16G Group Health - Major Medical
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10. Product Coding Matrix Filing Code	H16G.001C Any Size Group - Other
---------------------------------------	----------------------------------

11. Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
-------------------------	---

12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	The purpose of this filing is to bring Aetna's mini med plan forms into compliance with applicable Health Care Insurance Reform (HCR) requirements.	

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .		
Print Name <u>John Ciesielski</u>		Product and Regulatory Approvals Title <u>Manager</u>
Signature <u>John W Ciesielski</u>		Date <u>June 17, 2011</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AR045210100002	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Inpatient Supplemental Medical Expense Benefit	GR-9 11798-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Emergency Room Expenses	GR-9 11814-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Preface	GR-9 12444-1	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Booklet-Certificate Amendment	GR-9N-MMCR1-HCR 01	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Mental Disorders and Substance Abuse Calendar Year Maximum Benefits	GR-9N S-14-015 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	Coverage for Emergency Medical Conditions	GR-9N S-14-040 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Supplemental Benefits	GR-9N S-14-070 06	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Mental Disorders and Substance Abuse Calendar Year Maximum Benefits	GR-9N S-15-015 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09	Coverage for Emergency Medical Conditions	GR-9N S-15-040 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10	Supplemental Benefits	GR-9N S-15-070 06	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11	Preface	GR-9N 02-005 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR045210100002
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
12	Coverage for Emergency Medical Conditions	GR-9N 14-040 04	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
13	Inpatient Supplemental Medical Expense Benefit	GR-9N 14-205 04	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	