

SERFF Tracking Number: SILC-127189934 State: Arkansas
Filing Company: Starr Indemnity & Liability Company State Tracking Number: 48920
Company Tracking Number:
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: AR - INDIV AD&D - AME RIDER
Project Name/Number: /

Filing at a Glance

Company: Starr Indemnity & Liability Company

Product Name: AR - INDIV AD&D - AME RIDER SERFF Tr Num: SILC-127189934 State: Arkansas

TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved-Closed State Tr Num: 48920

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Grace Huang, Monica Kim, Terri Minogue Disposition Date: 06/15/2011

Date Submitted: 05/27/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/15/2011

State Status Changed: 06/15/2011

Deemer Date:

Created By: Terri Minogue

Submitted By: Grace Huang

Corresponding Filing Tracking Number:

Filing Description:

May 27, 2011

Commissioner of Insurance

Arkansas Insurance Department

RE: Starr Indemnity & Liability Company

NAIC#: 38318 FEIN#: 75-1670124

H02I Individual Health – Accident Only

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H02I.000 Health – Accident Only
Approval of Accident-Only Medical Expense Rider (“AME”)

Dear Commissioner:

This new Accident-Only Medical Expense Benefit Rider is to be used with previously filed accident-only policy forms AH-45001-AR et al. that were Approved as SERFF Tracking Number PLIS-126379140 on December 1, 2009 by Rosalind Minor.

This rider is new and does not replace any of the Company’s forms currently on file with your office.

No provisions are unusual, controversial or have been previously objected to, or prohibited. Benefits will not be changed while in force. Premium changes are as allowed in the previously filed base policy.

If you need any additional information, or have any questions, please feel free to contact me at Terri.Minogue@cvstarr.com.

Sincerely,

Terri Minogue
Senior Compliance Analyst
(646)227-6356

Company and Contact

Filing Contact Information

Terri Minogue, terri.minogue@cvstarr.com
399 Park Avenue 646-227-6528 [Phone]
8th Floor
New York, NY 10022

Filing Company Information

Starr Indemnity & Liability Company CoCode: 38318 State of Domicile: Texas
399 Park Avenue Group Code: Company Type: Insurance
8th Floor Group Name: State ID Number:
New York, NY 10022 FEIN Number: 75-1670124
(646) 227-6528 ext. [Phone]

SERFF Tracking Number: SILC-127189934 State: Arkansas
Filing Company: Starr Indemnity & Liability Company State Tracking Number: 48920
Company Tracking Number:
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: AR - INDIV AD&D - AME RIDER
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Reataliatory state is TX - \$50.00 for rider filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starr Indemnity & Liability Company	\$50.00	05/27/2011	48134767

SERFF Tracking Number: SILC-127189934 State: Arkansas
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Company Tracking Number:
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: AR - INDIV AD&D - AME RIDER
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/15/2011	06/15/2011

SERFF Tracking Number: *SILC-127189934* State: *Arkansas*
 Filing Company: *Starr Indemnity & Liability Company* State Tracking Number: *48920*
 Company Tracking Number:
 TOI: *H021 Individual Health - Accident Only* Sub-TOI: *H021.000 Health - Accident Only*
 Product Name: *AR - INDIV AD&D - AME RIDER*
 Project Name/Number: */*

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	Explanation of Variability	Approved-Closed	Yes
Form	AME Rider	Approved-Closed	Yes

SERFF Tracking Number: SILC-127189934 State: Arkansas
 Filing Company: Starr Indemnity & Liability Company State Tracking Number: 48920
 Company Tracking Number:
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: AR - INDIV AD&D - AME RIDER
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 06/15/2011	AH-40017- AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AH-40017-AR AME Rider Indiv 5.26.11.pdf



Starr Indemnity & Liability Company

A Member of Starr Companies

Dallas, Texas

Administrative Office: [399 Park Avenue, 8th Floor, New York, NY 10022]

ACCIDENT-ONLY MEDICAL EXPENSE BENEFIT RIDER

POLICYHOLDER:	[Policyholder Name]
GROUP POLICY NUMBER:	[1234567890]
GROUP POLICY EFFECTIVE DATE:	[MM/DD/YY]
GROUP POLICY ANNIVERSARY DATE:	[MM/DD/YY]
STATE OF ISSUE:	Arkansas
EFFECTIVE DATE OF THIS RIDER:	[MM/DD/YY]

This Accident-Only Medical Expense Benefit Rider is a part of the Policy and Certificate to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

RIDER SCHEDULE OF BENEFITS

Benefit Maximum:	[\$5,000 - \$10,000]
Deductible:	[\$100 - \$500]
Coinsurance Rate:	[80%-100%] of Covered Expenses
Maximum Benefit Period:	[52-104] weeks from the date of the Covered Accident

ACCIDENT-ONLY MEDICAL EXPENSE BENEFIT

We will pay Accident-Only Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Benefit Maximum, Deductible, Coinsurance Rate, and Maximum Benefit Period shown in the Rider Schedule of Benefits.

Accident-Only Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Covered Expenses that the Covered Person receives; and
3. when the first charges are incurred within [90, 180, 365] days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Definitions:

In addition to the Definitions contained in the Policy and Certificate, the following Definitions apply to this Rider:

“Covered Accident” means an unexpected event that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for medical treatment, services and supplies covered by the Policy. Coverage under the Policyholder’s Policy must remain continuously in force from the date of the Covered Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

Covered Expenses include treatment of a Medical Emergency, including any evaluation, diagnostic test, or other covered treatment considered Medically Necessary to stabilize the Medical Emergency condition.

“Covered Person” means an Insured [and Dependent] for whom the required premium is paid.

“Medical Emergency” means a condition caused by an Injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention at a Hospital emergency department would place the health of the person in serious jeopardy.

“Medically Necessary” means a treatment, service or supply that is required to diagnose or treat a covered loss based on generally accepted current medical practice.

“Usual and Customary Charge” means the average amount charged by comparable providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy and Certificate to which it is attached.

Signed for the Company:


[Honora M. Keane], General Counsel


[Charles H. Dangelo], President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/15/2011
Comments:		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	06/15/2011
Comments: Application previously approved. Policy forms AH-45001-AR et al. were Approved as SERFF Tracking Number PLIS-126379140 on December 1, 2009 by Rosalind Minor.		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/15/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/15/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variability	Approved-Closed	06/15/2011
Comments:		
Attachment: EOV.pdf		



Starr Indemnity & Liability Company

A Member of Starr Companies

399 Park Avenue, 8th Floor

New York, NY 10022

T: (646) 227-6400

CERTIFICATION OF COMPLIANCE FOR READABILITY

I hereby certify on behalf of Starr Indemnity & Liability Company that the Flesch Scale Analysis Readability Score for the form(s) listed below exceeds the minimum Readability score requirements, and is accurate, based on the computer program used to calculate the scores:

Form

AH-40017-AR Accident-Only Medical Expense Benefit Rider

Catelyn Letizia

Catelyn Letizia

Underwriting Development - Analyst

Title

Date: May 27, 2011

Starr Indemnity & Liability Company
Policy Form AH-40017-AR et al.

EXPLANATION OF VARIABLE MATERIAL

This is a supplement to the submission and provides an explanation as to the use of variable material. Variable material is signified by brackets throughout the rider and allows it to be tailored to the actual plan selected by the policyholder.

The following are self-explanatory: Policyholder; Group Policy Number; Group Policy Effective date; Group Policy Anniversary Date; Effective Date of This Rider.

The actual range of numerical items to be used are those shown within the variable brackets.

The Coordination of Benefits provision will be included as shown or omitted entirely. If omitted, benefits will be paid as primary without regard to any other coverage the insured person may have.