

SERFF Tracking Number: AENX-G127346762 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 49454  
 Company Tracking Number: AR032020100014  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: 2010 REG- 2010 Autism (ALIC)  
 Project Name/Number: 2010 REG- 2010 Autism (ALIC)/AR032020100014

## Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2010 REG- 2010 Autism (ALIC) SERFF Tr Num: AENX-G127346762 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved-Closed State Tr Num: 49454

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: AR032020100014 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI Disposition Date: 08/08/2011  
 Date Submitted: 08/02/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 REG- 2010 Autism (ALIC)

Project Number: AR032020100014

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 08/08/2011

State Status Changed: 08/08/2011

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

The the insert pages listed above are being submitted to comply with Arkansas statute 23-99-418 regarding autism spectrum disorders.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AetnaSPI

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: AENX-G127346762 State: Arkansas  
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John Ciesielski, Product and Regulatory CiesielskiJW@Aetna.com  
 Approvals Manager  
 151 Farmington Avenue 860-279-1282 [Phone]  
 Mail Stop RW61 860-952-2069 [FAX]  
 Hartford, CT 06156

**Filing Company Information**

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut  
 151 Farmington Avenue Group Code: 1 Company Type:  
 Hartford, CT 06156 Group Name: Aetna State ID Number:  
 (860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$450.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$450.00	08/02/2011	50282721

SERFF Tracking Number: AENX-G127346762 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/08/2011	08/08/2011

*SERFF Tracking Number:* AENX-G127346762      *State:* Arkansas  
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## **Disposition**

Disposition Date: 08/08/2011

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: AENX-G127346762 State: Arkansas  
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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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	cover letter	Approved-Closed	Yes
Supporting Document	eov short term rehab 11-120-06, EOV Short Term Rehab 14-130-04, EOV autism spectrum disorder, eov autism spectrum disorder 14-184-02, eov S 10 61-02, eov S 11 61-02, eov S 13 61-02, eov S 14 61-02, eov S 15 61-02	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Short Term Rehabi Services	Approved-Closed	Yes
Form	Short Term Rehab Services	Approved-Closed	Yes
Form	Autism Spectrum Disorder	Approved-Closed	Yes
Form	Autism Spectrum Disorder	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: GR 9N 11-171-02

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/08/2011	GR-9N 11-120-06	Certificate	Short Term Rehabi Services	Initial		0.000	AL GE GR9N001112 0 V006.PDF
		t, Insert Page, Endorseme nt or Rider					
Approved-Closed 08/08/2011	GR-9N 14-130-04	Certificate	Short Term Rehab Services	Initial		0.000	AL GE GR9N001413 0 V004.PDF
		t, Insert Page, Endorseme nt or Rider					
Approved-Closed 08/08/2011	GR 9N 11-171-02	Certificate	Autism Spectrum Disorder	Initial		0.000	AL GE GR9N001117 1 V002.PDF
		t, Insert Page, Endorseme nt or Rider					
Approved-Closed 08/08/2011	GR 9N 14-184-02	Certificate	Autism Spectrum Disorder	Initial		0.000	AL GE GR9N001418 4 V002.PDF
		t, Insert Page, Endorseme nt or Rider					
Approved-Closed 08/08/2011	GR-9N S-10-61-02	Certificate	Schedule of Benefits	Initial		0.000	AL GE GR9N00S106 1 V002.PDF
		t, Insert Page, Endorseme nt or Rider					
Approved-	GR-9N S-	Certificate	Schedule of Benefits	Initial		0.000	AL GE

<i>SERFF Tracking Number:</i>	<i>AENX-G127346762</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49454</i>
<i>Company Tracking Number:</i>	<i>AR032020100014</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2010 REG- 2010 Autism (ALIC)</i>		
<i>Project Name/Number:</i>	<i>2010 REG- 2010 Autism (ALIC)/AR032020100014</i>		
Closed	11-61-02	Amendmen	GR9N00S116
08/08/2011		t, Insert Page, Endorseme nt or Rider	1 V002.PDF
Approved- Closed	GR-9N S- 13-61-02	Certificate Schedule of Benefits Initial Amendmen	0.000 AL GE
08/08/2011		t, Insert Page, Endorseme nt or Rider	GR9N00S136 1 V002.PDF
Approved- Closed	GR-9N S- 14-61-02	Certificate Schedule of Benefits Initial Amendmen	0.000 AL GE
08/08/2011		t, Insert Page, Endorseme nt or Rider	GR9N00S146 1 V002.PDF
Approved- Closed	GR-9N S- 15-61-02	Certificate Schedule of Benefits Initial Amendmen	0.000 AL GE
08/08/2011		t, Insert Page, Endorseme nt or Rider	GR9N00S156 1 V002.PDF

## [Short-Term Rehabilitation Therapy Services

**Covered expenses** included charges for short-term therapy services when prescribed by a **physician** as described below up to the benefit maximums listed on the *Schedule of Benefits*. The services have to be performed by:

- A licensed or certified physical, occupational, or speech therapist;
- [A **hospital, skilled nursing facility, or hospice facility**];
- [A **home health care agency**; or
- A **physician**.]

Charges for the following short term rehabilitation expenses are covered:

[Cardiac Rehabilitation Benefits.

Coverage is subject to the limits, if any, shown on the *Schedule of Benefits*. Inpatient rehabilitation benefits for the services listed will be paid as part of your *Inpatient Hospital* and *Skilled Nursing Facility* benefits provision in this Booklet-Certificate.

- Cardiac rehabilitation benefits are available as part of an inpatient **hospital stay**. A limited course of outpatient cardiac rehabilitation is covered when following angioplasty, cardiovascular surgery, congestive heart failure, or myocardial infarction. [This Plan will cover charges in accordance with a treatment plan as determined by your risk level when recommended by a **physician**. This course of treatment is limited to a maximum of 36 sessions in a 12 week period.] [This benefit is subject to the limit for Short Term Rehabilitation therapy visits as shown in the *Schedule of Benefits*.]

[Pulmonary Rehabilitation Benefits

- Pulmonary rehabilitation benefits are available as part of an inpatient **hospital stay**. A limited course of outpatient pulmonary rehabilitation is covered for the treatment of reversible pulmonary disease states. [This course of treatment is limited to a maximum of 36 hours or a six week period.] [This benefit is subject to the limit for Short Term Rehabilitation therapy visits as shown in the *Schedule of Benefits*.]

[Outpatient Cognitive Therapy, Physical Therapy, Occupational Therapy and Speech Therapy Rehabilitation Benefits.

Coverage is subject to the limits, if any, shown on the *Schedule of Benefits*. Inpatient rehabilitation benefits for the services listed will be paid as part of your *Inpatient Hospital* and *Skilled Nursing Facility* benefits provision in this Booklet-Certificate.

- Physical therapy [(including spinal manipulation)] is covered for non-chronic conditions and acute **illnesses** and **injuries**[, provided the therapy is expected to significantly improve, develop or restore physical functions lost or impaired as a result of an acute **illness, injury** or surgical procedure]. Physical therapy does not include educational training or services designed to develop physical function.

- Occupational therapy (except for vocational rehabilitation or employment counseling) is covered for non-chronic conditions and acute **illnesses** and **injuries**[, provided the therapy is expected to significantly improve, develop or restore physical functions lost or impaired as a result of an acute **illness, injury** or surgical procedure, or to relearn skills to significantly improve independence in the activities of daily living.] Occupational therapy does not include educational training or services designed to develop physical function.
- Speech therapy is covered for non-chronic conditions and acute **illnesses** and **injuries** [provided the therapy is expected to restore the speech function or correct a speech impairment resulting from **illness** or **injury**; or for delays in speech function development as a result of a gross anatomical defect present at birth. Speech function is the ability to express thoughts, speak words and form sentences. Speech impairment is difficulty with expressing one’s thoughts with spoken words].
- Cognitive therapy associated with physical rehabilitation is covered when the cognitive deficits have been acquired as a result of neurologic impairment due to trauma, stroke, or encephalopathy, and when the therapy is part of a treatment plan intended to restore previous cognitive function. [Cognitive therapy is covered as part of your [Physical] [Occupational] Therapy benefit and the visit limit for [Occupational] [Physical] Therapy applies to this benefit.]

A “visit” consists of no more than [1-2] hours of therapy. Refer to the *Schedule of Benefits* for the visit maximum that applies to this Plan. **Covered expenses** include charges for [1-6] therapy visits of no more than [1-2] hours in a 24-hour period.

The therapy should follow a specific treatment plan that:

- [Details the treatment, and specifies frequency and duration; and
- Provides for ongoing reviews and is renewed only if continued therapy is appropriate.

If you are **homebound**, therapy services may be provided in your home.]

**[Important Reminder**

Refer to the *Schedule of Benefits* for details about the short-term rehabilitation therapy maximum benefit].

Unless specifically covered above, not covered under this benefit are charges for:

- Therapies for the treatment of delays in development, unless resulting from acute **illness** or **injury**, or congenital defects amenable to surgical repair (such as cleft lip/palate). Examples of non-covered diagnoses include pervasive developmental disorders (including autism), Down syndrome, and cerebral palsy, as they are considered both developmental and/or chronic in nature. [This does not apply to physical therapy, occupational therapy or speech therapy provided for the treatment of Autism Spectrum Disorders. Physical therapy, occupational therapy and speech therapy services for the treatment of Autism Spectrum Disorder are subject to both the maximum shown in the *Schedule of Benefits* applicable to this coverage and to the maximum benefits for Autism Spectrum Disorder Benefits.]
- Any services which are **covered expenses** in whole or in part under any other group plan sponsored by [an employer].

- Any services unless provided in accordance with a specific treatment plan.
- Services for the treatment of delays in speech development, unless resulting from **illness, injury,** or congenital defect.
- [Services provided during a **stay** in a **hospital, skilled nursing facility, or hospice facility,** except as stated above.]
- [Services provided by a **home health care agency.**]
- Services not performed by a **physician** or under the direct supervision of a **physician.**
- [Treatment covered as part of the Spinal Manipulation Treatment. This applies whether or not benefits have been paid under the Spinal Manipulation Treatment benefit.]
- Services provided by a **physician** or physical, occupational or speech therapist who resides in your home; or who is a member of your family, or a member of your spouse's family [or your domestic partner].
- Special education to instruct a person whose speech has been lost or impaired, to function without that ability. This includes lessons in sign language.]

## [Short-Term Rehabilitation Therapy Services

**Covered expenses** included charges for short-term therapy services when prescribed by a **physician** as described below up to the benefit maximums listed on the *Schedule of Benefits*. The services have to be performed by:

- A licensed or certified physical, occupational, or speech therapist;
- [A **hospital, skilled nursing facility, or hospice facility**];
- [A **home health care agency**; or
- A **physician**.]

Charges for the following short term rehabilitation expenses are covered:

[Cardiac Rehabilitation Benefits.

Coverage is subject to the limits, if any, shown on the *Schedule of Benefits*. Inpatient rehabilitation benefits for the services listed will be paid as part of your *Inpatient Hospital* and *Skilled Nursing Facility* benefits provision in this Booklet-Certificate.

- Cardiac rehabilitation benefits are available as part of an inpatient **hospital stay**. A limited course of outpatient cardiac rehabilitation is covered when following angioplasty, cardiovascular surgery, congestive heart failure, or myocardial infarction. [This Plan will cover charges in accordance with a treatment plan as determined by your risk level when recommended by a **physician**. This course of treatment is limited to a maximum of 36 sessions in a 12 week period.] [This benefit is subject to the limit for Short Term Rehabilitation therapy visits as shown in the *Schedule of Benefits*.]

[Pulmonary Rehabilitation Benefits

- Pulmonary rehabilitation benefits are available as part of an inpatient **hospital stay**. A limited course of outpatient pulmonary rehabilitation is covered for the treatment of reversible pulmonary disease states. [This course of treatment is limited to a maximum of 36 hours or a six week period.] [This benefit is subject to the limit for Short Term Rehabilitation therapy visits as shown in the *Schedule of Benefits*.]

[Outpatient Cognitive Therapy, Physical Therapy, Occupational Therapy and Speech Therapy Rehabilitation Benefits.

Coverage is subject to the limits, if any, shown on the *Schedule of Benefits*. Inpatient rehabilitation benefits for the services listed will be paid as part of your *Inpatient Hospital* and *Skilled Nursing Facility* benefits provision in this Booklet-Certificate.

- Physical therapy [(including spinal manipulation)] is covered for non-chronic conditions and acute **illnesses** and **injuries**[, provided the therapy is expected to significantly improve, develop or restore physical functions lost or impaired as a result of an acute **illness, injury** or surgical procedure]. Physical therapy does not include educational training or services designed to develop physical function.

- Occupational therapy (except for vocational rehabilitation or employment counseling) is covered for non-chronic conditions and acute **illnesses** and **injuries**[, provided the therapy is expected to significantly improve, develop or restore physical functions lost or impaired as a result of an acute **illness, injury** or surgical procedure, or to relearn skills to significantly improve independence in the activities of daily living.] Occupational therapy does not include educational training or services designed to develop physical function.
- Speech therapy is covered for non-chronic conditions and acute **illnesses** and **injuries** [provided the therapy is expected to restore the speech function or correct a speech impairment resulting from **illness** or **injury**; or for delays in speech function development as a result of a gross anatomical defect present at birth. Speech function is the ability to express thoughts, speak words and form sentences. Speech impairment is difficulty with expressing one’s thoughts with spoken words].
- Cognitive therapy associated with physical rehabilitation is covered when the cognitive deficits have been acquired as a result of neurologic impairment due to trauma, stroke, or encephalopathy, and when the therapy is part of a treatment plan intended to restore previous cognitive function. [Cognitive therapy is covered as part of your [Physical] [Occupational] Therapy benefit and the visit limit for [Occupational] [Physical] Therapy applies to this benefit.]

A “visit” consists of no more than [1-2] hours of therapy. Refer to the *Schedule of Benefits* for the visit maximum that applies to this Plan. **Covered expenses** include charges for [1-6] therapy visits of no more than [1-2] hours in a 24-hour period.

The therapy should follow a specific treatment plan that:

- [Details the treatment, and specifies frequency and duration; and
- Provides for ongoing reviews and is renewed only if continued therapy is appropriate.

If you are **homebound**, therapy services may be provided in your home.]

**[Important Reminder**

Refer to the *Schedule of Benefits* for details about the short-term rehabilitation therapy maximum benefit].

Unless specifically covered above, not covered under this benefit are charges for:

- Therapies for the treatment of delays in development, unless resulting from acute **illness** or **injury**, or congenital defects amenable to surgical repair (such as cleft lip/palate). Examples of non-covered diagnoses include pervasive developmental disorders (including autism), Down syndrome, and cerebral palsy, as they are considered both developmental and/or chronic in nature. [This does not apply to physical therapy, occupational therapy or speech therapy provided for the treatment of Autism Spectrum Disorders. Physical therapy, occupational therapy and speech therapy services for the treatment of Autism Spectrum Disorder are subject to both the maximum shown in the *Schedule of Benefits* applicable to this coverage and to the maximum benefits for Autism Spectrum Disorder Benefits.]
- Any services which are **covered expenses** in whole or in part under any other group plan sponsored by [an employer].

- Any services unless provided in accordance with a specific treatment plan.
- Services for the treatment of delays in speech development, unless resulting from **illness, injury,** or congenital defect.
- [Services provided during a **stay** in a **hospital, skilled nursing facility, or hospice facility,** except as stated above.]
- [Services provided by a **home health care agency.**]
- Services not performed by a **physician** or under the direct supervision of a **physician.**
- [Treatment covered as part of the Spinal Manipulation Treatment. This applies whether or not benefits have been paid under the Spinal Manipulation Treatment benefit.]
- Services provided by a **physician** or physical, occupational or speech therapist who resides in your home; or who is a member of your family, or a member of your spouse's family [or your domestic partner].
- Special education to instruct a person whose speech has been lost or impaired, to function without that ability. This includes lessons in sign language.]

## [Autism Spectrum Disorders

[Covered expenses include charges made by a **physician** or **behavioral health provider** for the services and supplies for the diagnosis and treatment, (including behavioral therapy and Applied Behavioral Analysis), of Autism Spectrum Disorder when ordered by a **physician** as part of a Treatment Plan; and

- The covered child is diagnosed with Autism Spectrum Disorder with onset prior to age three; and
- The **covered expenses** are incurred prior to attainment of age [eighteen or eighteen and older if the covered child is in high school].

Applied Behavioral Analysis is an educational service that is the process of applying interventions:

- That systematically change behavior; and
- That are responsible for the observable improvement in behavior.]

[Autism Spectrum Disorder means one of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- Autistic Disorder;
- Rett's Disorder;
- Childhood Disintegrative Disorder;
- Asperger's Syndrome; and
- Pervasive Developmental Disorder--Not Otherwise Specified

Coverage for Applied Behavioral Analysis for Autism Spectrum Disorders is subject to the maximum benefit amount, if any, shown on the *Schedule of Benefits*.]

## [Autism Spectrum Disorders

[Covered expenses include charges made by a **physician** or **behavioral health provider** for the services and supplies for the diagnosis and treatment, (including behavioral therapy and Applied Behavioral Analysis), of Autism Spectrum Disorder when ordered by a **physician** as part of a Treatment Plan; and

- The covered child is diagnosed with Autism Spectrum Disorder with onset prior to age three; and
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Applied Behavioral Analysis is an educational service that is the process of applying interventions:

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[Autism Spectrum Disorder means one of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- Autistic Disorder;
- Rett's Disorder;
- Childhood Disintegrative Disorder;
- Asperger's Syndrome; and
- Pervasive Developmental Disorder--Not Otherwise Specified

Coverage for Applied Behavioral Analysis for Autism Spectrum Disorders is subject to the maximum benefit amount, if any, shown on the *Schedule of Benefits*.]

**AETNA LIFE INSURANCE COMPANY**  
**Schedule of Benefits**

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Autism Spectrum Disorder]</i>			
	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.
[Maximum benefit per calendar year for behavioral therapy and Applied Behavioral Analysis	\$50,000 - Unlimited	\$50,000 - Unlimited	\$50,000 – Unlimited]
[Maximum benefit per lifetime for behavioral therapy and Applied Behavioral Analysis	\$50,000 - \$200,000	\$50,000 - \$200,000	\$50,000 - \$200,000]
[Physical therapy, occupational therapy and speech therapy services described under the Rehabilitation Benefit provision and that are provided for the treatment of Autism Spectrum Disorder are [also subject to the above maximums.] [subject to a \$36,000 maximum benefit per year and \$200,000 lifetime.]]			
[Once the benefit maximums above have been reached, coverage for behavioral therapy will cease. [All other] coverage for diagnosis and all other treatment[, including Applied Behavioral Analysis,] will continue to be provided on the same basis as for any other <b>illness</b> under this Booklet-Certificate.]			

**AETNA LIFE INSURANCE COMPANY**  
**Schedule of Benefits**

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
<i>[Autism Spectrum Disorder]</i>		
	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.
[Maximum benefit per calendar year for behavioral therapy and Applied Behavioral Analysis]	\$50,000 - Unlimited	\$50,000 - Unlimited]
[Maximum benefit per lifetime for behavioral therapy and Applied Behavioral Analysis]	\$50,000 - \$200,000	\$50,000 - \$200,000]
[Physical therapy, occupational therapy and speech therapy services described under the Rehabilitation Benefit provision and that are provided for the treatment of Autism Spectrum Disorder are [also subject to the above maximums.] [subject to a \$50,000 maximum benefit per year and \$200,000 lifetime.]]		
[Once the benefit maximums above have been reached, coverage for behavioral therapy will cease. [All other] coverage for diagnosis and all other treatment[, including Applied Behavioral Analysis,] will continue to be provided on the same basis as for any other <b>illness</b> under this Booklet-Certificate.]		

**AETNA LIFE INSURANCE COMPANY**  
**Schedule of Benefits**

<b>PLAN FEATURES</b>	
<i>[Autism Spectrum Disorder]</i>	
	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.
[Maximum benefit per calendar year for behavioral therapy and Applied Behavioral Analysis]	\$50,000 – Unlimited]
[Maximum benefit per lifetime for behavioral therapy and Applied Behavioral Analysis]	\$50,000 - \$200,000]
[Physical therapy, occupational therapy and speech therapy services described under the Rehabilitation Benefit provision and that are provided for the treatment of Autism Spectrum Disorder are [also subject to the above maximums.] [subject to a \$50,000 maximum benefit per year and \$200,000 lifetime.]]	
[Once the benefit maximums above have been reached, coverage for behavioral therapy will cease. [All other] coverage for diagnosis and all other treatment[, including Applied Behavioral Analysis,] will continue to be provided on the same basis as for any other <b>illness</b> under this Booklet-Certificate.]	

**AETNA LIFE INSURANCE COMPANY**  
**Schedule of Benefits**

<b>PLAN FEATURES</b>	
<i>[Autism Spectrum Disorder]</i>	
	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.
[Maximum benefit per calendar year for behavioral therapy and Applied Behavioral Analysis]	\$36,000 – Unlimited]
[Maximum benefit per lifetime for behavioral therapy and Applied Behavioral Analysis]	\$50,000 - \$200,000]
[Physical therapy, occupational therapy and speech therapy services described under the Rehabilitation Benefit provision and that are provided for the treatment of Autism Spectrum Disorder are [also subject to the above maximums.] [subject to a \$36,000 maximum benefit per year and \$200,000 lifetime.]]	
[Once the benefit maximums above have been reached, coverage for behavioral therapy will cease. [All other] coverage for diagnosis and all other treatment[, including Applied Behavioral Analysis,] will continue to be provided on the same basis as for any other <b>illness</b> under this Booklet-Certificate.]	

**AETNA LIFE INSURANCE COMPANY**  
**Schedule of Benefits**

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Autism Spectrum Disorder]</i>			
	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.	Cost sharing is based upon the type of service or supply provided and the place where the service or supply is rendered.
[Maximum benefit per calendar year for behavioral therapy and Applied Behavioral Analysis	\$36,000 - Unlimited	\$36,000 - Unlimited	\$36,000 – Unlimited]
[Maximum benefit per lifetime for behavioral therapy and Applied Behavioral Analysis	\$50,000 - \$200,000	\$50,000 - \$200,000	\$50,000 - \$200,000]
[Physical therapy, occupational therapy and speech therapy services described under the Rehabilitation Benefit provision and that are provided for the treatment of Autism Spectrum Disorder are [also subject to the above maximums.] [subject to a \$36,000 maximum benefit per year and \$200,000 lifetime.]]			
[Once the benefit maximums above have been reached, coverage for behavioral therapy will cease. [All other] coverage for diagnosis and all other treatment[, including Applied Behavioral Analysis,] will continue to be provided on the same basis as for any other <b>illness</b> under this Booklet-Certificate.]			

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 Product Name: 2010 REG- 2010 Autism (ALIC)  
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	08/08/2011

**Comments:**

The subject forms will equal or exceed the minimum reading ease score when delivered with the policy.

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	08/08/2011

**Bypass Reason:** not applicable

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	08/08/2011

**Bypass Reason:** not applicable

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> cover letter	Approved-Closed	08/08/2011

**Comments:**

**Attachment:**

Cover Letter\_080111.PDF

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> eov short term rehab 11-120-06, EOV Short Term Rehab 14-130-04, EOV autism spectrum disorder, eov autism spectrum disorder 14-184-	Approved-Closed	08/08/2011

SERFF Tracking Number: AENX-G127346762 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 49454  
 Company Tracking Number: AR032020100014  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: 2010 REG- 2010 Autism (ALIC)  
 Project Name/Number: 2010 REG- 2010 Autism (ALIC)/AR032020100014  
 02, eov S 10 61-02, eov S 11 61-  
 02, eov S 13 61-02, eov S 14 61-  
 02, eov S 15 61-02

**Comments:**

**Attachments:**

AL GE EGR9N011120 V006.PDF  
 AL GE EGR9N014130 V004.PDF  
 AL GE EGR9N011171 V002.PDF  
 AL GE EGR9N014184 V002.PDF  
 AL GE EGR9N00S1061 V002.PDF  
 AL GE EGR9N00S1161 V002.PDF  
 AL GE EGR9N00S1361 V002.PDF  
 AL GE EGR9N00S1461 V002.PDF  
 AL GE EGR9N00S1561 V002.PDF

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	08/08/2011

**Comments:**

**Attachments:**

AR - NAIC TRANSMITTAL DOCUMENT.PDF  
 AR - NAIC FORM FILING ATTACHMENT.PDF



**John W. Ciesielski**  
Product & Regulatory Approvals  
Law and Regulatory Affairs  
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August 2, 2011

Insurance Commissioner Jay Bradford  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Subject: **Aetna Life Insurance Company** NAIC No. 001-60054; FEIN: 06-6033492  
Group Accident & Health Insurance Coverage  
Booklet-Certificate Forms GR-9N 11-120 06, GR-9N 11-171 02,  
GR-9N 14-130 04, GR-9N 14-184 02 et al.

Dear Commissioner:

On behalf of Aetna Life Insurance Company (Aetna), we are submitting for your review and approval the above referenced policy forms. The the insert pages listed above are being submitted to comply with Arkansas statute 23-99-418 regarding autism spectrum disorders. The subject forms are new and do not replace any form(s) previously approved by your Department.

We intend to use the new GR-9N insert forms with the GR-9N certificate form approved by your Department on June 23, 2006.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Sincerely,

A handwritten signature in black ink that reads "John W. Ciesielski".

John W Ciesielski  
Senior Consultant  
Product & Regulatory Affairs

Enclosure(s)

**Aetna Life Insurance Company**  
**Explanation of Variability**  
**GR-9N**  
**11-120**  
**06**

This section will be written to reflect the types of therapy included under the plan of benefits requested by the policyholder.

**Short Term Rehabilitative Therapy Services**

1. The second, third and fourth bullets of the first paragraph will be included, as appropriate, when all outpatient or all inpatient and outpatient rehabilitation expenses are covered under this benefit. The references to the providers will be revised to identify the provider types included under a policyholder's plan.
2. Under the bulleted paragraph of the cardiac rehabilitation benefit, when the plan includes a benefit maximum, cardiac rehabilitation will either be subject to a separate maximum or it will be subject to the overall short-term rehabilitation benefit maximum, but not both.
3. Under the bulleted paragraph of the pulmonary rehabilitation benefit, when the plan includes a benefit maximum, pulmonary rehabilitation will either be subject to a separate maximum or it will be subject to the overall short-term rehabilitation benefit maximum, but not both.
4. Under the physical therapy benefit:
  - The reference to "spinal manipulation" will be included when expenses are not covered elsewhere under the Policyholder's plan, but are covered the same as physical therapy expenses.
  - The reference to "spinal manipulation" may be changed to "spinal disorder."
  - The end of the first sentence will be included when the expenses are only covered when therapy is expected to result in significant improvement of functional abilities.
5. Under the occupational therapy benefit, the end of the first sentence will be included when the expenses are only covered when therapy is expected to result in significant improvement of functional abilities.
6. Under the speech therapy benefit, the end of the first sentence will be included when the expenses are only covered when therapy is expected to result in significant improvement of functional abilities.
7. Under the cognitive therapy benefit, the last sentence will be included when cognitive therapy is covered as either physical or occupational therapy.
8. The number of hours per visit and the number of visits covered in a 24 hour time period reflect Aetna's standard offerings. However, in some instances, different amounts may print in a form issued to a policyholder but only if the amounts are more liberal to the policyholder or the covered person. Please be assured that these more liberal amounts will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.

**Aetna Life Insurance Company**

**Explanation of Variability**

**GR-9N**

**11-120**

**06**

9. The description of a treatment plan may include any or all of the listed items.
  
10. The fifth, sixth and eighth limitations will be included, as appropriate, when inpatient or inpatient and all other outpatient rehabilitation expenses are covered under other benefit sections of the policyholder's plan.

**Aetna Life Insurance Company**  
**Explanation of Variability**  
**GR-9N**  
**14-130**  
**04**

This section will be written to reflect the types of therapy included under the plan of benefits requested by the policyholder.

**Short Term Rehabilitative Therapy Services**

1. The second, third and fourth bullets of the first paragraph will be included, as appropriate, when all outpatient or all inpatient and outpatient rehabilitation expenses are covered under this benefit. The references to the providers will be revised to identify the provider types included under a policyholder's plan.
2. Under the bulleted paragraph of the cardiac rehabilitation benefit, when the plan includes a benefit maximum, cardiac rehabilitation will either be subject to a separate maximum or it will be subject to the overall short-term rehabilitation benefit maximum, but not both.
3. Under the bulleted paragraph of the pulmonary rehabilitation benefit, when the plan includes a benefit maximum, pulmonary rehabilitation will either be subject to a separate maximum or it will be subject to the overall short-term rehabilitation benefit maximum, but not both.
4. Under the physical therapy benefit:
  - The reference to "spinal manipulation" will be included when expenses are not covered elsewhere under the Policyholder's plan, but are covered the same as physical therapy expenses.
  - The reference to "spinal manipulation" may be changed to "spinal disorder."
  - The end of the first sentence will be included when the expenses are only covered when therapy is expected to result in significant improvement of functional abilities.
5. Under the occupational therapy benefit, the end of the first sentence will be included when the expenses are only covered when therapy is expected to result in significant improvement of functional abilities.
6. Under the speech therapy benefit, the end of the first sentence will be included when the expenses are only covered when therapy is expected to result in significant improvement of functional abilities.
7. Under the cognitive therapy benefit, the last sentence will be included when cognitive therapy is covered as either physical or occupational therapy.
8. The number of hours per visit and the number of visits covered in a 24 hour time period reflect Aetna's standard offerings. However, in some instances, different amounts may print in a form issued to a policyholder but only if the amounts are more liberal to the policyholder or the covered person. Please be assured that these more liberal amounts will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.

**Aetna Life Insurance Company**

**Explanation of Variability**

**GR-9N**

**14-130**

**04**

9. The description of a treatment plan may include any or all of the listed items.
10. The fifth, sixth and eighth limitations will be included, as appropriate, when inpatient or inpatient and all other outpatient rehabilitation expenses are covered under other benefit sections of the policyholder's plan.

**Aetna Life Insurance Company**  
**Explanation of Variability**  
**GR-9N**  
**11-171**  
**02**

**Autism Spectrum Disorders**

1. Under the second bullet item of the first paragraph, the maximum age may be increased beyond age 18 based on the Policyholder's plan of benefits.
2. The definition of autism may be revised in accordance with changes under the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

**Aetna Life Insurance Company**  
**Explanation of Variability**  
**GR-9N**  
**14-184**  
**02**

**Autism Spectrum Disorders**

1. Under the second bullet item of the first paragraph, the maximum age may be increased beyond age 18 based on the Policyholder's plan of benefits.
2. The definition of autism may be revised in accordance with changes under the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

**Aetna Life Insurance Company**

**Explanation of Variability**

**GR-9N**

**S-10-61**

**02**

**Autism Spectrum Disorders**

1. Throughout the form there may be bracketed amounts (ex. percentages, time periods, ages, maximum dollar amounts, etc.) which are stated in ranges. These ranges reflect Aetna's standard offerings. However, in some instances, different amounts may print in a form issued to a policyholder but only if the amounts are more liberal to the policyholder or the covered person. Please be assured that these more liberal amounts will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations. The references may be deleted if no dollar maximums apply. The benefit maximums may apply to all categories of coverage, or may apply separately for network, out-of-network and other health care expenses.
2. Physical, occupational and speech therapy will either be subject to both the autism benefit maximum and the rehabilitation benefit maximum, or only to the autism benefit maximum.

**Aetna Life Insurance Company**

**Explanation of Variability**

**GR-9N**

**S-11-61**

**02**

**Autism Spectrum Disorders**

1. Throughout the form there may be bracketed amounts (ex. percentages, time periods, ages, maximum dollar amounts, etc.) which are stated in ranges. These ranges reflect Aetna's standard offerings. However, in some instances, different amounts may print in a form issued to a policyholder but only if the amounts are more liberal to the policyholder or the covered person. Please be assured that these more liberal amounts will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations. The references may be deleted if no dollar maximums apply. The benefit maximums may apply to all categories of coverage, or may apply separately for network and out-of-network expenses.
2. Physical, occupational and speech therapy will either be subject to both the autism benefit maximum and the rehabilitation benefit maximum, or only to the autism benefit maximum.

**Aetna Life Insurance Company**

**Explanation of Variability**

**GR-9N**

**S-13-61**

**02**

**Autism Spectrum Disorders**

1. Throughout the form there may be bracketed amounts (ex. percentages, time periods, ages, maximum dollar amounts, etc.) which are stated in ranges. These ranges reflect Aetna's standard offerings. However, in some instances, different amounts may print in a form issued to a policyholder but only if the amounts are more liberal to the policyholder or the covered person. Please be assured that these more liberal amounts will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations. The references may be deleted if no dollar maximums apply.
2. Physical, occupational and speech therapy will either be subject to both the autism benefit maximum and the rehabilitation benefit maximum, or only to the autism benefit maximum.

**Aetna Life Insurance Company**

**Explanation of Variability**

**GR-9N**

**S-14-61**

**02**

**Autism Spectrum Disorders**

1. Throughout the form there may be bracketed amounts (ex. percentages, time periods, ages, maximum dollar amounts, etc.) which are stated in ranges. These ranges reflect Aetna's standard offerings. However, in some instances, different amounts may print in a form issued to a policyholder but only if the amounts are more liberal to the policyholder or the covered person. Please be assured that these more liberal amounts will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations. The references may be deleted if no dollar maximums apply.
2. Physical, occupational and speech therapy will either be subject to both the autism benefit maximum and the rehabilitation benefit maximum, or only to the autism benefit maximum.

**Aetna Life Insurance Company**

**Explanation of Variability**

**GR-9N**

**S-15-61**

**02**

**Autism Spectrum Disorders**

1. Throughout the form there may be bracketed amounts (ex. percentages, time periods, ages, maximum dollar amounts, etc.) which are stated in ranges. These ranges reflect Aetna's standard offerings. However, in some instances, different amounts may print in a form issued to a policyholder but only if the amounts are more liberal to the policyholder or the covered person. Please be assured that these more liberal amounts will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations. The references may be deleted if no dollar maximums apply. The benefit maximums may apply to all categories of coverage, or may apply separately for network, out-of-network and other health care expenses.
2. Physical, occupational and speech therapy will either be subject to both the autism benefit maximum and the rehabilitation benefit maximum, or only to the autism benefit maximum.

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.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	AR032020100014
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7. <input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
--	-----------------------

8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" 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	H16G Group Health - Major Medical
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10. Product Coding Matrix Filing Code	H16G.001C Any Size Group - Other
---------------------------------------	----------------------------------

11. Submitted Documents	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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<b>12.</b>	<b>Filing Submission Date</b>	
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
<b>14.</b>	<b>Date of Domiciliary Approval</b>	
<b>15.</b>	<b>Filing Description:</b>	

<b>16.</b>	<b>Certification (If required)</b>	
	<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>	
	Print Name <u>John Ciesielski</u>	Title <u>Product and Regulatory Approvals Manager</u>
	Signature <u>John W Ciesielski</u>	Date <u>August 2, 2011</u>

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	AR032020100014	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Short Term Rehabi Services	GR-9N 11-120-06	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02	Short Term Rehab Services	GR-9N 14-130-04	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03	Autism Spectrum Disorder	GR 9N 11-171-02	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04	Autism Spectrum Disorder	GR 9N 14-184-02	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05	Schedule of Benefits	GR-9N S-10-61-02	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06	Schedule of Benefits	GR-9N S-11-61-02	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07	Schedule of Benefits	GR-9N S-13-61-02	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08	Schedule of Benefits	GR-9N S-14-61-02	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09	Schedule of Benefits	GR-9N S-15-61-02	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	