

SERFF Tracking Number: HUMA-127312653 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 49259
Company Tracking Number: AR-11-002-H1
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: AR-70129 MAINT 6/2011
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company
Product Name: AR-70129 MAINT 6/2011
TOI: H16I Individual Health - Major Medical

SERFF Tr Num: HUMA-127312653 State: Arkansas
SERFF Status: Closed-Approved- Closed State Tr Num: 49259

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Filing Type: Form

Co Tr Num: AR-11-002-H1 State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Author: Latunia Riley Disposition Date: 07/14/2011
Date Submitted: 07/07/2011 Disposition Status: Approved-Closed
Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 07/14/2011
State Status Changed: 07/14/2011
Created By: Latunia Riley
Corresponding Filing Tracking Number: AR-11-002-H1

Deemer Date:
Submitted By: Latunia Riley

PPACA: Not PPACA-Related
PPACA Notes: null
Filing Description:
Please see cover letter

Company and Contact

Filing Contact Information

SERFF Tracking Number: HUMA-127312653 State: Arkansas
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Product Name: AR-70129 MAINT 6/2011
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Latunia Riley, Contract Analyst Iriley2@humana.com
 2 Riverwood Place 262-408-4617 [Phone]
 W24133 Riverwood Dr.
 Suite 250
 Waukesha, WI 53188

Filing Company Information

Humana Insurance Company CoCode: 73288 State of Domicile: Wisconsin
 1100 Employers Boulevard Group Code: 119 Company Type: Life & Health
 Green Bay, WI 54344 Group Name: State ID Number:
 (800) 558-4444 ext. [Phone] FEIN Number: 39-1263473

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$100.00	07/07/2011	49540225

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/14/2011	07/14/2011

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Disposition

Disposition Date: 07/14/2011

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	Cover Letter	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Document	Approved-Closed	Yes
Form	Arkansas Rider	Approved-Closed	Yes
Form	Exclusion Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AR-70129 MAINT 6/2011

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/14/2011	AR-70129 MAINT 6/2011	Policy/Cont ract/Fratern al	Arkansas Rider	Initial			Arkansas Rider.pdf
Approved-Closed 07/14/2011	GN-71039- 01 EXC 4/2011	Policy/Cont ract/Fratern al	Exclusion Rider	Initial			Exclusion Rider GN- 71039-01 EXC 4- 2010.pdf

ARKANSAS RIDER

HUMANA INSURANCE COMPANY

This rider is attached to and made part of the *policy* to which it is attached. Except as modified below, all *policy* terms, conditions, exclusions and limitations apply.

Schedule

The **Schedule, Medical Covered Expenses**, has been amended by adding the following:

Gastric Pacemaker

Network Provider: You pay [XX]% coinsurance, we pay [XX]% of covered expenses after deductible

Non-Network Provider: You pay [XX]% coinsurance, we pay [XX]% of covered expenses after deductible

Hearing Aids

Network Provider: You pay [XX] % coinsurance, we pay [XX] % of covered expenses

Non-Network Provider: You pay [XX] % coinsurance, we pay [XX] % of covered expenses

- Benefit maximum of \$1,400 per ear every 3 years per *covered person*

The **Schedule, Medical Covered Expenses, [14.] Preventive Care** has been amended by revising the following:

F. Colorectal Cancer Screening and PSA Screening

Network Provider: You pay [XX] % coinsurance, we pay [XX] % of covered expenses

Non-Network Provider: You pay [XX] % coinsurance, we pay [XX] % of covered expenses

Limitation and Exclusions

The first bullet of the **Durable Medical Equipment Limitations** provision in the **Limitations and Exclusions** section has been amended by revising the following:

- Repair or maintenance of the *durable medical equipment*, except for *prosthetics* or *orthotics* unless the repair is due to misuse; or

The following bullet has been added to the **Service Exclusions & Limitations** provision in the **Limitations and Exclusions** section:

- *Orthotic device*, except as provided in this *policy*, including but not limited to:
 - Cane;
 - Crutch;
 - Corset;
 - Dental appliance;
 - Elastic hose;

ARKANSAS RIDER

- Elastic support;
- Fabric support;
- Generic arch support;
- Low-temperature plastic splint;
- Soft cervical collar;
- Truss; or
- Other similar *orthotic devices*, as determined by *us*.

The 19th bullet of the **Service Exclusions & Limitations** provision in the **Limitations and Exclusions** section has been amended to revise the following:

- Foot care *services*, except as provided in this *policy*, including, but not limited to:
 - Treatment of weak, strained, flat, unstable or unbalanced feet;
 - Treatment of superficial lesions of the feet, such as corns, calluses or hyperkeratoses;
 - Tarsalgia, metatarsalgia or bunion treatment, except *surgery* which involves exposure of bones, tendons or ligaments;
 - Treatment of toenails, except removal of nail matrix, and
 - Arch supports, heel wedges, lifts, the fitting or provision of orthopedic shoes, except as an integral part of a brace;

The 20th bullet of the **Service Exclusions & Limitations** provision in the **Limitations and Exclusions** section has been amended by revising the following:

- Hearing aids, hair prosthesis, hair transplants or implants, and wigs, unless specified in this *policy*;

Termination

The following has been added to the **Reasons We Will Terminate Your Policy** provision in the **Termination Rights** section:

- If this *policy* has been in-force for less than 6 months, coverage for *your* covered *dependent* children will terminate concurrently on the date coverage for *you*, and *your dependent* spouse if covered under this *policy*, terminates due to becoming covered under a health insurance plan through employment.

Your Policy Benefits

The following has been added to **Your Policy Benefits** section:

Gastric Pacemaker

You must obtain *preauthorization* for a *gastric pacemaker* that is determined *medically necessary* to treat *gastroparesis* by *your health care practitioner* to be considered as a *covered expense*.

ARKANSAS RIDER

Hearing Aids

Coverage will be provided for *hearing aids* for a *covered person*.

Covered *services* include:

- *Hearing aids* that are prescribed, filled and dispensed by a *health care practitioner* licensed in the state of Arkansas; and
- Repair and replacements parts if manufacture's warranty is expired.

Fittings and moldings are not a *covered expense*.

Orthotic device

The following has been added to the **Durable Medical Equipment** provision:

- *Orthotic devices*, including repair and replacement, unless due to misuse, that are *medically necessary* and prescribed by a *health care practitioner* licensed in the state of Arkansas, to restore or maintain the ability to perform activities of daily living or essential job related activities, and not provided only for comfort or convenience.

Replacement of an *orthotic device* occurring more than 1 time every 3 years is not a *covered expense* unless *medically necessary*.

Prostate Antigen Test(PSA) and Colorectal Cancer Screening

The seventh and eight bullets in the **Preventative Care** provision of the **Your Policy Benefits** section are amended as follows:

- Prostate Antigen Test (PSA) for a male *covered person* 40 years of age or older; and
- Colorectal cancer exams and lab tests for a *covered person* age 40 or older or for a high risk *covered person* is as follows:
 - annual fecal occult blood test or annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years;
 - double contrast barium enema every 5 years;
 - colonoscopy every 10 years; or
 - any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health, determined in consultation with appropriate health care organizations.

Screenings are limited to the following for management or subsequent need for follow up colonoscopy:

ARKANSAS RIDER

- normal initial colonoscopy (follow up recommended in 10 years);
- individuals with one or more neoplastic polyps or adenomatous polyps with removal of all visualized polyps (follow up recommended in 3 years);
- single tubular adenoma less than one centimeter (follow up recommended in 5 years); or
- large sessile adenoma greater than 3 centimeters (follow up recommended in 6 months or until complete polyp removal is verified by colonoscopy).

Coverage is provided for the exams as determined by the *covered person* in consultation with his/her *health care practitioner*.

Medical Glossary

The following has been added to the **Medical Glossary** section:

G

Gastric pacemaker means a medical device that uses an external programmer and implanted electrical leads to the stomach and sends low-frequency, high-energy electrical stimulation to the stomach to entrain and pace the gastric slow waves to treat *gastroparesis*.

Gastroparesis means a neuromuscular stomach disorder in which food empties from the stomach more slowly than normal.

H

Hearing aid means an instrument or device, including repair and replacement parts, that is:

- Designed and offered for the purpose of aiding a *covered person* with or compensating for impaired hearing;
- Worn in or on the *covered person's* body;
- Generally not useful to a *covered person* without a hearing impairment.

O

Orthotic device means an external device that is:

- Intended to restore physiological function or cosmesis (i.e., the creation of life-like limbs) to a *covered person*; and
- Custom-designed, fabricated, assembled, fitted, or adjusted for the *covered person* using the device to (or concurrent with) the delivery of the device to the *covered person*.

ARKANSAS RIDER

Orthotic service means the evaluation and treatment of a condition that requires the use of an *orthotic device*.

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

EXCLUSION RIDER

HUMANA INSURANCE COMPANY

Policyholder: [John Doe]

Policy Number: [xxxxx]

This rider should be attached to and made a part of *your policy*.

[I hereby agree for the following person that no coverage is provided for the condition(s) and/or activity(ies) listed below, effective [xx/xx/xx]:] [I hereby agree to the following change(s) listed below, effective [xx/xx/xx]:]

Name: [_____] Date of Birth: [_____]

[Condition(s) and/or
activity(ies):]

[_____]

[_____]

I hereby acknowledge that I have read and understand the above statements. If future consideration of removal of this rider is available, it will require completion of an application and underwriting approval.

[Date:] [_____] [*Primary insured's* signature:] [_____ /s/ _____]
[Primary applicant or parent/guardian
of minor]

[Date:] [_____] [Spouse's signature:] [_____ /s/ _____]
[2472]

[Signature of Officer]
[Typed Name of Officer]
[Title of officer]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/14/2011
Comments:		
Attachment: Certificate of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	07/14/2011
Bypass Reason: Not Applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	07/14/2011
Bypass Reason: Not Applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	07/14/2011
Bypass Reason: Not Applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	07/14/2011
Bypass Reason: Not Applicable		
Comments:		

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Product Name: AR-70129 MAINT 6/2011
Project Name/Number: /

Item Status: Approved-Closed
Status Date: 07/14/2011
Satisfied - Item: Cover Letter
Comments:
Attachment:
Filing Cover Letter.App-Enroll Only.pdf

Item Status: Approved-Closed
Status Date: 07/14/2011
Satisfied - Item: NAIC Transmittal Document
Comments:
Attachment:
Arkansas NAIC Transmittal Document.pdf

HUMANA INSURANCE COMPANY

CERTIFICATION

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

Form Number(s)

AR-70129 MAINT 6/2011

GN-71039-01 EXC 4/2011

Flesch Test Reading Ease Score

40.5

41.2



Signed by: _____

Steven DeRaleau
Vice President

Date: July 7, 2011

June xx, 2011

Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

**RE: Humana Insurance Company
Individual Health Form Filing
Arkansas Rider: AR- 70129 MAINT 6/2011
Exclusion Rider: GN-71039-01 EXC 4/2010
NAIC #73288
FEIN # 39-1263473**

Dear Sir/Madam:

We are enclosing the above-referenced forms for your review and approval. These forms are new and will not replace any previously filed or approved forms. These forms are being filed for general use with all approved policy series.

AR-70129 MAINT 6/2011 is being filed to revise and/or added to the following:

- **Child-only Coverage:** Added a bullet to the **Reasons We Will Terminate Your Policy** provision in the **Termination** section regarding child-only coverage to comply with Arkansas Emergency Rule 102.
- **Colorectal Cancer Screening:** Revised the Colorectal Screening provision by removing the preventative maximum in the **Schedule** to comply with Arkansas Insurance Code 23-79-1303.
- **Gastric Pacemaker:** Added coverage for gastric pacemakers to the **Schedule, Your Policy Benefits and Medical Glossary** to comply with Arkansas Insurance Code 23-99-418.
- **Hearing Aids:** Added coverage for hearing aids to the **Schedule, Your Policy Benefits and Medical Glossary** and exempt hearing aid exclusion from the **Limitation and Exclusions** section to comply with Arkansas Insurance Code 23-79-1402.
- **Orthotic Device:** Amended the **Durable Medical Equipment** and **Medical Glossary** provisions in **Your Policy Benefits and Medical Glossary** to include and define coverage for orthotic device and included the exclusions pertaining to orthotic device in the **Service Exclusions & Limitations** provision in the **Limitations and Exclusions** section to comply with Arkansas Insurance Code 23-99-403.

The language in rider AR-70129 MAINT 6/2011 may be incorporated into the body of the policy when issued.

GN-71039-01 4/2010 is being filed for general use with all approved policy series.

Included with this submission are:

- Humana Insurance Company Certification; and
- NAIC Transmittal Document.

If you have any questions regarding this filing, please contact me by phone at 1-800-289-0260, extension 2617, by fax at 920-632-0029 or by e-mail at lriley2@humana.com.

Sincerely,
Humana Insurance Company

Latunia Riley

Latunia Riley
Contract Analyst

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 #
	Humana Insurance Company 1100 Employers Blvd. Green Bay, WI 54344	Wisconsin	Life, Accident & Health	119	73288	39-1263473	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Latunia Riley (Contract Analyst) Humana Insurance Company N19 W24133 Riverwood Drive Waukesha, WI 53188	800-289-0260 ext 2617	920-632-0029	lriley2@humana.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): _____
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6.	Company Tracking Number	AR-11-002-H1
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input 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	H16I Individual Health-Major Medical
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10.	Product Coding Matrix Filing Code	H16I.005A Individual-Preferred Provider(PPO)
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11.	Submitted Documents	<p><input checked="" type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input checked="" type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
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<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input checked="" type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR-11-002-H1
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Arkansas Rider Rider	AR-70129 MAINT 6/2011	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02	Exclusion Rider Rider	GN-71039-01 EXC 4/2010	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		AR-11-002-H1		
Overall percentage rate indication (when applicable)		N/A		
Overall percentage rate impact for this filing		N/A %		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
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06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1