

SERFF Tracking Number: AMLC-127291122 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49128
 Company Tracking Number: ARUMPBSCF
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Retiree Health Plan Rider
 Project Name/Number: Retiree Health Plan Rider/ARUMPBSCF

Filing at a Glance

Company: United American Insurance Company

Product Name: Retiree Health Plan Rider

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AMLC-127291122 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49128

Co Tr Num: ARUMPBSCF

Author: Sandra Grubbs

Date Submitted: 06/24/2011

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/30/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Retiree Health Plan Rider

Project Number: ARUMPBSCF

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Trust, Other

Overall Rate Impact:

Deemer Date:

Submitted By: Sandra Grubbs

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We intend on using these riders to provide additional package options with Group Insurance Policy Form ARUERHP/Certificate Forms ARUERHPC and ARUERHPKLC, which was approved by your department on 02/12/2010. Compliance with Chapter 79, of Arkansas Insurance Laws, is not required as the group policyholder and the group is exempt from such requirements according to §23-79-402(b) of Chapter 79. The benefit packages are experienced rated and will be fully negotiated with each group.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed, but no
response yet.

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:
Unions

Filing Status Changed: 06/30/2011

State Status Changed: 06/30/2011

Created By: Sandra Grubbs

Corresponding Filing Tracking Number:

SERFF Tracking Number: AMLC-127291122 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49128
 Company Tracking Number: ARUMPBSCF
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Retiree Health Plan Rider
 Project Name/Number: Retiree Health Plan Rider/ARUMPBSCF

Company and Contact

Filing Contact Information

Sandra Grubbs, Project Manager sgrubbs@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3712 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska
 P.O. Box 8080 Group Code: 290 Company Type: Life and Health
 McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:
 (972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 1 form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	06/24/2011	49066340

SERFF Tracking Number: AMLC-127291122 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 49128
Company Tracking Number: ARUMPBSCF
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Retiree Health Plan Rider
Project Name/Number: Retiree Health Plan Rider/ARUMPBSCF

Correspondence Summary

Dispositions

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

SERFF Tracking Number: *AMLC-127291122* *State:* *Arkansas*
Filing Company: *United American Insurance Company* *State Tracking Number:* *49128*
Company Tracking Number: *ARUMPBSCF*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *Retiree Health Plan Rider*
Project Name/Number: *Retiree Health Plan Rider/ARUMPBSCF*

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.

SERFF Tracking Number: AMLC-127291122 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49128
 Company Tracking Number: ARUMPBSCF
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Retiree Health Plan Rider
 Project Name/Number: Retiree Health Plan Rider/ARUMPBSCF

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Annual Medicare Part B Shared Costs Rider	Approved-Closed	Yes

SERFF Tracking Number: AMLC-127291122 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49128
 Company Tracking Number: ARUMPBSCF
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Retiree Health Plan Rider
 Project Name/Number: Retiree Health Plan Rider/ARUMPBSCF

Form Schedule

Lead Form Number: ARUMPBSCF

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/30/2011	ARUMPBS CF	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Annual Medicare Part B Shared Costs Rider	Initial		51.000	ARUMPBSCF .pdf

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

ANNUAL MEDICARE PART B SHARED COSTS RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER OUT OF POCKET MAXIMUM means the Medicare Part B Shared Costs that are not payable under PART 3 (1) below and for which You are responsible to pay; not to exceed a maximum of [\$1,500] per Calendar Year.

EXCESS CHARGE means the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program, federal or state law, and the Medicare approved Part B charge.

MEDICARE PART B COINSURANCE means that portion of the Medicare approved amount that was neither paid by Medicare nor applied to the Medicare Part B deductible.

MEDICARE PART B SHARED COSTS means expenses, other than premium, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B. Medicare Part B Shared Costs can include the Medicare Part B deductible, Medicare Part B Coinsurance and Excess Charge(s).

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

- 1) [80%] of Your Medicare Part B Deductible, [20%] of Your Medicare Part B Coinsurance and [80%] of Your Excess Charge(s) until You reach Your Annual Rider Out Of Pocket Maximum.
- 2) [100%] of Your Medicare Part B Shared Costs after You pay Your [\$1,500] Annual Rider Out Of Pocket Maximum.

Under this Part 3 of this Certificate, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

ARUMPBSCF

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sarah M. [unclear]
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

SERFF Tracking Number: AMLC-127291122 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 49128
 Company Tracking Number: ARUMPBSCF
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Retiree Health Plan Rider
 Project Name/Number: Retiree Health Plan Rider/ARUMPBSCF

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/30/2011
Comments:		
Attachment: CARS1351ARUMPBSCF.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	06/30/2011
Comments:		
Attachment: ARUEGRUAPspec.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/30/2011
Bypass Reason: Per Chapter 79, of Arkansas Insurance Laws, this information is not required as the group policyholder and the group is exempt from such requirements according to §23-79-402(b) of Chapter 79. The benefit package is experience rated and will be fully negotiated with each group sponsor. We intend to develop rates on a group by group basis. The group policy will be issued to each individual		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/30/2011
Bypass Reason: Not required, this is a rider to be used on a Group Product.		
Comments:		

Item Status: **Status**

SERFF Tracking Number: AMLC-127291122 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 49128
Company Tracking Number: ARUMPBSCF
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Retiree Health Plan Rider
Project Name/Number: Retiree Health Plan Rider/ARUMPBSCF

Bypassed - Item: PPACA Uniform Compliance Summary Approved-Closed
Bypass Reason: N/A. This is not a major medical filing.
Comments:

Date:
06/30/2011

ARKANSAS

CERTIFICATION

This is to certify that the attached Policy Form ARUMPBSCF has achieved a Flesch Reading Ease Score of 51 and complies with the requirements of Arkansas Stat. Ann. SS66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Michael J. Gaisbauer, Vice President

SUPPLEMENTAL FORMS

SCORE

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

APPLICATION

1. a. Group Policy Number: [1234]
b. Policyholder: [ABC Corporation]
2. Group Effective Date: [January 25, 2010]
3. Eligible Member of the Group: [Members of ABC Corporation]
4. Eligible Dependents: [The spouse or surviving spouse of a Group Member,] [the spouse of an active employee of the Policyholder,] [the spouse of an early retiree of the Policyholder,] [the widow or widower of a Group Member whose rights are continued under the Policyholder's retirement plan,] or [the divorced spouse of a Group Member whose rights are continued under the Policyholder's retirement plan].

The Applicant hereby applies for Group Insurance and understands and agrees that insurance applied for shall not become effective until the application for Group Insurance is approved by United American Insurance Company at its Administrative Office.

This application, as it may be amended, will become a part of the Group Policy if issued.

FOR THE POLICYHOLDER:

Signed by _____ Title _____

Signed at _____ Date _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARUEGRUAP