

SERFF Tracking Number: CLTR-127378757 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 49719
Company Tracking Number: SLRX1000GP AR
TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
Product Name: Prescription Drug Part D
Project Name/Number: Prescription Drug Part D Filing/

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Prescription Drug Part D SERFF Tr Num: CLTR-127378757 State: Arkansas
TOI: H17G Group Health - Prescription Drug SERFF Status: Closed-Approved- State Tr Num: 49719
Closed

Sub-TOI: H17G.000 Health - Prescription Drug Co Tr Num: SLRX1000GP AR State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Authors: Susan Coulter, Dana Suter Disposition Date: 09/09/2011
Date Submitted: 09/06/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Prescription Drug Part D Filing

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 09/09/2011

State Status Changed: 09/09/2011

Deemer Date:

Created By: Susan Coulter

Submitted By: Dana Suter

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Stonebridge Life Insurance Company, Coulter and Associates is submitting the above group forms for your review and approval. The forms will be issued to eligible large employer groups in your state.

The purpose of this is to file a new pharmacy product, Medicare Generation RX, for Stonebridge Life Insurance Company. This product provides a secondary wrap benefit to supplement Medicare Part D Employer Group Waiver Plan (EGWP) coverage. While Medicare products are not required to be filed with states due to federal jurisdiction, this product requires filing because the secondary wrap benefit is provided as a separate (but integrated) product from the EGWP primary coverage. The new product will be effective as of January 1, 2012 and will be administered by MedImpact Healthcare Systems, Inc. (MedImpact).

SERFF Tracking Number:	CLTR-127378757	State:	Arkansas
Filing Company:	Stonebridge Life Insurance Company	State Tracking Number:	49719
Company Tracking Number:	SLRX1000GP AR		
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Stonebridge's EGWP wrap product will provide supplemental coverage to Medicare Part D and is not a standard Medicare Supplement product. The underlying EGWP coverage will vary, but will never include brand or specialty (as defined in the Medicare Part D program) coverage in the Part D Defined Standard coverage gap. The secondary wrap product benefit design may also vary, but will only include brand and specialty drug coverage in the coverage gap.

Beneficiaries will generally be required to share in the cost of drugs through copayments or coinsurance. The product formulary will dictate which drugs are covered and at what cost sharing level. Beneficiaries can access prescription drugs through retail or mail order pharmacies. Retail scripts are generally provided in a 34 day supply and mail order drugs are generally provided in a 90 day supply.

Drugs that are not covered under Medicare Part D are not covered under this wrap product. Other limitations and exclusions under this product include drugs covered under a medical insurance plan (e.g., drugs administered in a physician's office) or through other coverages (e.g., Workers' Compensation) and drugs not deemed to be medically necessary. Some drugs may be subject to utilization management edits.

These are new forms for Stonebridge Life Insurance Company and will not supersede any form on file with the department. If you have any questions, please call me at (609) 443-7540 or email me at dana@coulter-and-associates.com. Otherwise we look forward to your approval.

Company and Contact

Filing Contact Information

Susan Coulter, Consultant	susan@coulter-and-associates.com
379 Princeton-Hightstown Rd	609-443-7540 [Phone]
Cranbury, NJ 08512	609-443-4103 [FAX]

Filing Company Information

(This filing was made by a third party - coulterandassociatesinc)

Stonebridge Life Insurance Company	CoCode: 65021	State of Domicile: Vermont
4333 Edgewood Road NE	Group Code:	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 03-0164230	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00

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Retaliatory? Yes
Fee Explanation: \$50 per form (policy and certificate)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$100.00	09/06/2011	51264397

SERFF Tracking Number: CLTR-127378757 State: Arkansas
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: CLTR-127378757 State: Arkansas
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Disposition

Disposition Date: 09/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLTR-127378757 *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
Form	Group Prescription Drug Benefit Policy	Approved-Closed	Yes
Form	Certificate of Insurance	Approved-Closed	Yes

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Form Schedule

Lead Form Number: SLRX1000GP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/09/2011	SLRX1000 GP	Policy/Cont ract/Fratern al Certificate	Group Prescription Drug Benefit Policy	Initial		50.300	SLRX1000GP .pdf
Approved-Closed 09/09/2011	SLRX1000 GC	Certificate	Certificate of Insurance	Initial		52.000	SLRX1000GC .pdf

Stonebridge Life Insurance Company

A Stock Company

Home Office: Rutland, Vermont

Administrative Office: [520 Park Avenue, Baltimore, Maryland 21201]

This is a contract between us, **STONEBRIDGE LIFE INSURANCE COMPANY**, and **The ABC Company**, (the Contract Holder).

Policy Number: [012345]

Policy Effective Date: [01/01/11]

Policy Anniversary Date: [01/01]

Policy Term: This policy will go into effect on the Policy Effective Date. All periods of insurance for a Coverage Person begin and end at 12:01 A.M. Standard Time at the Contract Holder's address. Unless this policy is ended by the Contract Holder or us (see "Termination of Policy" in GENERAL PROVISIONS), it may be renewed by payment of the required premiums, at the rates in effect on each premium due date.

Scope of Coverage: In exchange for the payment of premiums, as described in PREMIUMS, we agree to pay benefits to all eligible persons covered for benefits described in PRESCRIPTION DRUG EXPENSE BENEFIT.

This coverage is subject to the exclusions, and to all other terms of this policy. This policy will be governed by the laws of the state in which it is delivered {and, to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any of its amendments}.

IN WITNESS WHEREOF, we have signed this policy at Rutland, Vermont.


Craig D. Vermie
Secretary


PRESIDENT

This is not a standardized Medicare Supplement Plan.

**GROUP PRESCRIPTION DRUG BENEFIT POLICY
THIS POLICY PROVIDES LIMITED PRESCRIPTION DRUG BENEFITS.
READ IT CAREFULLY.**

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SCHEDULE OF BENEFITS

1. ELIGIBILITY: The following persons are eligible for insurance under this Policy if enrolled for the Medicare Generation RX Medicare Part D Plan and eligible based on Employer's classification or guidelines.
- a) Medicare eligible [by reason of age] Retirees;
 - b) [Medicare eligible [by reason of age] Retiree's legal spouses;]
 - c) [All Retirees who are covered under this Contract Holder's group health plan and who are under age 65. Retirees in this class are NOT eligible for coverage under this policy but may enroll their eligible spouse;]
 - d) [All widow/widowers of a deceased spouse who was an active employee or Retiree of the Contract Holder and who is entitled to Medicare [by reason of age];]
 - e) [A Retiree's child who is chiefly dependent upon the Retiree for support and maintenance and who is eligible for Medicare [by reason of age].]

{2. COVERAGE YEAR: Begins on each [JANUARY 1ST] and continues for the next [12] consecutive months, and ends on [DECEMBER 31ST] of the [same] year.}

3. COVERAGE AND BENEFIT AMOUNTS:

[Prescription Drug Expense Benefit

For Total Allowed Costs within the Coverage Gap, the amount we will pay for Total Allowed Costs incurred for Prescription Drugs reduced by the amount paid under the underlying Prescription Drug Plan, if any, and pharmaceutical manufacturer discounts, if any, and subject to:

- [the following Co-insurance of the Total Allowed Cost:

Per Formulary Branded Prescription	
Preferred Formulary	XX%
Non-preferred Formulary	XX%
Per Non-Formulary Branded Prescription	XX%
Per Specialty Drug	XX%
- [the following Co-payment of:

Per Formulary Branded Prescription	
Preferred Formulary	\$XX
Non-preferred Formulary	\$XX
Per Non-Formulary Branded Prescription Co-pay	\$XX
Per Specialty Drug	\$XX]

4. INSURED EFFECTIVE DATE: [The first of the month the Insured is effective for the Medicare Generation Rx Part D Plan.]

5. PREMIUMS:

Premium Payable: [X Monthly ___ Annual
 X Contributory ___ Non-Contributory]

Premium Amount: [X Employee Only \$ XX.XX
 ___ Spouse Only \$ XX.XX]

GENERAL DEFINITIONS

“Branded Prescription Drug” means a prescription drug that has no generic drug equivalent or a prescription drug that is the innovator or original formulation for which a generic drug equivalent exists.

{“Co-pay” means a specified amount that an Insured is responsible for paying, each time the person has a prescription for covered drugs newly filled or renewed by a Pharmacist, before benefits are payable under the policy. If the Total Allowed Cost less any pharmaceutical manufacturer discount for the Prescription Drug is less than the Co-pay, then the Insured will pay the lesser of the Total Allowed Cost less any pharmaceutical discount or the Co-pay for the drug.}

{“Co-insurance” means a specified percentage (%) that an Insured is responsible for paying, each time the person has a prescription for covered drugs newly filled or renewed by a Pharmacist, before benefits are payable under the policy.}

“Coverage Gap” means the period of time under Medicare Part D that begins when an Insured has incurred Medicare eligible expenses for prescription drugs equal to the Initial Coverage Limit and ends when the True Out-of-Pocket Threshold amount has been met. Once the True Out-of-Pocket Threshold amount is reached, the Insured is no longer in the Coverage Gap and no further benefits are payable until the start of a new Coverage Year.

“Coverage Year” means a consecutive 12-month period described on the Schedule of Benefits.”

“Prescriber” means any duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to perform the service for which claim is made.

{“Formulary” means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes preferred and non-preferred Formulary Drugs.}

“Initial Coverage Limit” means the first part of a Medicare prescription drug plan. The Insured pays a set amount until his or her payments and the plan payments reach a certain total as determined by Medicare each year. Once this limit is reached, the Insured enters the Coverage Gap.

{“In-Network Pharmacy” means a pharmacy that is a part of [the XYZ network of participating pharmacies].}

“Insured” means the person for whom coverage is in effect under the policy.

“Medicare” means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

“Medicare Part D” is a Medicare program that partially subsidizes the costs of prescription drugs.

{“Out-of-Network Pharmacy” means a pharmacy that is not a part of [the XYZ network of participating pharmacies].}

“Pharmacist” means a person trained and licensed in the art of preparing and dispensing drugs.}

“Retiree” means a former employee of the Contract Holder who meets the employer’s eligibility classifications.

“Total Allowed Cost” means the ingredient cost plus dispensing fee plus sales tax.

“True Out-of-Pocket” means the drug costs that can be used to calculate an Insured’s coverage under Medicare Part D that count toward an Insured’s Medicare drug plan True Out-of-Pocket Threshold, as determined by Medicare each year. True Out-of-Pocket costs determine when an Insured exits the Coverage Gap and enters into the Catastrophic Coverage state of Medicare Part D

prescription drug plan. It includes all payments for drugs listed on Insured's plan's Formulary and purchased at an In-Network Pharmacy.

"True Out-of Pocket Threshold" means the upper limit of the Coverage Gap as determined by Medicare. When the upper limit is reached, no further benefits are payable until the start of a new Coverage Year.

INDIVIDUAL EFFECTIVE DATES

Insured – Individual insurance will become effective as indicated on the Schedule of Benefits.

An eligible person may [enroll or be enrolled] only within [31 days after becoming eligible or during an open enrollment period], unless otherwise indicated by the policy. Open enrollment period means a pre-determined term during which any eligible person who previously did not enroll for coverage under the policy, may enroll for coverage.

INDIVIDUAL TERMINATION DATES

Insured – Coverage for an Insured will end on the earliest of:

- a) the date the Insured is no longer eligible {unless contributions for coverage were made in advance, in which case coverage will terminate at the end of the period for which premiums have been paid}; or
- b) any premium due date, if full payment for the Insured's coverage is not made within 31 days following the premium due date; or
- c) the date the policy terminates.

Termination will not affect a claim for benefits for covered charges that were incurred while the person was covered under this policy.

PRESCRIPTION DRUG EXPENSE BENEFITS

Once an Insured enters the Coverage Gap under Medicare Part D, we will pay expense incurred by the Insured for Branded Prescription Drugs newly filled or renewed by a Pharmacist subject to the amounts shown in the Schedule of Benefits. Subject to any other exclusions or limitations in the Policy, in order to be covered, the drug must be:

- a) a drug covered under Medicare Part D unless otherwise specifically covered herein{;
- b) listed in the Formulary as utilized by [the XYZ network]}; and
- c) prescribed by a Prescriber.

Benefit will be paid up to the [applicable maximum], as shown on the Schedule of Benefits.

EXCLUSIONS

The Policy does not cover:

- a) any drug expense that is:
 - 1. not a Medicare Part D eligible drug expense; or
 - 2. beyond the limits imposed by Medicare for such expense; or
 - 3. excluded by name or specific description by Medicare; except as specifically provided under the Policy;
- b) any portion of a covered expense to the extent paid by Medicare;

- c) covered expenses incurred after coverage under the Policy terminates;
- d) {expenses used to meet any Co-pay or Co-insurance;}
- e) {expenses in excess of the percentages payable;}
- f) {any drugs prescribed or dispensed by a member of the Insured's immediate family or by the Contract Holder;}
- g) {drugs not requiring a prescription;}
- h) {drugs covered under a medical insurance plan}
- i) {drugs covered under a Workers' compensation plan;}
- j) {drugs not deemed to be medically necessary.}

PREMIUMS

Premiums are shown on the Schedule of Benefits. Premium must be paid to us on or before the premium due date {and not more than [31 days] after the effective date of the eligible person's coverage}. A person's coverage will not be affected by the Contract Holder's failure, due to clerical error, to remit premiums to us on time.

Rates are provided on a group basis. Premiums may be changed on any premium due date, on or after the first Policy Anniversary Date, within 31 days' advance notice in writing to the Contract Holder.

Grace Period: The Contract Holder has a 31-day grace period after each ensuing premium due date once the first premium has been paid. If a subsequent premium is not paid by the end of the grace period, coverage will end as of the premium due date. {If this happens, the Contract Holder will still owe us all premiums then due, including any premium due for the grace period or for any part of the grace period.}

CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given within 31 days after a covered loss begins, or as soon as reasonably possible. Notice should include information that identifies the claimant and this policy.

Claim Forms: When we receive notice of claim, we will send forms for filing proof of loss to the claimant. If these forms are not sent within 15 day, the claimant will meet the proof of loss requirements if we are given, within 90 days, written proof of the nature and extent of the loss.

Proof of Loss: Written proof of loss must be given to us within 90 days after the loss begins. We will not deny nor reduce any claim if it was not reasonably possible to give proof of loss in the time required. In any event, proof must be given to us within 1 year after it is due, unless the Insured is legally incapable of doing so.

Time of Payment of Claim: Benefits for loss covered by the policy will be paid as soon as we receive proper written proof of such loss.

Payment of Claims: All benefits will be paid to the Insured, unless an Assignment of Benefits has been requested by the Insured. Any other benefits due and unpaid at the Insured's death will be paid to the Insured's estate. Any payment made by us in good faith pursuant to this provision will fully release us to the extent of such payment.

Legal Action: No legal action may be brought to recover on the policy before 60 days after written proof of loss has been furnished as required by the policy. No such action may be brought after 3 years from the time written proof of loss is required to be furnished.

GENERAL PROVISIONS

Entire Contract; Changes: The policy (including the application, endorsements and attached papers) is the entire contract. The enrollments of eligible persons for coverage (if any), are not a part of the policy; we may not use any statement contained in them to contest the policy or deny a claim. No change in the policy is valid unless it has been approved by one of our executive officers. Their approval must be attached to or endorsed on the policy. No agent may change the policy or waive any provision.

Conformity With State Law: If any part of the policy conflicts with the law of the state of delivery on the date the policy goes into effect, the policy is amended to meet the minimum requirements of such law.

Records Maintained; Examination and Audit: The Contract Holder or its agent will keep records showing essential facts of each person's coverage. We may examine these records at any time that the policy is in force, within 3 years after the policy expires, and later if claims are still pending.

Not in Lieu of Workers' Compensation: The policy is not in lieu of and does not affect requirements for coverage under Workers' Compensation laws.

Termination of Policy: The Contract Holder may terminate the policy at any time on or after the first Policy Anniversary Date, by sending us written notice. The policy will be terminated on the date that we receive the notice or later if specified in the notice. We may terminate the policy at any time on or after the first Policy Anniversary Date, by sending the Contract Holder at least 31 days' prior written notice to its most recent address in our records. We will return pro-rata the unearned portion of the premiums, if any, that were paid. Termination will be without prejudice to a claim for covered drug expenses that are incurred while the policy is in force.

Certificate for the Insured: We will issue to the Contract Holder, for delivery to Insureds, a certificate of insurance containing the principal terms of the policy.

Stonebridge Life Insurance Company

A Stock Company

Home Office: Rutland, Vermont

Administrative Office: [520 Park Avenue, Baltimore, Maryland 21201]

You insurance is issued under a contract between us, **STONEBRIDGE LIFE INSURANCE COMPANY**, and **The ABC Company**, (the Contract Holder).

This is a Certificate of Insurance that explains your Prescription Drug Insurance under Group Policy Number [123456]. The Group Policy is issued to the Contract Holder named above. This is not the insurance contract. It does not waive or alter any terms of the Policy. The Group Policy is a legal contract. It may be inspected during business hours at the office of the Contract Holder.

EFFECTIVE DATE: This Certificate and the insurance provided by it become effective 12:01 A.M. Standard Time at the Contract Holder's address on the Effective Date shown on the Schedule.

This Certificate takes the place of any other Certificate previously issued to you under this Policy. This Certificate itself sets forth the rights and obligations of both you and the insurance company. It is therefore important that you READ YOUR CERTIFICATE carefully.

This coverage is subject to the exclusions, and to all other terms of this policy. This policy will be governed by the laws of the state in which it is delivered {and, to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any of its amendments}.

IN WITNESS WHEREOF, we have signed this policy at Rutland, Vermont.


Craig D. Vermie
Secretary


PRESIDENT

This is not a standardized Medicare Supplement Plan.

**GROUP PRESCRIPTION DRUG BENEFIT POLICY
THIS CERTIFICATE PROVIDES LIMITED PRESCRIPTION DRUG BENEFITS.
READ IT CAREFULLY.**

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SCHEDULE OF BENEFITS

- 1. INSURED: [John Doe]

- 2. COVERAGE YEAR: Begins on each [JANUARY 1ST] and continues for the next [12] consecutive months, and ends on [DECEMBER 31ST] of the [same] year.

3. COVERAGE AND BENEFIT AMOUNTS:

Prescription Drug Expense Benefit

For Total Allowed Costs within the Coverage Gap, the amount we will pay for Total Allowed Costs incurred for Prescription Drugs reduced by the amount paid under the underlying Prescription Drug Plan, if any, and pharmaceutical manufacturer discounts, if any, and subject to:

- [the following Coinsurance of the Total Allowed Cost:

Per Formulary Branded Prescription Preferred Formulary	XX%
Non-preferred Formulary	XX%
Per Non-Formulary Branded Prescription	XX%
Per Specialty Drug	XX%
- [the following Co-payment of:

Per Formulary Branded Prescription Preferred Formulary	\$XX
Non-preferred Formulary	\$XX
Per Non-Formulary Branded Prescription Co-pay	\$XX
Per Specialty Drug	\$XX]

- 4. INSURED EFFECTIVE DATE: [The first of the month You are effective for the Medicare Generation Rx Part D Plan.]

5. PREMIUMS:

Premium Payable: Monthly Annual

 Contributory Non-Contributory]

Insured: Premium Amount:

GENERAL DEFINITIONS

“Branded Prescription Drug” means a prescription drug that has no generic drug equivalent or a prescription drug that is the innovator or original formulation for which a generic drug equivalent exists.

{“Co-pay” means a specified amount that you are responsible for paying, each time you have a prescription for covered drugs newly filled or renewed by a Pharmacist, before benefits are payable under the policy. If the Total Allowed Cost less any pharmaceutical manufacturer discount for the Prescription Drug is less than the Co-pay, then You will pay the lesser of the Total Allowed Cost less any pharmaceutical discount or the Co-pay for the drug.}

{“Co-insurance” means a specified percentage (%) that you are responsible for paying, each time you have a prescription for covered drugs newly filled or renewed by a Pharmacist, before benefits are payable under the policy.}

“Coverage Gap” means the period of time under Medicare Part D that begins when you have incurred Medicare eligible expenses for prescription drugs equal to the Initial Coverage Limit and ends when the True Out-of-Pocket Threshold amount has been met. Once the True Out-of-Pocket Threshold amount is reached, you are no longer in the Coverage Gap and no further benefits are payable until the start of a new Coverage Year.

{“Coverage Year” means a consecutive 12-month period described on the Schedule of Benefits.}

“Prescriber” means any duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to perform the service for which claim is made.

{“Formulary” means a list of medications designed to manage prescription costs without affecting the quality of care by identifying and encouraging use of the most clinically effective and cost-effective medications. The Formulary includes preferred and non-preferred Formulary Drugs.}

“Initial Coverage Limit” means the first part of a Medicare prescription drug plan. You pay a set amount until Your payments and the plan payments reach a certain total as determined by Medicare each year. Once this limit is reached, you enter the Coverage Gap.

{“In-Network Pharmacy” means a pharmacy that is a part of [the XYZ network of participating pharmacies].}

“Insured” means the person for whom coverage is in effect under the policy. You and Your refer to the Insured.

“Medicare” means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

“Medicare Part D” is a Medicare program that partially subsidizes the costs of prescription drugs.

{“Out-of-Network Pharmacy” means a pharmacy that is not a part of [the XYZ network of participating pharmacies].}

“Pharmacist” means a person trained and licensed in the art of preparing and dispensing drugs.}

“Retiree” means a former employee of the Contract Holder who meets the employer’s eligibility classifications.

“Total Allowed Cost” means the ingredient cost plus dispensing fee plus sales tax.

“True Out-of-Pocket” means the drug costs that can be used to calculate Your coverage under Medicare Part D that count toward Your Medicare drug plan out-of-pocket threshold, as determined by Medicare each year. True Out-of-Pocket costs determine when you exit the Coverage Gap and enter into the

Catastrophic Coverage state of Medicare Part D prescription drug plan. It includes all payments for drugs listed on your plan's Formulary and purchased at an In-Network Pharmacy.

"True Out-of Pocket Threshold" means the upper limit of the Coverage Gap as determined by Medicare. When the upper limit is reached, no further benefits are payable until the start of a new Coverage Year.

INDIVIDUAL EFFECTIVE DATES

Your insurance will become effective as indicated on the Schedule of Benefits.

INDIVIDUAL TERMINATION DATES

Your coverage will end on the earliest of:

- a) the date You are no longer eligible {unless contributions for coverage were made in advance, in which case coverage will terminate at the end of the period for which premiums have been paid}; or
- b) any premium due date, if full payment for Your coverage is not made within 31 days following the premium due date; or
- c) the date the policy terminates.

Termination will not affect a claim for benefits for covered charges that were incurred while the person was covered under this policy.

PRESCRIPTION DRUG EXPENSE BENEFITS

Once you enter the Coverage Gap under Medicare Part D, we will pay expense incurred by You for Branded Prescription Drugs newly filled or renewed by a Pharmacist subject to the amounts shown in the Schedule of Benefits. Subject to any other exclusions or limitations in the Policy, in order to be covered, the drug must be:

- a) a drug covered under Medicare Part D unless otherwise specifically covered herein{;
- b) listed in the Formulary as utilized by [the XYZ network]}; and
- c) prescribed by a Prescriber.

Benefit will be paid up to the [applicable maximum], as shown on the Schedule of Benefits.

EXCLUSIONS

The Policy does not cover:

- a) any drug expense that is:
 - 1. not a Medicare Part D eligible drug expense; or
 - 2. beyond the limits imposed by Medicare for such expense; or
 - 3. excluded by name or specific description by Medicare; except as specifically provided under the Policy;
- b) any portion of a covered expense to the extent paid by Medicare;
- c) covered expenses incurred after coverage under the Policy terminates;
- d) {expenses used to meet any Co-pay or Coinsurance;}

- e) {expenses in excess of the percentages payable;}
- f) {any drugs prescribed or dispensed by a member of your immediate family or by the Contract Holder;}
- g) {drugs not requiring a prescription;}
- h) {drugs covered under a medical insurance plan}
- i) {drugs covered under a Workers' compensation plan;}
- j) {drugs not deemed to be medically necessary.}

PREMIUMS

Premiums are shown on the Schedule of Benefits and remitted by the Contract holder. Your coverage will not be affected by the Contract Holder's failure, due to clerical error, to remit premiums to us on time.

Rates are provided on a group basis. Premiums may be changed on any premium due date, on or after the first Policy Anniversary Date, within 31 days' advance notice in writing to the Contract Holder.

Grace Period: The Contract Holder has a 31-day grace period after each ensuing premium due date once the first premium has been paid. If a subsequent premium is not paid by the end of the grace period, coverage will end as of the premium due date. {If this happens, the Contract Holder will still owe us all premiums then due, including any premium due for the grace period or for any part of the grace period.}

CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given within 31 days after a covered loss begins, or as soon as reasonably possible. Notice should include information that identifies the claimant and this policy.

Claim Forms: When we receive notice of claim, we will send forms for filing proof of loss to the claimant. If these forms are not sent within 15 day, the claimant will meet the proof of loss requirements if we are given, within 90 days, written proof of the nature and extent of the loss.

Proof of Loss: Written proof of loss must be given to us within 90 days after the loss begins. We will not deny nor reduce any claim if it was not reasonably possible to give proof of loss in the time required. In any event, proof must be given to us within 1 year after it is due, unless You are legally incapable of doing so.

Time of Payment of Claim: Benefits for loss covered by the policy will be paid as soon as we receive proper written proof of such loss.

Payment of Claims: All benefits will be paid to you, unless you have requested an Assignment of Benefits. Any other benefits due and unpaid at your death will be paid to Your estate. Any payment made by us in good faith pursuant to this provision will fully release us to the extent of such payment.

Legal Action: No legal action may be brought to recover on the policy before 60 days after written proof of loss has been furnished as required by the policy. No such action may be brought after 3 years form the time written proof of loss is required to be furnished.

GENERAL PROVISIONS

Conformity With State Law: If any part of the policy conflicts with the law of the state of delivery on the date the policy goes into effect, the policy is amended to meet the minimum requirements of such law.

Not in Lieu of Workers' Compensation: The policy is not in lieu of and does not affect requirements for coverage under Workers' Compensation laws.

SERFF Tracking Number: CLTR-127378757 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 49719
 Company Tracking Number: SLRX1000GP AR
 TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
 Product Name: Prescription Drug Part D
 Project Name/Number: Prescription Drug Part D Filing/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/09/2011
Comments:			
Attachment:			
Fleschcertsigned.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/09/2011
Bypass Reason:	This is not applicable because they do not use an application-they use a proposal.		
Comments:			

FLESCH CERTIFICATION

I, Robert Morrow, _____, for Stonebridge Life Insurance Company, certify that the forms listed below satisfy the NAIC Model Bill standards of policy language simplification legislation.

Form Number	Form Title	Flesch Score
SLRX1000GP	GROUP PRESCRIPTION DRUG BENEFIT POLICY	50.3
SLRX1000GC	GROUP PRESCRIPTION DRUG BENEFIT CERTIFICATE	52.0

Signature: _____



Date: