

SERFF Tracking Number: JEPT-127201084 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 48990
Company Tracking Number: GL92-AMEND.PPACA
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Group AD&D and Supplemental Health Care Expense Reimbursement Insurance (Exec-U-Care)
Project Name/Number: PPACA Amendment/

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group AD&D and Supplemental SERFF Tr Num: JEPT-127201084 State: Arkansas

Health Care Expense Reimbursement

Insurance (Exec-U-Care)

TOI: H21 Health - Other

SERFF Status: Closed-Approved- State Tr Num: 48990

Closed

Sub-TOI: H21.000 Health - Other

Co Tr Num: GL92-AMEND.PPACA State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Cindi Allgire, Debbie

Disposition Date: 06/16/2011

Turek, Betty Spratlen, Lyn Ropell

Date Submitted: 06/06/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PPACA Amendment

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 01/31/2011

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 06/16/2011

State Status Changed: 06/16/2011

Deemer Date:

Created By: Betty Spratlen

Submitted By: Betty Spratlen

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Re: ("Exec-U-Care") Group AD&D and Supplemental Health Care Expense Reimbursement Insurance (Excess Medical Loss Insurance)

PPACA Certificate Amendment: GL92-AMEND.PPACA

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The captioned group AD&D and supplemental medical expense reimbursement insurance amendment form is enclosed for your review and approval.

The submitted form is new and will amend certificates issued to employer groups as a result of the changes enacted in the federal Patient Protection and Affordable Care Act (PPACA). This product is affected by the PPACA regulations only in that it reimburses an Insured Employee for covered expenses to the extent that they are not paid under the Employer's underlying group major medical plan (the underlying major medical plan may be an insured plan with another carrier, a service plan, or a self-funded plan; The Lincoln National Life Insurance Company does not offer/market major medical plans). This amendment form will apply to a closed grandfathered block of business and is intended to align the benefits provided under this product with changes required to the underlying plan as a result of PPACA.

The form is for use with previously approved forms by your Department under the Group Certificate series GL92 04 issued through The Lincoln National Life Insurance Company's Medical Expense Reimbursement Insurance Trust situated in Nebraska. Nebraska approved the Exec-U-Care trust product, initially on October 20, 1994; and more recently on June 20, 2006; and approved, in particular, the captioned form on January 31, 2011. Your Department approved the Group Certificate series GL92 04 FP et al. forms August 29, 2006 in SERFF tracking number SERT-6SFHTM529/00-00/00-01/00, AR state tracking number 33436. Additional forms for the product were approved by your Department on May 5, 2008 in SERFF tracking number JEPT-125627089, AR state tracking number 38818.

An Appendix of Variability and required Certifications are enclosed.

If you have any questions, please do not hesitate to contact me. Thank you for your review.

Company and Contact

Filing Contact Information

Betty Spratlen, Compliance Specialist Elizabeth.Spratlen@lfg.com
8807 Indian Hills Drive 402-361-2690 [Phone]
Omaha, NE 68114 402-361-2568 [FAX]

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
350 Church Street Group Code: 20 Company Type: Group
Hartford, CT 06103 Group Name: State ID Number:
(800) 423-2765 ext. [Phone] FEIN Number: 35-0472300

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	06/06/2011	48397462

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/16/2011	06/16/2011

SERFF Tracking Number: JEPT-127201084 State: Arkansas
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Disposition

Disposition Date: 06/16/2011

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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Variability Statement	Approved-Closed	Yes
Form	Certificate Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GL92-AMEND.PPACA

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/16/2011	GL92-AMEND.PPACA	Certificate	Certificate Amendment	Initial		52.400	GL92-AMEND.PPACA.pdf
		t, Insert Page, Endorsement or Rider					

CERTIFICATE AMENDMENT
TO BE ATTACHED TO AND MADE A PART OF THE GROUP CERTIFICATE
FOR GROUP POLICY [No. 00-00000] PROVIDING GROUP ACCIDENT AND HEALTH CARE
EXPENSE REIMBURSEMENT INSURANCE

A. Under the SCHEDULE OF BENEFITS, the Maximum Health Care Benefit is amended as follows.

MAXIMUM HEALTH CARE BENEFIT for Essential Benefits -- per calendar year for each Insured Employee and each Dependent	Plan A \$750,000	Plan B \$750,000
MAXIMUM HEALTH CARE BENEFIT for Other than Essential Benefits -- per calendar year for each Insured Employee and each Dependent	\$100,000	\$50,000

B. Under the SCHEDULE OF BENEFITS, the Per Occurrence Limit is amended as follows.

PER OCCURRENCE LIMIT – per calendar year for any one Occurrence for each Insured Employee and each Dependent (Occurrence is defined in this Certificate Amendment)	Plan A \$10,000	Plan B \$5,000
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C. Under DEFINITIONS, the definition of Dependent is amended to read:

DEPENDENT means a person who:

- (1) is covered as a dependent under the Base Medical Plan; unless requested otherwise on the employer's [application or Participation Agreement] and approved by the Company; and
- (2) is the Insured Employee's:
 - (a) lawful spouse; [or]
 - (b) child less than 26 years of age[.] [; or]
 - [(c) domestic partner.]

As used above, the term "child" means the Insured Employee's:

- (1) natural born child;
- (2) legally adopted child; or a child the Insured Employee intends to adopt:
 - (a) from the date of placement for an agency adoption; or
 - (b) from any later date the adoption petition is filed for a private adoption;
- (3) stepchild [or domestic partner's child]; or
- (4) foster child, for whom Insured Employee has assumed full parental responsibility and control.

In addition, the term "Dependent" includes any child whose medical care is the Insured Employee's responsibility, pursuant to a divorce decree or other court order.

As used above, the term "domestic partner" means the Insured Employee's partner, of the [same or opposite] sex, who have provided satisfactory proof to the Company that they are in a committed, exclusive relationship with each other and are jointly responsible for each other's welfare and financial obligations. The Insured Employee and his or her partner:

- (1) must be age 18 or older; mentally competent; not legally married to someone else; or not related to the other by blood, to a degree that would bar legal marriage; and
- (2) have not been in another domestic partnership relationship within the prior 12 months.

The Insured Employee should seek counseling concerning the tax and legal effects of enrolling for Domestic Partner Coverage.

CERTIFICATE AMENDMENT (CONTINUED)

A domestic partnership may end due to a partner's death, change in residency or financial arrangements or for other reasons. When the domestic partnership ends for any reason, the Insured Employee:

- (1) must give the [Employer or Participating Employer] written notice within 30 days after the partnership ends; and
- (2) may not enroll a new domestic partner for 12 months following that notice.

D. Under DEFINITIONS, the definition of Occurrence is amended to read:

OCCURRENCE means all expenses, other than Essential Benefits as defined in the Patient Protection and Affordable Care Act, incurred in a calendar year, which result from:

- (1) the same or related diagnosis, condition, illness or injury. Treatment of all injuries sustained by any one Insured Employee or Dependent, as a result of the same accident, will be considered one Occurrence.
- (2) the same or related surgical procedures. Two or more surgical procedures will be considered one Occurrence if performed bilaterally; unless the procedures are performed during separate operative sessions and are due to unrelated conditions.
- (3) the same period of confinement in a hospital, skilled nursing care facility or other health care facility. Two or more confinements will be considered parts of the same period of confinement, whether they are in the same or different health care facilities; unless they are separated by at least 30 consecutive days without confinement;
- (4) the same course of dental treatment. A course of dental treatment is a series of dental, periodontal or orthodontic services prescribed by a dentist to correct a specific dental condition. Each series of such dental, periodontal, or orthodontic services will be considered one Occurrence; regardless of the number of teeth, quadrants, procedures, prosthodontics, sessions or adjustments involved.

E. The Benefits section of HEALTH CARE EXPENSE REIMBURSEMENT INSURANCE is amended to read:

BENEFITS. If an Insured Employee or Dependent incurs Covered Health Care Expenses, during the [Employer's or Participating Employer's] Plan Year; then the Company will pay benefits under the terms of the Policy equal to the amount of Covered Health Care Expenses incurred in excess of the Deductible after premium, including Supplemental Premium associated with the expenses, has been paid and satisfactory proof of loss is provided to the Company as described in the Claim Procedures. Benefits will not exceed any limits or maximums shown on the Schedule of Benefits or in the Exclusions and Limitations.

We will not pay for any Covered Health Care Expenses that are excluded or limited under the Exclusions and Limitations.

This Amendment takes effect on January 1, 2011, or on the Insured Employee's effective date of coverage under the Policy; whichever is later. In all other respects, the Certificate remains the same.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY



Officer of the Company

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/16/2011
Comments:		
Attachments:		
FL060611 AR EUC Regulations Cert.pdf		
FL060611 Readability _EUC_.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	06/16/2011
Comments:		
The form number of the application previously approved is GL90 P.A. 07 NT REV and the date of approval was May 5, 2008.		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/16/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/16/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/16/2011
Bypass Reason: N/A, the forms submitted in this filing are for use with a group accident and health care expense		

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reimbursement insurance product; the product is not "major medical" coverage. This product is affected by the PPACA regulations only in that it reimburses an Insured Employee for covered expenses to the extent that they are not paid under the Employer's underlying group major medical plan (the underlying major medical plan may be an insured plan with another carrier, a service plan, or a self-funded plan; The Lincoln National Life Insurance Company does not offer/market major medical plans).

Comments:

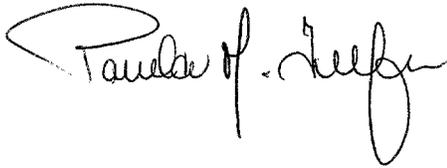
	Item Status:	Status Date:
Satisfied - Item: Variability Statement Comments: Attachment: APPENDIX OF VARIABILITY.pdf	Approved-Closed	06/16/2011

**Certificate of Compliance with
Arkansas Rules and Regulations 19 and 49**

Insurer: The Lincoln National Life Insurance Company

Form Number(s): GL92-AMEND.PPACA

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rules and Regulations 19 and 49.



Signature of Company Officer

Pamela M. Telfer
Name

Vice President, Product Compliance & State Filing
Title

June 6, 2011
Date

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

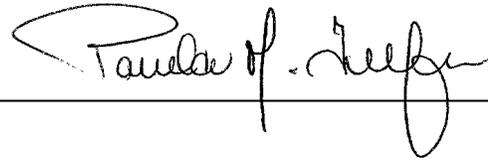
This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

FORM NO.

GL92-AMEND.PPACA

FLESCH SCORE

52.4

A handwritten signature in black ink, appearing to read "Pamela M. Telfer", is written over a horizontal line. The signature is cursive and includes a large initial "P" and a long, sweeping tail.

(An Officer of the Company)
Pamela M. Telfer
Assistant Vice President, Product Compliance

APPENDIX OF VARIABILITY

For Forms:

GL92-AMEND.PPACA

Statement of Variability.

- I. We request variable filing of the policy number, effective dates, and the signature in the signature block. Bracketed references to Employer of Participating Employer may include one or both terms, as applicable to the group.
- II. We request variable filing of the Plans to reflect the plan option applicable to the group.
- III. The **Dependent** definition is variable to omit references to a domestic partner if the group does not provide such coverage. The underlined age in item (2) is variable to range from 26 to 30 years of age. The reference to 12 months is variable to range from 30 days to 36 months at the request of the group. The 30 days for written notice is variable to range from 30 days to 90 days. Within the definition, the bracketed reference to application or Participation Agreement may include one or both items as applicable to the group.