

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
 Endorsement - American Heritage Life Insurance Company

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri	SERFF Tr Num: MCHX- G127368922	State: Arkansas
TOI: H15G Group Health - Hospital/Surgical/Medical Expense	SERFF Status: Closed-Approved- Closed	State Tr Num: 49659
Sub-TOI: H15G.002 Large Group Only	Co Tr Num: GDEPPX	State Status: Approved-Closed
Filing Type: Form	Author: SPI McHughConsulting	Reviewer(s): Rosalind Minor
	Date Submitted: 08/29/2011	Disposition Date: 09/15/2011
		Disposition Status: Approved- Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company	Status of Filing in Domicile: Pending
Project Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filed Concurrently
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: 09/15/2011	Deemer Date:
State Status Changed: 09/15/2011	Submitted By: SPI McHughConsulting
Created By: SPI McHughConsulting	
Corresponding Filing Tracking Number:	
PPACA: Grandfathered Immed Mkt Reforms	
PPACA Notes: null	
Filing Description:	
American Heritage Life Insurance Company	
NAIC Number: 60534	

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
Company Tracking Number: GDEPPX
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
Expense
Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
Endorsement - American Heritage Life Insurance Company

Pre-existing Conditions Endorsement GDEPPX
Pre-existing Conditions Policy Provision G-3272PEC-P (08/11)]
Pre-existing Conditions Certificate Provision G-3272PEC-C (08/11)]

McHugh Consulting Resources, Inc. has been requested to file the above-referenced forms on behalf of American Heritage Life Insurance Company. We have provided a letter of authorization for your files.

We submit the above referenced forms for your review and approval. Endorsement GDEPPX will be used with their existing group policies and certificates. This form is new and does not replace any forms currently approved by your department. G-3272PEC-P (08/11)] and G-3272PEC-P (08/11)] are revisions and will replace G-3272PEC-P and G-3272PEC-C which were approved by your department. The policy and certificate provisions are bracketed to allow for their removal from a new policy or certificate if a policyholder does not want to include the limitation in their coverage.

The purpose of the Endorsement and revised provisions is to align the pre-existing conditions limitation requirements of our products with those of the federal Patient Protection and Affordable Care Act (H.R. 3590).

The products that this form will be attached to are Policy Form G-3000-P, et al and Certificate form G-3000-C, et al which were previously approved by your department on April 27, 2005.

We have included a Statement of Variability and Readability Certification, as well as any filing fees and/or forms required by your state. If you have any questions, feel free to contact the office at 215-230-7960.

Sincerely,
Lauren Regnery
Compliance Project Specialist

Company and Contact

Filing Contact Information

Lauren Regnery, Compliance Project Specialist mcr@mchughconsulting.com
McHugh Consulting Resources, Inc. 215-230-7960 [Phone]
2005 South Easton Road, Suite 207 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

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

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
 Endorsement - American Heritage Life Insurance Company

American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida
 1776 American Heritage Life Drive Group Code: Company Type:
 Jacksonville, FL 32224 Group Name: State ID Number:
 (904) 992-2554 ext. [Phone] FEIN Number: 59-0781901

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$150.00	08/29/2011	51041663

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
 Endorsement - American Heritage Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/15/2011	09/15/2011
Approved-Closed	Rosalind Minor	09/06/2011	09/06/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Pre-Existing Conditions Endorsement	SPI McHughConsulting	09/15/2011	09/15/2011
Form	Pre-Existing Conditions Policy Provisions	SPI McHughConsulting	09/15/2011	09/15/2011
Form	Pre-Existing Conditions Certificate Provision	SPI McHughConsulting	09/15/2011	09/15/2011
Supporting Document	09.15.11 Filing Amendment Letter	SPI McHughConsulting	09/15/2011	09/15/2011
Supporting Document	Certificate Provision-Red-Lined, Policy Provision-Red-Lined, Endorsement-Red-Lined	SPI McHughConsulting	09/15/2011	09/15/2011

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
Company Tracking Number: GDEPPX
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
Expense
Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
Endorsement - American Heritage Life Insurance Company

Disposition

Disposition Date: 09/15/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

This approval will replace our approval of 9/6/2011. You requested that this submission be reopened in order to replace the forms because of typos.

This submission and replaced forms are being approved on this date.

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
 Endorsement - American Heritage Life Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	09.15.11 Filing Amendment Letter	Approved-Closed	Yes
Supporting Document	Certificate Provision-Red-Lined, Policy Provision-Red-Lined, Endorsement-Red- Lined	Approved-Closed	Yes
Form (revised)	Pre-Existing Conditions Endorsement	Approved-Closed	Yes
Form	Pre-Existing Conditions Endorsement	Replaced	Yes
Form (revised)	Pre-Existing Conditions Policy Provisions	Approved-Closed	Yes
Form	Pre-Existing Conditions Policy Provisions	Replaced	Yes
Form (revised)	Pre-Existing Conditions Certificate Provision	Approved-Closed	Yes
Form	Pre-Existing Conditions Certificate Provision	Replaced	Yes

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
Company Tracking Number: GDEPPX
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
Expense
Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
Endorsement - American Heritage Life Insurance Company

Disposition

Disposition Date: 09/06/2011

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: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
 Endorsement - American Heritage Life Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	09.15.11 Filing Amendment Letter	Approved-Closed	Yes
Supporting Document	Certificate Provision-Red-Lined, Policy Provision-Red-Lined, Endorsement-Red-Lined	Approved-Closed	Yes
Form (revised)	Pre-Existing Conditions Endorsement	Approved-Closed	Yes
Form	Pre-Existing Conditions Endorsement	Replaced	Yes
Form (revised)	Pre-Existing Conditions Policy Provisions	Approved-Closed	Yes
Form	Pre-Existing Conditions Policy Provisions	Replaced	Yes
Form (revised)	Pre-Existing Conditions Certificate Provision	Approved-Closed	Yes
Form	Pre-Existing Conditions Certificate Provision	Replaced	Yes

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
 Endorsement - American Heritage Life Insurance Company

Amendment Letter

Submitted Date: 09/15/2011

Comments:

Thank you very much for reopening this filing. Please see our attached letter along with the revised forms. Thank you.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GDEPPX	Policy/Contr	Pre-Existing	Revised				47.000	GDEPPX Allstate Pre-x Dependent under 19-rev 8_31_11_Clean.PDF
	act/Fraternal	Conditions						
	Certificate:	Endorsemen						
	Amendment, t							
	Insert							
	Page,							
	Endorsemen							
	t or Rider							
G-3272PEC-Matrix P (08/11)		Pre-Existing	Revised				42.000	G-3272PEC-P (08_11) Policy provision_Clean_08_31_11.PDF
		Conditions						
		Policy						
		Provisions						
G-3272PEC-Matrix C (08/11)		Pre-Existing	Revised				44.000	G-3272PEC-C (08_11) Certificate provision_08_31_11 Clean.PDF
		Conditions						
		Certificate						
		Provision						

Supporting Document Schedule Item Changes:

User Added -Name: 09.15.11 Filing Amendment Letter

Comment:

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
Company Tracking Number: GDEPPX
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
Expense
Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
Endorsement - American Heritage Life Insurance Company

09_13_11 Filing Amendment Letter.PDF

User Added -Name: Certificate Provision-Red-Lined, Policy Provision-Red-Lined, Endorsement-Red-Lined

Comment:

G-3272PEC-C (08_11) Certificate provision_08_31_11 draft.PDF

G-3272PEC-P (08_11) Policy provision_Red-Lined_08_31_11.PDF

GDEPXX Allstate Pre-x Dependent under 19-rev 8_31_11.PDF

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company

Form Schedule

Lead Form Number: GDEPPX

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/15/2011	GDEPPX	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Pre-Existing Conditions Endorsement	Revised	Replaced Form #: Previous Filing #:	47.000	GDEPPX Allstate Pre-x Dependent under 19-rev 8_31_11_Clean.PDF
Approved-Closed 09/15/2011	G-3272PEC-P (08/11)	Matrix	Pre-Existing Conditions Policy Provisions	Revised	Replaced Form #: Previous Filing #:	42.000	G-3272PEC-P (08_11) Policy provision_Clean_08_31_11.PDF
Approved-Closed 09/15/2011	G-3272PEC-C (08/11)	Matrix	Pre-Existing Conditions Certificate Provision	Revised	Replaced Form #: Previous Filing #:	44.000	G-3272PEC-C (08_11) Certificate provision_08_31_11 Clean.PDF

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
[1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776]

A Stock Company

Endorsement

This Endorsement is made part of the [Policy][Certificate] to which it is attached and is effective as of [xx/xx/xx]. It is subject to all of the provisions, limitations and exclusions of the Policy, not inconsistent with this Endorsement.

All references to the Special Provision section regarding Preexisting Condition are revised to the following:

Preexisting Condition: Plan benefits are payable for a Preexisting Condition, subject to the following provisions:

No benefits will be payable for a Preexisting Condition for the following period of time after [the Insured Person's] [Your] Enrollment Date:

1. 18 months [for] [if You are] a Late Enrollee; or
2. 12 months if [You are] not a Late Enrollee.

This exclusion will not apply to [Employee] [Insured Person] [an Employee's] [Your] Dependent, newborn child or adopted child under the age of 19 years.

If [the Insured Person was] [You were] covered by Creditable Coverage and then became insured under the Group Policy without a Significant Break In Coverage, [the Insured Person] [You] will receive credit for that period of Creditable Coverage towards the satisfaction of this limitation. To obtain this credit, [the Insured Person] [You] must provide proof of the previous coverage that is satisfactory to Us.

See the [Section: GENERAL PROVISIONS, Definitions in the back of the Policy] [Definitions in the back of the Certificate] for the meanings of Creditable Coverage, Dependent, Enrollment Date, [Employee], [Insured Person], Preexisting Condition and other terms that are capitalized.

All other requirements of the policy not specifically stated within this endorsement still apply.

[]

Secretary

GDEPPX

[Preexisting Condition: Plan benefits are payable for a Preexisting Condition, subject to the following provisions:

No benefits will be payable for a Preexisting Condition for the following period of time after the Insured Person's Enrollment Date:

1. 18 months for a Late Enrollee; or
2. 12 months if not a Late Enrollee.

This exclusion will not apply to an Employee, Employee's Dependent, newborn child or adopted child under the age of 19 years.

If the Insured Person was covered by Creditable Coverage and then became insured under the Group Policy without a Significant Break In Coverage, the Insured Person will receive credit for that period of Creditable Coverage towards the satisfaction of this limitation. To obtain this credit, the Insured Person must provide proof of the previous coverage that is satisfactory to Us.

See the Section: GENERAL PROVISIONS, Definitions in the back of the Policy, for the meanings of Creditable Coverage, Dependent, Employee, Enrollment Date, Preexisting Condition, and other terms that are capitalized.

G-3272PEC-P (08/11)]

[Preexisting Condition: Plan benefits are payable for a Preexisting Condition, subject to the following provisions:

No benefits will be payable for a Preexisting Condition for the following period of time after Your Enrollment Date:

1. 18 months if You are a Late Enrollee; or
2. 12 months if You are not a Late Enrollee.

This exclusion will not apply to an Insured Person, Your Dependent, newborn child or adopted child under the age of 19 years.

If You were covered by Creditable Coverage and then became insured under the Group Policy without a Significant Break In Coverage, You will receive credit for that period of Creditable Coverage towards the satisfaction of this limitation. To obtain this credit, You must provide proof of the previous coverage that is satisfactory to Us.

See the Definitions in the back of the Certificate for the meanings of Creditable Coverage, Dependent, Enrollment Date, Insured Person, Preexisting Condition and other terms that are capitalized.

G-3272PEC-C (08/11)]

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
 Endorsement - American Heritage Life Insurance Company

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/06/2011
Bypass Reason:	Not applicable to this filing		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/06/2011
Comments:			
Attachment:	PPACA Checklist-Where States Allow Matrix.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	09/06/2011
Comments:			
Attachment:	Authorization Letter.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	09/06/2011
Comments:			
Attachment:	SOV-Pre-x Dependent under 19 with revisions.PDF		

	Item Status:	Status Date:

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
 Endorsement - American Heritage Life Insurance Company

Satisfied - Item: Flesch Certification Approved-Closed 09/06/2011

Comments:

Attachments:

AR Readability Certification.PDF
 AR Cert of Compliance with Rule 19.PDF
 AR Certificate of Compliance 23-79-138 and RR 49 _2_.PDF

	Item Status:	Status Date:
Satisfied - Item: 09.15.11 Filing Amendment Letter	Approved-Closed	09/15/2011

Comments:

Attachment:

09_13_11 Filing Amendment Letter.PDF

	Item Status:	Status Date:
Satisfied - Item: Certificate Provision-Red-Lined, Policy Provision-Red-Lined, Endorsement-Red-Lined	Approved-Closed	09/15/2011

Comments:

Attachments:

G-3272PEC-C (08_11) Certificate provision_08_31_11 draft.PDF
 G-3272PEC-P (08_11) Policy provision_Red-Lined_08_31_11.PDF
 GDEPPX Allstate Pre-x Dependent under 19-rev 8_31_11.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
American Heritage Life Insurance Company	-60534	MCHX-G127368922	GDEPPX G-3272PEC-P (08/11) G-3272PEC-C (08/11)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19 Explanation: Page Number:	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	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. Explanation: Page Number:	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Eliminate Lifetime Dollar Limits on Essential Benefits Explanation: Page Number:	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact. Explanation: Page Number:	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<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><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

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>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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
H15G Group Health - Hospital/Surgical/Medical Expense	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explanation:		If no , please explain.	If no , please explain.
	Page Number: GDEPPXX, G-3272PEC-P (08/11), G-3272PEC-C (08/11)			
	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.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explanation: Not Applicable to this Filing		If no , please explain.	If no , please explain.
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explanation: Not Applicable to this Filing		If no , please explain.	If no , please explain.
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explanation: Not Applicable to this Filing		If no , please explain.	If no , please explain.
	Page Number:			

PPACA Uniform Compliance Summary

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services</p> <p>Explanation: Not Applicable to this Filing</p> <p>Page Number:</p>	<p><i>[Section 2713 of the PHS/Section 1001 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◊</p> <p>Explanation: Not Applicable to this Filing</p> <p>Page Number:</p>	<p><i>[Section 2714 of the PHS/Section 1001 of the PPACA]</i></p>	<p><input type="checkbox"/> Yes • <input checked="" type="checkbox"/> No</p> <p>If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation: Not Applicable to this Filing</p> <p>Page Number:</p>	<p><i>[Section 2719 of the PHS/Section 1001 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

- For plan years beginning before January 1, 2010, 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
	<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><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	Explanation: Not Applicable to this Filing			
	Page Number:			
	<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><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	Explanation: Not Applicable to this Filing			
	Page Number:			
	<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><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	Explanation: Not Applicable to this Filing			
	Page Number:			



Diane D. Ierna,
FLMI, AIRC
Assistant Vice President,
Compliance Department

June 15, 2011

NAIC Company Code: 60534

Re: See Attached Forms Listing

Please accept this letter as authorization from American Heritage Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as referenced on the attached form listing on behalf of American Heritage Life Insurance Company.

Sincerely,

A handwritten signature in cursive script that reads "Diane D. Ierna".

Diane D. Ierna

American Heritage Life Insurance Company (AHL)
Jacksonville, FL

Group Policy / Group Certificate Endorsement (GDEPPX)

This Endorsement will be made a part of the Policy and Certificate to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Policy, not inconsistent with the Endorsement. The following explains the variables included in the endorsement.

1. The phrase "and is effective as of [xx/xx/xx]" will be used when being attached to an existing policy or certificate. The date will be the date when the form is actually implemented.
2. When attached to a policy, the terms "Your", "if You are", "You were", "You" and "Definitions in the back of the Certificate" will be deleted. When attached to a certificate, the terms "Insured Person's", "for", "an Employee's", "the Insured Person was", and "Section: GENERAL PROVISIONS, Definitions in the back of the policy" will be deleted.
3. The signature of the Secretary will be on all endorsements issued and will be that of the current Secretary of AHL.

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: American Heritage Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GDEPPX	47
G-3272PEC-P (08/11)	42
G-3272PEC-C (08/11)	44

Signed: 
Name: Diane Ierna
Title: Assistant Vice-President, Compliance Department
Date: August 15, 2011

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: American Heritage Life Insurance Company

Form Number(s): GDEPPX, G-3272PEC-P (08/11), G-3272PEC-C (08/11)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Diane Ierna

Name

Assistant Vice-President, Compliance Department

Title

August 15, 2011

Date

CERTIFICATE OF COMPLIANCE

Insurer: American Heritage Life Insurance Company

Form Numbers: GDEPPX, G-3272PEC-P (08/11), G-3272PEC-C (08/11)

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

Diane Ierna

Name

Assistant Vice-President, Compliance Department

Title

August 15, 2011

Date

.....

McHugh Consulting Resources, Inc.

September 15, 2011

Sent via SERFF

Rosalind Minor
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

**RE: Filing Amendment
American Heritage Life Insurance Company
NAIC Number: 60534**

**Pre-existing Conditions Endorsement GDEPPX
Pre-existing Conditions Policy Provision G-3272PEC-P (08/11)]
Pre-existing Conditions Certificate Provision G-3272PEC-C (08/11)]**

Dear Rosalind Minor:

Thank you for reopening this filing.

Please see the attached, revised forms for your review and approval. American Heritage Life Insurance Company revised some typographical errors in the Endorsement Form GDEPPX, Policy Provision form G-3272PEC-C (08/11) and Certificate Provision form G-3272PEC-C (08/11). We have attached clean and red-lined versions of the revised forms for your review.

Please replace the forms that were originally submitted on August 29, 2011 with the attached, revised forms.

Thank you for your time and consideration of this filing. If you have any comments or questions, please feel free to contact me at the number listed below.

Sincerely,



Lauren Regnery
Compliance Project Specialist
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsultant.com

[Preexisting Condition: Plan benefits are payable for a Preexisting Condition, subject to the following provisions:

No benefits will be payable for a Preexisting Condition for the following period of time after Your Enrollment Date:

1. 18 months if You are a Late Enrollee; or
2. 12 months if You are not a Late Enrollee.

This exclusion will not apply to an Insured Person, Your Dependent, newborn child or adopted child under the age of 19 years.

If You were covered by Creditable Coverage and then became insured under the Group Policy without a Significant Break In Coverage, You will receive credit for that period of Creditable Coverage towards the satisfaction of this limitation. To obtain this credit, You must provide proof of the previous coverage that is satisfactory to Us.

See the Definitions in the back of the Certificate for the meanings of Creditable Coverage, Dependent, Enrollment Date, Insured Person, Preexisting Condition and other terms that are capitalized.

G-3272PEC-C (08/11)]

[Preexisting Condition: Plan benefits are payable for a Preexisting Condition, subject to the following provisions:

No benefits will be payable for a Preexisting Condition for the following period of time after the Insured Person's Enrollment Date:

1. 18 months for a Late Enrollee; or
2. 12 months if not a Late Enrollee.

This exclusion will not apply to an Employee, Employee's Dependent, newborn child or adopted child under the age of 19 years.

If the Insured Person was covered by Creditable Coverage and then became insured under the Group Policy without a Significant Break In Coverage, the Insured Person will receive credit for that period of Creditable Coverage towards the satisfaction of this limitation. To obtain this credit, the Insured Person must provide proof of the previous coverage that is satisfactory to Us.

See the Section, GENERAL PROVISIONS, Definitions in the back of the Policy, for the meanings of Creditable Coverage, Dependent, Employee, Enrollment Date, Preexisting Condition, and other terms that are capitalized.

Deleted: the General Provisions

Deleted: ,

G-3272PEC-P (08/11)]

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
[1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776]

A Stock Company

Endorsement

This Endorsement is made part of the [Policy][Certificate] to which it is attached and is effective as of [xx/xx/xx]. It is subject to all of the provisions, limitations and exclusions of the Policy, not inconsistent with this Endorsement.

All references to the Special Provision section regarding Preexisting Condition are revised to the following:

Preexisting Condition: Plan benefits are payable for a Preexisting Condition, subject to the following provisions:

No benefits will be payable for a Preexisting Condition for the following period of time after [the Insured Person's] [Your] Enrollment Date:

1. 18 months [for] [if You are] a Late Enrollee; or
2. 12 months if [You are] not a Late Enrollee.

This exclusion will not apply to [Employee] [Insured Person] [an Employee's] [Your] Dependent, newborn child or adopted child under the age of 19 years.

If [the Insured Person was] [You were] covered by Creditable Coverage and then became insured under the Group Policy without a Significant Break In Coverage, [the Insured Person] [You] will receive credit for that period of Creditable Coverage towards the satisfaction of this limitation. To obtain this credit, [the Insured Person] [You] must provide proof of the previous coverage that is satisfactory to Us.

See the [Section: GENERAL PROVISIONS, Definitions in the back of the Policy] [Definitions in the back of the Certificate] for the meanings of Creditable Coverage, Dependent, Enrollment Date, [Employee], [Insured Person], Preexisting Condition and other terms that are capitalized.

All other requirements of the policy not specifically stated within this endorsement still apply.

[]

Secretary

GDEPPX

SERFF Tracking Number: MCHX-G127368922 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 49659
 Company Tracking Number: GDEPPX
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: GDEPPX Pre-existing Conditions Endorsement - Ameri
 Project Name/Number: GDEPPX Pre-existing Conditions Endorsement - American Heritage Life Insurance Company /GDEPPX Pre-existing Conditions
 Endorsement - American Heritage Life Insurance Company

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/29/2011	Form	Pre-Existing Conditions Endorsement	09/15/2011	GDEPXX Allstate Pre-x Dependent under 19-rev 8_25_11_CLEAN.PDF (Superseded)
08/29/2011	Form	Pre-Existing Conditions Policy Provisions	09/15/2011	G-3272PEC-P (08_11) Policy provision_CLEAN.PDF (Superseded)
08/29/2011	Form	Pre-Existing Conditions Certificate Provision	09/15/2011	G-3272PEC-C (08_11) Certificate provision_CLEAN.PDF (Superseded)

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
[1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776]

A Stock Company

Endorsement

This Endorsement is made part of the [Policy][Certificate] to which it is attached and is effective as of [xx/xx/xx]. It is subject to all of the provisions, limitations and exclusions of the Policy, not inconsistent with this Endorsement.

All references to the Special Provision section regarding Preexisting Condition are revised to the following:

Preexisting Condition: Plan benefits are payable for a Preexisting Condition, subject to the following provisions:

No benefits will be payable for a Preexisting Condition for the following period of time after [the Insured Person's] [Your] Enrollment Date:

1. 18 months [for] [if You are] a Late Enrollee; or
2. 12 months if [You are] not a Late Enrollee.

This exclusion will not apply to [an Employee's] [Your] Dependent, newborn child or adopted child under the age of 19 years.

If [the Insured Person was] [You were] covered by Creditable Coverage and then became insured under the Group Policy without a Significant Break In Coverage, [the Insured Person] [You] will receive credit for that period of Creditable Coverage towards the satisfaction of this limitation. To obtain this credit, [the Insured Person] [You] must provide proof of the previous coverage that is satisfactory to Us.

See the [Section: GENERAL PROVISIONS, Definitions in the back of the Policy] [Definitions in the back of the Certificate] for the meanings of Creditable Coverage, Dependent, Enrollment Date, Preexisting Condition and other terms that are capitalized.

All other requirements of the policy not specifically stated within this endorsement still apply.

[]

Secretary

GDEPPX

[Preexisting Condition: Plan benefits are payable for a Preexisting Condition, subject to the following provisions:

No benefits will be payable for a Preexisting Condition for the following period of time after the Insured Person's Enrollment Date:

1. 18 months for a Late Enrollee; or
2. 12 months if not a Late Enrollee.

This exclusion will not apply to an Employee's Dependent, newborn child or adopted child under the age of 19 years.

If the Insured Person was covered by Creditable Coverage and then became insured under the Group Policy without a Significant Break In Coverage, the Insured Person will receive credit for that period of Creditable Coverage towards the satisfaction of this limitation. To obtain this credit, the Insured Person must provide proof of the previous coverage that is satisfactory to Us.

See the Section: GENERAL PROVISIONS, Definitions in the back of the Policy, for the meanings of Creditable Coverage, Dependent, Enrollment Date, Preexisting Condition, and other terms that are capitalized.

G-3272PEC-P (08/11)]

[Preexisting Condition: Plan benefits are payable for a Preexisting Condition, subject to the following provisions:

No benefits will be payable for a Preexisting Condition for the following period of time after Your Enrollment Date:

1. 18 months if You are a Late Enrollee; or
2. 12 months if You are not a Late Enrollee.

This exclusion will not apply to Your Dependent, newborn child or adopted child under the age of 19 years.

If You were covered by Creditable Coverage and then became insured under the Group Policy without a Significant Break In Coverage, You will receive credit for that period of Creditable Coverage towards the satisfaction of this limitation. To obtain this credit, You must provide proof of the previous coverage that is satisfactory to Us.

See the Definitions in the back of the Certificate for the meanings of Creditable Coverage, Dependent, Enrollment Date, Preexisting Condition and other terms that are capitalized.

G-3272PEC-C (08/11)]