

SERFF Tracking Number: AMRP-127148875 State: Arkansas
 Filing Company: World Insurance Company State Tracking Number: 48797
 Company Tracking Number: M1465W-AR
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: A3606 Mandated Benefits Endorsement
 Project Name/Number: A3606 Mandated Benefits Endorsement/A3606 Mandated Benefits Endorsement

Filing at a Glance

Company: World Insurance Company
 Product Name: A3606 Mandated Benefits Endorsement SERFF Tr Num: AMRP-127148875 State: Arkansas
 TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- Closed State Tr Num: 48797
 Sub-TOI: H16I.005A Individual - Preferred Provider (PPO) Co Tr Num: M1465W-AR State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Susan Falk, Sarah Shives, Jamie Mueller, Michele Kulish
 Danielson, Colletta Maddy
 Date Submitted: 05/17/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: A3606 Mandated Benefits Endorsement Status of Filing in Domicile: Not Filed
 Project Number: A3606 Mandated Benefits Endorsement Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type: Individual
 Overall Rate Impact: Filing Status Changed: 06/02/2011
 State Status Changed: 06/02/2011
 Deemer Date: Created By: Colletta Maddy
 Submitted By: Colletta Maddy Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related
 PPACA Notes: null
 Filing Description:
 We are submitting form M1465W-AR for your review and approval. This form is new and does not replace any form on file with your Department. This form is being filed in order to bring policy form A3606-AR (5-00) up-to-date with state mandated benefits, including benefits for gastric pacemakers pursuant to HB 1915.

SERFF Tracking Number: AMRP-127148875 State: Arkansas
 Filing Company: World Insurance Company State Tracking Number: 48797
 Company Tracking Number: M1465W-AR
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: A3606 Mandated Benefits Endorsement
 Project Name/Number: A3606 Mandated Benefits Endorsement/A3606 Mandated Benefits Endorsement

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

If you have any questions regarding this filing, please contact me at 1-800-641-0366, extension 4250 or at colletta.maddy@americanenterprise.com.

Sincerely,

Colletta Maddy
 Compliance Analyst

Company and Contact

Filing Contact Information

Colletta Maddy, colletta.maddy@americanenterprise.com
 601 6th Ave. 515-245-4250 [Phone]
 Des Moines, IA 50309

Filing Company Information

World Insurance Company CoCode: 70629 State of Domicile: Nebraska
 11808 Grant Street Group Code: 3527 Company Type: Life and Health
 Omaha, NE 68103-8000 Group Name: American Enterprise State ID Number:
 (402) 496-8289 ext. [Phone] FEIN Number: 47-0339860

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing or review of health endorsements, per form...\$50.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
World Insurance Company	\$50.00	05/17/2011	47686033

SERFF Tracking Number: AMRP-127148875 State: Arkansas
Filing Company: World Insurance Company State Tracking Number: 48797
Company Tracking Number: M1465W-AR
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: A3606 Mandated Benefits Endorsement
Project Name/Number: A3606 Mandated Benefits Endorsement/A3606 Mandated Benefits Endorsement

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2011	06/02/2011

SERFF Tracking Number: AMRP-127148875 State: Arkansas
Filing Company: World Insurance Company State Tracking Number: 48797
Company Tracking Number: M1465W-AR
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: A3606 Mandated Benefits Endorsement
Project Name/Number: A3606 Mandated Benefits Endorsement/A3606 Mandated Benefits Endorsement

Disposition

Disposition Date: 06/02/2011

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: AMRP-127148875 State: Arkansas
 Filing Company: World Insurance Company State Tracking Number: 48797
 Company Tracking Number: M1465W-AR
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: A3606 Mandated Benefits Endorsement
 Project Name/Number: A3606 Mandated Benefits Endorsement/A3606 Mandated Benefits Endorsement

Form Schedule

Lead Form Number: M1465W-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/02/2011	M1465W-AR	Policy/Contract	Mandated Benefits Endorsement	Initial			M1465W-AR.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				



P. O. Box 14556, Des Moines, Iowa 50306-3556
National Headquarters – Omaha, Nebraska
Customer Service • 1-800-786-7557

ENDORSEMENT

This Endorsement is attached to the coverage for the purpose of adding the following provisions under the Covered Expenses provision:

- General anesthesia and Hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in such facilities, if the Provider treating the Covered Person certifies that, because of the person's Age or condition or problem, Hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the patient is:
 - a. A child under 7 years of Age who is determined by 2 dentists to require, without delay, necessary dental Treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;
 - b. A Covered Person with a diagnosed serious mental or physical condition; or
 - c. A Covered Person with a significant behavioral problem as determined by the Covered Person's Physician.
- Colorectal cancer examinations and laboratory tests for Covered Persons who are 50 years of Age or older; less than 50 years of Age and at high risk for colorectal cancer; and Covered Persons experiencing bleeding from the rectum or blood in the stool or a change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts more than 5 days.

Screening shall include the following examinations and laboratory tests: Annual fecal occult blood test utilizing the take-home sample method or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years; double contrast barium enema every 5 years; or a colonoscopy every 10 years.

- Treatment of loss or impairment of speech or hearing. "Loss or impairment of speech or hearing" shall include those communicative disorders generally treated by a speech pathologist or audiologist licensed by the Board of Examiners in Speech-Language Pathology and Audiology and which fall within the scope of his or her area of certification. Coverage provided for loss or impairment of speech or hearing does not include hearing instruments or devices.
- Medical foods and low protein modified food products for the Medically Necessary Treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism when administered under the direction of a licensed Physician. The cost of the medical food or low protein modified food products for a Covered Person must exceed the income tax credit of \$2,400 per person per year.
- Off-label prescription medication. Coverage for any drug approved by the United States Food and Drug Administration (FDA) for use in the Treatment of cancer, if the drug has been recognized as safe and effective for Treatment of that specific type of cancer in: The American Hospital Formulary Service drug information; The United States Pharmacopoeia dispensing information; or the drug has been recognized as safe and effective for Treatment of that specific type of cancer in 2 articles from medical literature that have not had their recognition of the drug's safety and effectiveness contradicted by clear and convincing evidence presented in another article from medical literature. Coverage includes Medically Necessary services associated with the administration of the drug, provided that such services are covered by the Certificate.
- Medical Treatment of musculoskeletal disorders affecting any bone or joint in the face, neck, or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment will include both surgical and nonsurgical procedures. Coverage will be provided for Medically Necessary diagnosis and Treatment of these conditions whether they are the result of accident, trauma, congenital defect, developmental defect, or pathology. This coverage shall be the same as that provided for any other musculoskeletal disorder in the body and will be provided whether prescribed or administered by a Physician or dentist.

- Gastric Pacemaker. We will pay benefits for expenses incurred for a gastric pacemaker for a Covered Person. Eligible charges shall be based on medical necessity or Our coverage criteria for other medical services. This benefit is subject to any Deductible, Copayment and Coinsurance amounts under the Certificate.
- “Gastric pacemaker” means a medical device that:
 - A. Uses an external programmer and implanted electrical leads to the stomach; and
 - B. Transmits low-frequency, high-energy electrical stimulation to the stomach to entrain and pace the gastric slow waves to treat gastroparesis.
- Prostate Cancer Screening. Coverage includes benefits for at least one (1) screening per year for the early detection of prostate cancer in men 40 years of age and older according to the most current National Comprehensive Cancer Network guidelines. The coverage for prostate cancer screening is not subject to any policy deductible and shall not exceed the actual cost of the prostate cancer screening up to the usual and customary allowance per screening.
- Contraceptive Drugs and Devices. Coverage includes benefits for prescribed drugs or devices approved by the United States Food and Drug Administration for use as a contraceptive.
- Orthotics and Prosthetics. We will provide coverage for eligible charges that are no less than 80 percent of Medicare allowable for the following when prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the state of Arkansas:
 - (A) An orthotic device;
 - (B) An orthotic service;
 - (C) A prosthetic device; and
 - (D) A prosthetic service.

Coverage does not include benefits for an orthotic device, an orthotic service, a prosthetic device, or a prosthetic service for a replacement that occurs more frequently than 1 time every 3 years unless medically necessary or indicated by other coverage criteria.

When replacement or repair is necessitated by anatomical change or normal use, we will cover the necessary repair and necessary replacement of an orthotic device or a prosthetic device unless the repair or replacement is necessitated by misuse or loss.

Benefits are subject to all applicable copayments, deductibles or coinsurance amounts that apply to other benefits.

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



[Mary K. Durand]
Secretary

SERFF Tracking Number: AMRP-127148875 State: Arkansas
 Filing Company: World Insurance Company State Tracking Number: 48797
 Company Tracking Number: M1465W-AR
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: A3606 Mandated Benefits Endorsement
 Project Name/Number: A3606 Mandated Benefits Endorsement/A3606 Mandated Benefits Endorsement

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/02/2011
Comments:		
Attachment: FLESCH SCORE CERTIFICATION - M1465W-AR.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/02/2011
Bypass Reason: not applicable.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/02/2011
Bypass Reason: not applicable.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/02/2011
Bypass Reason: not applicable.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/02/2011
Bypass Reason: not applicable.		
Comments:		

FLESCH SCORE CERTIFICATION

Pursuant to 23-80-206(A)(b)(3)(B), I certify that form M1465W-AR is excepted from subdivision (b)(3), as the language contained in this policy form is required by Arkansas law.

A handwritten signature in black ink that reads "Colletta Maddy". The signature is written in a cursive style with a large initial 'C' and a long tail on the 'y'. Below the signature is a solid horizontal line.

Colletta Maddy
Senior Compliance Analyst