

SERFF Tracking Number: AMLC-127366623 State: Arkansas  
 Filing Company: United American Insurance Company State Tracking Number: 49570  
 Company Tracking Number: PPACAG  
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: PPACA Policy Endorsements  
 Project Name/Number: PPACA Policy Endorsements/PPACAG

## Filing at a Glance

Company: United American Insurance Company

Product Name: PPACA Policy Endorsements SERFF Tr Num: AMLC-127366623 State: Arkansas  
 TOI: H15I Individual Health - SERFF Status: Closed-Approved- State Tr Num: 49570  
 Hospital/Surgical/Medical Expense Closed  
 Sub-TOI: H15I.001 Health - Co Tr Num: PPACAG State Status: Approved-Closed  
 Hospital/Surgical/Medical Expense  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Author: Linda Newell Disposition Date: 08/17/2011  
 Date Submitted: 08/16/2011 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: PPACA Policy Endorsements  
 Project Number: PPACAG  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Individual Market Type: Individual, Non  
 Employer Group - Individual  
 Filing Status Changed: 08/17/2011  
 State Status Changed: 08/17/2011  
 Created By: Linda Newell  
 Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:

Submitted By: Linda Newell

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Enclosed please find for review and approval PPACA related rider forms, PPACAG, for policies with effective dates of March 23, 2010 or prior (Grandfathered policies) and PPACAN, for policies with effective dates of March 24, 2010 and after (Non-Grandfathered policies) to bring closed block limited benefit hospital, surgical and/or medical expense policies into compliance with laws effective September 23, 2010. See list of forms attached to the Uniform Compliance Summary.

<i>SERFF Tracking Number:</i>	<i>AMLC-127366623</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>49570</i>
<i>Company Tracking Number:</i>	<i>PPACAG</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA Policy Endorsements</i>		
<i>Project Name/Number:</i>	<i>PPACA Policy Endorsements/PPACAG</i>		

Forms PPACAG and PPACAN were created from the NAIC template. We edited the Emergency Services provision because it refers to network/participating providers. United American does not use a network or participating providers, therefore policy benefits are paid without regard to any provider network. For the non-grandfathered form PPACAN, we added effective dates for the appropriate provisions. Additionally, HHS granted United American a waiver of annual dollar limit restrictions for 2011, therefore we have removed the annual limits provision. We have also removed the Direct Access to Obstetricians and Gynecologists and Selection of a Primary Care Provider provisions because they refer to designation of a primary care provider. United American does not require a primary care provider or limit direct access to Obstetricians and Gynecologists.

These forms will be forwarded to the appropriate policyholders to bring their Grandfathered or Non-Grandfathered policy up-to-date. In the interim, claims have been paid according to the PPACA guidelines.

These forms do not contain any unusual or unorthodox provisions or wording.

I hereby certify that I have carefully reviewed these forms and to the best of my knowledge and ability find:

1. These forms conform to all insurance state and department requirements of your jurisdiction.
2. These forms contain no provisions previously disapproved by your department.
3. These forms are being filed in Nebraska, our state of domicile, and in all other states wherein we do business.

If you have any questions, please feel free to call (800) 331-2512 ext. 5379 or email me at [lnewell@torchmarkcorp.com](mailto:lnewell@torchmarkcorp.com).

## Company and Contact

### Filing Contact Information

Linda Newell, Compliance Analyst  
3700 S. Stonebridge Drive  
McKinney, TX 75070

[lnewell@torchmarkcorp.com](mailto:lnewell@torchmarkcorp.com)  
214-544-5379 [Phone]  
972-569-3728 [FAX]

### Filing Company Information

United American Insurance Company  
P.O. Box 8080  
McKinney, TX 75070-8080  
(972) 529-5085 ext. [Phone]

CoCode: 92916  
Group Code: 290  
Group Name: Liberty National  
FEIN Number: 73-1128555

State of Domicile: Nebraska  
Company Type: Life and Health  
State ID Number:

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## Filing Fees

SERFF Tracking Number: AMLC-127366623 State: Arkansas  
Filing Company: United American Insurance Company State Tracking Number: 49570  
Company Tracking Number: PPACAG  
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: PPACA Policy Endorsements  
Project Name/Number: PPACA Policy Endorsements/PPACAG

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: Two rider forms at \$50.00 each = \$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$100.00	08/16/2011	50672355

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/17/2011	08/17/2011

SERFF Tracking Number: AMLC-127366623 State: Arkansas  
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## Disposition

Disposition Date: 08/17/2011

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: AMLC-127366623 State: Arkansas  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Endorsement to Your Health Policy	Approved-Closed	Yes
<b>Form</b>	Endorsement to Your Health Policy	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: PPACAG

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/17/2011	PPACAG	Policy/Cont	Endorsement to Your Initial ract/Fratern Health Policy al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			0.000	PPACAG.pdf
Approved-Closed 08/17/2011	PPACAN	Policy/Cont	Endorsement to Your Initial ract/Fratern Health Policy al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			0.000	PPACAN.pdf

**UNITED AMERICAN INSURANCE COMPANY**  
**P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085**  
**A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas**

This Rider amends and is made a part of the Policy to which it is attached.

**ENDORSEMENT TO YOUR HEALTH POLICY PURSUANT TO  
PATIENT PROTECTION AND AFFORDABLE HEALTH CARE ACT OF 2010  
(GRANDFATHERED INDIVIDUAL POLICY RIDER)**

Effective September 23, 2010, some of the benefits, terms, conditions, limitations, and exclusions contained in Your Policy changed as a result of the Patient Protection and Affordable Care Act of 2010.

Notwithstanding any other provision of Your Policy, the provisions below shall apply. In the event of a conflict between the provisions of any other Section of Your Policy and the provisions of this Rider, the provisions of this Rider shall prevail, except to the extent the provisions of Your Policy are more beneficial to You than are the provisions of this Rider.

DEFINITIONS

For the purposes of this Rider, the following definitions shall apply:

"Emergency services" means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and, within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required to stabilize the patient.

"Essential health benefits" means benefits covered under the Policy, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. Such benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.

"Patient Protection and Affordable Care Act of 2010" means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

"Stabilize" means, with respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

Lifetime Dollar Limits

If Your Policy contains a lifetime dollar maximum on the value of all benefits, such lifetime dollar maximum no longer applies. If Your Policy contains a lifetime dollar maximum on the value of specific benefits that are Essential Health Benefits, such lifetime dollar maximum(s) no longer apply.

If coverage under this Policy, for You or another person in Your family, ended by reason of reaching a lifetime dollar maximum, and You or Your family member are eligible for benefits under this Policy, You will receive written notice that You or Your family member are once again eligible for benefits under this Policy. If Your family member is no longer enrolled under this Policy, he or she will be given an opportunity to re-enroll.

Rescissions

We may not rescind Your Policy based on a misrepresentation by You unless You have performed an act or practice that constitutes fraud, or made an intentional misrepresentation of material fact, as prohibited by the terms of Your Policy. We must provide at least 30 days advance written notice before Your Policy may be rescinded. You have the right to appeal any such rescission.

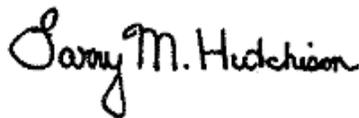
Extension of Coverage to Dependents

Notwithstanding the eligibility requirements described in Dependent/Eligibility section of Your Policy, a child in Your family is eligible to become a Covered Person if the child: 1) is under age [26] and 2) is related to You by one of the relationships listed in the Dependent or Eligibility section of Your Policy.

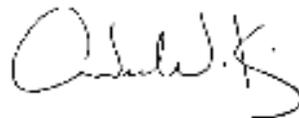
Emergency Services

We shall cover Emergency Services without the need for any prior authorization determination and without regard to the health care provider furnishing such services, subject to policy limitations..

This Rider takes effect on the later of the effective date of the Policy to which it is attached or as indicated. This Rider terminates concurrently with the Policy to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy except as stated.



Secretary



President

**UNITED AMERICAN INSURANCE COMPANY**  
**P. O. BOX 8080, MCKINNEY, TEXAS 75070 \* (972) 529-5085**  
**A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas**

This Rider amends and becomes a part of the Policy to which it is attached.

**ENDORSEMENT TO YOUR HEALTH POLICY PURSUANT TO  
PATIENT PROTECTION AND AFFORDABLE HEALTH CARE ACT OF 2010  
(NON-GRANDFATHERED INDIVIDUAL POLICY RIDER)**

Effective January 1, 2011 unless otherwise indicated, some of the benefits, terms, conditions, limitations, and exclusions contained in Your Policy changed as a result of the Patient Protection and Affordable Care Act of 2010.

Notwithstanding any other provision of Your Policy, the provisions below shall apply. In the event of a conflict between the provisions of any other Section of Your Policy and the provisions of this Rider, the provisions of this Rider shall prevail, except to the extent the provisions of Your Policy are more beneficial to You than are the provisions of this Rider.

DEFINITIONS

For the purposes of this Rider, the following definitions shall apply:

"Emergency services" means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition, and, within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required to stabilize the patient.

"Essential health benefits" means benefits covered under the Policy, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care. Such benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.

"Patient Protection and Affordable Care Act of 2010" means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

"Stabilize" means, with respect to an emergency medical condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility.

#### Lifetime Dollar Limits Effective September 23, 2010

If Your Policy contains a lifetime dollar maximum on the value of all benefits, such lifetime dollar maximum no longer applies. If Your Policy contains a lifetime dollar maximum on the value of specific benefits that are Essential Health Benefits, such lifetime dollar maximum(s) no longer apply.

If coverage under this Policy, for You or another person in Your family, ended by reason of reaching a lifetime dollar maximum, and You or Your family member are eligible for benefits under this Policy, You will receive written notice that You or Your family member are once again eligible for benefits under this Policy. If Your family member is no longer enrolled under this Policy, he or she will be given an opportunity to re-enroll.

#### Rescissions Effective September 23, 2010

We may not rescind Your Policy based on a misrepresentation by You unless You have performed an act or practice that constitutes fraud, or made an intentional misrepresentation of material fact, as prohibited by the terms of Your Policy. We must provide at least 30 days advance written notice before Your Policy may be rescinded. You have the right to appeal any such rescission.

#### Preventive Services

In addition to the Covered Services listed in any rider attached to Your Policy, the following services shall be covered without regard to any deductible, copayment, or coinsurance requirement that would otherwise apply:

- (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
- (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
- (3) with respect to Covered Persons who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
- (4) with respect to Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

#### Extension of Coverage to Dependents Effective September 23, 2010

Notwithstanding the eligibility requirements described in Dependent/Eligibility section of Your Policy, a child in Your family is eligible to become a Covered Person if the child: 1) is under age [26], and 2) is related to You by one of the relationships listed in the Dependent or Eligibility section of Your Policy.

#### Right to Appeal

You have the right to appeal any decision or action taken by Us to deny, reduce or terminate the provision of or payment for health care services requested or received under Your Policy. When We have denied, reduced, or terminated a requested service or payment for a service covered by Your Policy based on a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You have the right to have Our decision reviewed by an independent review organization not associated with Us.

We must provide You with certain written information, including the specific reason for Our decision and a description of Your appeal rights and procedures, every time We make a determination to

deny, reduce or terminate the provision of or payment for health care services requested or received under Your Policy.

Emergency Services

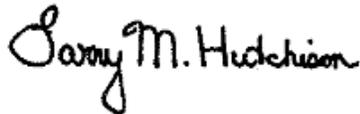
We shall cover Emergency Services without the need for any prior authorization determination and without regard to the health care provider furnishing such services, subject to policy limitations.

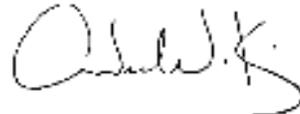
Preexisting Condition Limitations

With respect to Covered Persons who are under 19 years of age, notwithstanding the Preexisting Condition Limitations described in Your Policy, no health care service or treatment will be denied, limited, or excluded based on the fact that a medical condition was present before the effective date of Your Policy, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before that day.

With respect to Covered Persons who are under 19 years of age, any provision previously attached to the Policy excluding coverage for a specific condition is removed and shall be considered null and void.

This Rider takes effect on the later of the effective date of the Policy to which it is attached or as indicated. This Rider terminates concurrently with the Policy to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy except as stated.

  
Secretary

  
President

<i>SERFF Tracking Number:</i>	<i>AMLC-127366623</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>49570</i>
<i>Company Tracking Number:</i>	<i>PPACAG</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA Policy Endorsements</i>		
<i>Project Name/Number:</i>	<i>PPACA Policy Endorsements/PPACAG</i>		

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	08/17/2011
<b>Comments:</b>	Flesch Score Waiver Pursuant to § 23-80-207 and § 23-80-206(b)(3), United American Insurance Company respectfully requests the Insurance Commissioner to waive the requirement of § 23-80-206(a)(1). The language used in forms PPACAG and PPACAN is obtained from a NAIC model form for use to bring pre-existing policies into compliance with laws effective September 23, 2010.		
<b>Bypassed - Item:</b>	Application	Approved-Closed	08/17/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	08/17/2011
<b>Bypass Reason:</b>	N/A - rates of the individual products not being adjusted at this time.		
<b>Comments:</b>			
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	08/17/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Satisfied - Item:</b>	PPACA Uniform Compliance	Approved-Closed	08/17/2011

*SERFF Tracking Number:* AMLC-127366623      *State:* Arkansas  
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Hospital/Surgical/Medical Expense      Expense  
*Product Name:* PPACA Policy Endorsements  
*Project Name/Number:* PPACA Policy Endorsements/PPACAG  
Summary

**Comments:**

**Attachment:**

PPACA\_CS\_AR.pdf

## PPACA Uniform Compliance Summary

**Please select the appropriate check box below to indicate which product is amended by this filing.**

**INDIVIDUAL HEALTH BENEFIT PLANS** (Complete [SECTION A](#) only)

**SMALL / LARGE GROUP HEALTH BENEFIT PLANS** (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

**\*For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

### COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
United American Insurance Company	0290-92916	AMLC-127366623 Forms PPACAG and PPACAN	See attached list.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## PPACA Uniform Compliance Summary

Reset Form

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H15I	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number: 3			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: HHS granted United American a waiver of annual dollar limits restrictions for 2011, therefore we have removed the annual limits section.			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number: 2			
	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number: 2			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H15I	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number: 2			
	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number: 2			
	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number: 2			
	<b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number: 3			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H15I	<b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: These policies do not use a network or participating providers. Insured is free to use a healthcare provider of his/her choice.			
	Page Number:			
H15I	<b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: These policies do not use a network or participating providers. Insured is free to use a healthcare provider of his/her choice.			
	Page Number:			

**United American Insurance Company  
Policies with Effective Dates of 3/23/10 or Prior  
(Grandfathered Policies)**

BGR

CS1

GGR

GSP1

GSP2

GSP3

HSXC

MMXC

MSXC

SE1

SHXC

SMXC

SSXC

MMGAP (when sold to supplement individual coverage are included in this category)

**United American Insurance Company  
Policies with Effective Dates of 3/24/10 or After  
(Non-Grandfathered Policies)**

GSP2

GSP3

HSXC