

SERFF Tracking Number: HUMA-127359845 State: Arkansas  
 Filing Company: Humana Insurance Company State Tracking Number: 49498  
 Company Tracking Number: AR-11-012-H1  
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)  
 Product Name: AR-70129 MAINT 8/2011  
 Project Name/Number: /

## Filing at a Glance

Company: Humana Insurance Company  
 Product Name: AR-70129 MAINT 8/2011  
 TOI: H16I Individual Health - Major Medical

SERFF Tr Num: HUMA-127359845 State: Arkansas  
 SERFF Status: Closed-Approved- State Tr Num: 49498  
 Closed

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

Co Tr Num: AR-11-012-H1 State Status: Approved-Closed  
 Author: Latunia Riley Reviewer(s): Rosalind Minor  
 Date Submitted: 08/08/2011 Disposition Date: 08/09/2011  
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
 State Filing Description:

Implementation Date:

## General Information

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

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Individual Market Type: Individual  
 Filing Status Changed: 08/09/2011  
 State Status Changed: 08/09/2011  
 Created By: Latunia Riley  
 Corresponding Filing Tracking Number: AR-11-012-H1

Deemer Date:  
 Submitted By: Latunia Riley

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

## Company and Contact

### Filing Contact Information

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Product Name: AR-70129 MAINT 8/2011  
 Project Name/Number: /

Latunia Riley, Contract Analyst Iriley2@humana.com  
 2 Riverwood Place 262-408-4617 [Phone]  
 W24133 Riverwood Dr.  
 Suite 250  
 Waukesha, WI 53188

**Filing Company Information**

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

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	08/08/2011	50461030

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/09/2011	08/09/2011

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## Disposition

Disposition Date: 08/09/2011

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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<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>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Supporting Document</b>	NAIC Transmittal Document	Approved-Closed	Yes
<b>Form</b>	ARKANSAS RIDER	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: AR-70129 MAINT 8/2011**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/09/2011	AR-70129 MAINT 8/2011	Policy/Cont ract/Fratern al	ARKANSAS RIDER	Initial			AR-70129 MAINT 8- 2011.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

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# ARKANSAS RIDER

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## HUMANA INSURANCE COMPANY

The *policy* to which this rider is attached is amended as indicated.

The last bullet in the **Service Exclusions & Limitations** provision of the **Limitations and Exclusions** section have been deleted in its entirety and replaced with the following:

- *Services* or supplies provided in connection with a *sickness* or *bodily injury* arising out of, or sustained in the course of, any occupation, employment or activity for compensation, profit or gain, whether or not benefits are available under Workers' Compensation. This exclusion does not apply to *services* or supplies received by a *covered person* qualifying as a sole proprietor, officer or partner under the laws of that state, and such benefits are not covered under any Workers' Compensation plan, provided he or she is not covered under a Workers' Compensation plan.

[SIGNATURE]

[Michael B. McCallister]  
[President]

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	08/09/2011
<b>Comments:</b>		
<b>Attachment:</b> Certificate of Readability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	08/09/2011
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	08/09/2011
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	08/09/2011
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	08/09/2011
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		

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		<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	<b>Date:</b> 08/09/2011
<b>Comments:</b>			
<b>Attachment:</b>			
	Filing Cover Letter.pdf		

		<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	NAIC Transmittal Document	Approved-Closed	<b>Date:</b> 08/09/2011
<b>Comments:</b>			
<b>Attachment:</b>			
	Arkansas NAIC Transmittal Document.pdf		

**HUMANA INSURANCE COMPANY**

**CERTIFICATION**

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

**Form Number(s)**

AR-70129 MAINT 8/2011

**Flesch Test Reading Ease Score**

57.2



**Signed by:** \_\_\_\_\_

Steven DeRaleau  
Vice President

**Date:** August 8, 2011

HUMANA®

August 8, 2011

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

**RE: Humana Insurance Company  
Individual Health Form Filing  
Arkansas Rider: AR- 70129 MAINT 8/2011  
NAIC #73288  
FEIN # 39-1263473**

Dear Sir/Madam:

We are enclosing the above-referenced form for your review and approval. This form is new and will not replace any previously filed or approved forms.

Included with this submission are:

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

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

Sincerely,  
Humana Insurance Company

*Latunia Riley*

Latunia Riley  
Contract Analyst

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

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Latunia Riley (Contract Analyst) Humana Insurance Company N19 W24133 Riverwood Drive Waukesha, WI 53188	800-289-0260 ext 2617	920-632-0029	lriley2@humana.com

<b>5.</b>	<b>Requested Filing Mode</b>	<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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<b>6.</b>	<b>Company Tracking Number</b>	AR-11-012-H1
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9.</b>	<b>Type of Insurance</b>	H16I Individual Health-Major Medical
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	H16I.005A Individual-Preferred Provider(PPO)
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<b>11.</b>	<b>Submitted Documents</b>	<input checked="" 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 checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <u>SUPPORTING DOCUMENTATION</u> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	<b>Filing Submission Date</b>	08/08/2011
13	<b>Filing Fee (If required)</b>	Amount _____ \$50
		Check Date <u>EFT</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Check Number _____
14.	<b>Date of Domiciliary Approval</b>	Form unique to Arkansas
15.	<b>Filing Description:</b>	
	See Cover Letter	
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px auto; width: 30%;"> <b>View Complete Filing Description</b> </div>		

16.	<b>Certification (If required)</b>	
	<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> .	
	Print Name <u>Latunia Riley</u>	Title <u>Contract Analyst</u>
	Signature <u>Latunia Riley</u>	Date: <u>8/8/2011</u>

Digitally signed by Latunia Riley  
 DN: dc=com, dc=humad, ou=MILL, ou=Users, cn=Latunia Riley  
 Date: 2011.07.07 16:55:35 -0500

<b>17.</b>	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		AR-11-012-H1
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Arkansas Rider	AR-70129 MAINT 8/2011	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Rider			
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		AR-11-012-H1		
Overall percentage rate indication (when applicable)		N/A		
Overall percentage rate impact for this filing		N/A %		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

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