

SERFF Tracking Number: AMLC-127366982 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 49563
Company Tracking Number: PPACAGRG
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
Expense
Product Name: PPACAGRG
Project Name/Number: Group Grandfathered Certificate Rider/PPACAGRG

Filing at a Glance

Company: United American Insurance Company

Product Name: PPACAGRG

SERFF Tr Num: AMLC-127366982 State: Arkansas

TOI: H15G Group Health -

SERFF Status: Closed-Approved- State Tr Num: 49563

Hospital/Surgical/Medical Expense

Closed

Sub-TOI: H15G.001 Any Size Group

Co Tr Num: PPACAGRG

State Status: Approved-Closed

Filing Type: Form

Author: Monica Spearman

Reviewer(s): Rosalind Minor

Date Submitted: 08/16/2011

Disposition Date: 08/19/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Grandfathered Certificate Rider

Status of Filing in Domicile: Not Filed

Project Number: PPACAGRG

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: PENDING

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Blanket, Discretionary, Trust, Non Employer Group

Overall Rate Impact:

Filing Status Changed: 08/19/2011

Deemer Date:

State Status Changed: 08/19/2011

Submitted By: Monica Spearman

Created By: Monica Spearman

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Dear Sir or Madam:

Enclosed please find for review and approval a PPACA related rider form, PPACAGRG, for Group Grandfathered Certificates, to bring our limited benefit hospital-surgical policy GRGSP2 into compliance with laws effective for plan years starting on or after September 23, 2010. This captioned form is being submitted as a new filing and is not

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intended to replace any previously approved forms.

Form PPACAGRG was created from the NAIC template. We added effective dates for the appropriate provisions. HHS granted United American a waiver of annual dollar limits restrictions for 2011, therefore we have removed the annual limits provision. Additionally, we edited the Emergency Services provision because it refers to network/participating providers. United American does not use a network or participating providers, therefore certificate benefits are paid without regard to any provider network.

Form PPACAGRG will be forwarded to the appropriate certificateholders to bring their Group Grandfathered Certificate 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. This form conforms to all insurance state and department requirements of your jurisdiction.
2. This form contains no provisions previously disapproved by your department.
3. This rider form is being filed in Nebraska, our state of domicile, and in all other states wherein we do business.

Company and Contact

Filing Contact Information

Monica Spearman, Compliance Analyst mspearman@torchmarkcorp.com
3700 S. Stonebridge Drive 214-544-5328 [Phone]
McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska
P.O. Box 8080 Group Code: 290 Company Type: Life and Health
McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:
(972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$0.00	08/16/2011	
United American Insurance Company	\$50.00	08/17/2011	50705554

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/19/2011	08/19/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/16/2011	08/16/2011	Monica Spearman	08/17/2011	08/17/2011

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Disposition

Disposition Date: 08/19/2011

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	PPACAGRG	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/16/2011
Submitted Date 08/16/2011

Respond By Date

Dear Monica Spearman,

This will acknowledge receipt of the captioned filing.

Objection 1

- PPACAGRG, PPACAGRG (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit the filing fee of \$50.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/17/2011
Submitted Date 08/17/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: I apologize for any inconvenience. The EFT of \$50.00 has been updated.

Related Objection 1

Applies To:

- PPACAGRG, PPACAGRG (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit the filing fee of \$50.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Form Schedule

Lead Form Number: PPACAGRG

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/19/2011	PPACAGR G	Policy/Cont ract/Fratern al	PPACAGRG	Initial			PPACAGRG_ GROUP.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

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 Certificate to which it is attached.

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

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

Notwithstanding any other provision of Your Certificate, the provisions below shall apply. In the event of a conflict between the provisions of any other Section of Your Certificate and the provisions of this Rider, the provisions of this Rider shall prevail, except to the extent the provisions of Your Certificate 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 Certificate, 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 Certificate contains a lifetime dollar maximum on the value of all benefits, such lifetime dollar maximum no longer applies. If Your Certificate 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 Certificate, 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 Certificate, You will receive written notice that You or Your family member are once again eligible for benefits under this Certificate. If Your family member is no longer enrolled under this Certificate, he or she will be given an opportunity to re-enroll.

Rescissions Effective September 23, 2010

We may not rescind Your Certificate 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 Certificate. We must provide at least 30 days advance written notice before Your Certificate may be rescinded. You have the right to appeal any such rescission.

Extension of Coverage to Dependents Effective September 23, 2010

Notwithstanding the eligibility requirements described in Dependent/Eligibility section of Your Certificate, 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 Certificate.

Emergency Services

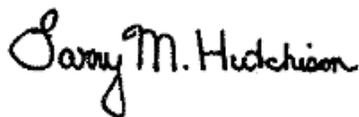
We shall cover Emergency Services without the need for any prior authorization determination and without regard to the health care provider furnishing such services, subject to Certificate limitations.

Preexisting Condition Limitations

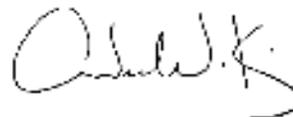
With respect to Covered Persons who are under 19 years of age, notwithstanding the Preexisting Condition Limitations described in Your Certificate, no health care service or treatment will be denied, limited, or excluded based on the fact that a medical condition was present before the effective date of Your Certificate, 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 Certificate 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 Certificate to which it is attached or as indicated. This Rider terminates concurrently with the Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Certificate except as stated.



Secretary



President

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	08/19/2011
Bypass Reason:	NAIC form.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/19/2011
Bypass Reason:	NA		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/19/2011
Comments:			
Attachment:			
PPACA_CS-Group.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	290-92916	AMLC-127366986	GRGSP2	<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	Non-Grandfathered
		Grandfathered	
	<p>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i></p>	<p style="text-align: center;">N/A</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. </p>
	<p>Eliminate Annual Dollar Limits on Essential Benefits</p> <p>Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i></p>	<p style="text-align: center;">N/A</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. </p>
	<p>Eliminate Lifetime Dollar Limits on Essential Benefits</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i></p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. </p>
	<p>Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i></p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. </p>

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans						
TOI	Category	Statute Section	Grandfathered	Non-Grandfathered		
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services. Explanation: Page Number:	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
					Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. Explanation: Page Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number:	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
					Emergency Services – 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. Explanation: Page Number:	N/A

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans				
TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – 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.</p> <p>Explanation:</p> <p>Page Number:</p>	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.

PPACA Uniform Compliance Summary

Reset Form

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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H15G	<p>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</p> <p>Explanation:</p> <p>Page Number: 2</p>	<p><i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
H15G	<p>Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.</p> <p>Explanation:</p> <p>Page Number: 2</p>	<p><i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
H15G	<p>Eliminate Lifetime Dollar Limits on Essential Benefits</p> <p>Explanation:</p> <p>Page Number: 2</p>	<p><i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
H15G	<p>Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.</p> <p>Explanation:</p> <p>Page Number: 2</p>	<p><i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>

PPACA Uniform Compliance Summary
SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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H15G	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	[Section 2713 of the PHSA/Section 1001 of the PPACA]	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation:			
	Page Number:			
H15G	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◊	[Section 2714 of the PHSA/Section 1001 of the PPACA]	<input checked="" type="checkbox"/> Yes [◊] <input type="checkbox"/> No If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation:			
	Page Number: 2			
H15G	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	[Section 2719 of the PHSA/Section 1001 of the PPACA]	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	Explanation:			
	Page Number:			

◊ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary
SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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	<p>Emergency Services – 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.</p> <p>Explanation:</p> <p>Page Number:</p>	<p>[Section 2719A of the PHSA/Section 10101 of the PPACA]</p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p>Access to Pediatricians – 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.</p> <p>Explanation:</p> <p>Page Number:</p>	<p>[Section 2719A of the PHSA/Section 10101 of the PPACA]</p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p>[Section 2719A of the PHSA/Section 10101 of the PPACA]</p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>