

SERFF Tracking Number: USLH-127617130 State: Arkansas
 Filing Company: United Security Life and Health Insurance Company State Tracking Number: 49736
 Company Tracking Number: AR-INVFERT
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
 Product Name: Certificate Amendment - In Vitro Fertilization
 Project Name/Number: Certificate Amendment - In Vitro Fertilization/

Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Certificate Amendment - In Vitro SERFF Tr Num: USLH-127617130 State: Arkansas

Fertilization

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 49736
 Closed

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: AR-INVFERT State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: Jaime Gettemans Disposition Date: 09/13/2011

Date Submitted: 09/08/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Certificate Amendment - In Vitro Fertilization

Status of Filing in Domicile: Not Filed

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: Small

Group Market Type: Discretionary

Overall Rate Impact:

Filing Status Changed: 09/13/2011

State Status Changed: 09/13/2011

Deemer Date:

Created By: Jaime Gettemans

Submitted By: Jaime Gettemans

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Please see the attached Cover Letter under the "Supporting Documents" tab for a detailed filing description.

Company and Contact

Filing Contact Information

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Jaime Gettemans, jaimegettemans@jandpholdings.com
 6640 S. Cicero Avenue 708-552-2417 [Phone]
 Bedford Park, IL 60638

Filing Company Information

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois
 Company
 6640 S. Cicero Group Code: Company Type:
 Bedford Park, IL 60638 Group Name: State ID Number:
 (708) 475-6000 ext. [Phone] FEIN Number: 36-3692140

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: Regulation 57 - \$50 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$150.00	09/08/2011	51330058

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/13/2011	09/13/2011

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Disposition

Disposition Date: 09/13/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Certificate Amendment - In Vitro Fertilization	Approved-Closed	Yes
Form	Optional Maternity Care Benefit Rider	Approved-Closed	Yes
Form	Optional Maternity Care Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/13/2011	AR-INVFERT	Certificate	Certificate Amendment - In Vitro Fertilization	Initial			AR-INVFERT.pdf
Approved-Closed 09/13/2011	PROMAT-3ARK (rev. 09/2011)	Certificate	Optional Maternity Care Benefit Rider	Revised	Replaced Form #: PROMAT-3ARK Previous Filing #: Unknown		PROMAT-3ARK (rev. 09.2011).pdf
Approved-Closed 09/13/2011	MATERNITY-2008AR (rev. 09/2011)	Certificate	Optional Maternity Care Benefit Rider	Revised	Replaced Form #: MATERNITY-2008AR Previous Filing #: Unknown		MATERNITY-2008AR (rev. 09.2011).pdf

ARKANSAS CERTIFICATE AMENDMENT IN VITRO FERTILIZATION BENEFIT

This Certificate Amendment modifies the Certificate to which it is attached and made part of by hereby adding and/or deleting the following language:

Deletions from the Certificate:

The following is hereby deleted from the **EXCLUSIONS** section of the Certificate:

- For artificial insemination or in-vitro fertilization;

Additions to the Certificate:

The following is hereby added to the **ELIGIBLE EXPENSES** section of the Certificate:

We will pay for Eligible Expenses incurred by the Certificate Holder or spouse as a result of infertility if:

- The patient's oocytes are fertilized with the sperm of the patient's spouse; and
- The patient and the patient's spouse have a history of unexplained infertility of at least two (2) years duration; or
- The infertility is associated with one or more of the following medical conditions:
 - a) Endometriosis;
 - b) Exposure in utero to Diethylstilbestrol, commonly known as DES;
 - c) Blockage of, or removal of, one or both of the fallopian tubes (lateral or bilateral salpingectomy) not as a result of voluntary sterilization;
 - d) Abnormal male factors contributing to the fertility.
- Coverage for in vitro fertilization shall include services and procedures performed at a medical facility licensed or certified by the Department of Health or another state health department that conform to the guidelines and minimum standards of the:
 - American College of Obstetricians and Gynecologists for in vitro fertilization clinics; or
 - American Society for Reproductive Medicine for programs of in vitro fertilization.
- The patient has been unable to obtain successful pregnancy through any less costly, applicable infertility treatment for which coverage is available under the Policy.

Eligible Expenses includes:

- Hospital or medical facility expense;
- Infertility-related physician expense;
- Expense related to cryopreservation.

Coverage for this benefit is subject to the Policy waiting periods, maximum benefit amounts, and all other Policy provisions.

The Amendment takes effect on the Certificate effective date. It remains in force while the Certificate is in force.

United Security Life and Health Insurance Company



Secretary

**CERTIFICATE AMENDMENT
OPTION 3
OPTIONAL MATERNITY CARE BENEFIT RIDER**

This Amendment modifies the Certificate to which it is attached and made a part of by adding the following provisions.

We will pay for Eligible Expenses incurred by the Certificate Holder, spouse, and a well born child, as a result of normal pregnancy and childbirth if:

- conception occurs after this Amendment has been in force and effect for 6 months;
- pregnancy ends after the insured person's coverage under this benefit has been in effect for at least a minimum of 15 months;
- if pregnancy ends before the expiration of 15 months, from the effective date, the benefits will be limited to \$1,000.00; and
- if delivery occurs prior to the minimum 15 months, the benefit will be limited to \$1,000.00.

Eligible Expenses includes:

- maternity-related hospital expenses incurred by the insured person; and
- physician expense incurred by the insured person for prenatal and postnatal care, including delivery.

This benefit is subject to the Deductible and Coinsurance provisions. The maximum benefit amount payable under this Amendment is the same maximum amount payable as stated in the Certificate of Insurance to which this Rider is attached. A separate deductible shall not apply to a well born child, but coinsurance will apply to a well born child.

Definition: A child is considered well born, if it is hospitalized primarily due to its own birth, and no significant medical condition. A child, who is born with a significant medical condition, will be eligible for benefits, but subject to the deductible and coinsurance provisions.

Any exclusions in the Certificate referring to normal pregnancy or childbirth are hereby deleted. This Amendment is subject to all other provisions, limitations or exclusions of the Policy. It will become effective on the date shown, or if none is shown, on the effective date of the Certificate.

This Amendment will terminate for each person covered under it on the earliest of:

- the date the person's coverage ends under the Policy; or
- the date the insured person notifies Us, in writing, to cancel this Amendment.

United Security Life and Health Insurance Company



Secretary

**CERTIFICATE AMENDMENT
OPTIONAL MATERNITY CARE BENEFIT RIDER**

This Amendment modifies the Certificate to which it is attached and made a part of by adding the following provisions.

We will pay for Eligible Expenses incurred by the Certificate Holder, spouse, and a well born child, as a result of normal pregnancy and childbirth if:

- conception occurs after this Amendment has been in force and effect for 6 months;
- pregnancy ends after the insured person's coverage under this benefit has been in effect for at least a minimum of 15 months;
- if pregnancy ends before the expiration of 15 months, from the effective date, the benefits will be limited to \$1,000.00; and
- if delivery occurs prior to the minimum 15 months, the benefit will be limited to \$1,000.00.

Eligible Expenses includes:

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- physician expense incurred by the insured person for prenatal and postnatal care, including delivery.

This benefit is subject to the Deductible and Coinsurance provisions. The maximum benefit amount payable under this Amendment is the same maximum amount payable as stated in the Certificate of Insurance to which this Rider is attached. A separate deductible shall not apply to a well born child, but coinsurance will apply to a well born child.

Definition: A child is considered well born, if it is hospitalized primarily due to its own birth, and no significant medical condition. A child, who is born with a significant medical condition, will be eligible for benefits, but subject to the deductible and coinsurance provisions.

Any exclusions in the Certificate referring to normal pregnancy or childbirth are hereby deleted. This Amendment is subject to all other provisions, limitations or exclusions of the Policy. It will become effective on the date shown, or if none is shown, on the effective date of the Certificate.

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- the date the person's coverage ends under the Policy; or
- the date the insured person notifies Us, in writing, to cancel this Amendment.

United Security Life and Health Insurance Company



Secretary

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 Product Name: Certificate Amendment - In Vitro Fertilization
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/13/2011

Comments:

Please find attached the Flesch Certification for each submitted form. The Certifications are labeled accordingly.

Attachments:

- 9.8.11 - Flesch Certification (AR-INVFERT).pdf
- 9.8.11 - Flesch Certification (MATERNITY-2008AR (rev. 09.2011)).pdf
- 9.8.11 - Flesch Certification (PROMAT-3ARK (rev. 09.2011)).pdf

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/13/2011

Bypass Reason: Does not apply.

Comments:

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	09/13/2011

Bypass Reason: Does not apply.

Comments:

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	09/13/2011

Comments:

Please find attached the Cover Letter which contains a detailed filing description for this filing.

Attachment:

- 9.7.11 - AR Cover Letter (AR-INVFERT).pdf



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Certificate Amendment (AR-INVFERT) received a Flesch Reading Ease Score of 19.4. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Robert G. Dial
Vice President/Secretary

9/2/11

Date



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Certificate Amendment (MATERNITY-2008AR (rev. 09/2011)) received a Flesch Reading Ease Score of 35.5. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Robert G. Dial
Vice President/Secretary

9/8/11

Date



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Certificate Amendment (PROMAT-3ARK (rev. 09/2011)) received a Flesch Reading Ease Score of 35.5. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Robert G. Dial
Vice President/Secretary

9/8/11
Date

September 7, 2011

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: **UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

FEIN #:	36-3692140	/	NAIC #:	81108
AR-INVFERT		-	Certificate Amendment – In Vitro Fertilization Benefit	
PROMAT-3ARK (rev. 09/2011)		-	Optional Maternity Care Benefit Rider	
MATERNITY-2008AR (rev. 09/2011)		-	Optional Maternity Care Benefit Rider	

THERE IS NOT AN APPLICABLE CHECKLIST AVAILABLE FOR THIS TYPE OF FILING

To Whom It May Concern:

The enclosed forms are being submitted for your review and approval.

In order to be compliant with AR ST 23-85-137, **AR-INVFERT**, adds In Vitro Fertilization as a benefit in Group Certificates ABC-2008ADCAR, ABC-2008PRPAR, ABC-2008APXAR, and ABC-90.

Once approved, **AR-INVFERT** will be effective on all existing business and new business going forward for Group Certificates ABC-2008ADCAR, ABC-2008PRPAR, ABC-2008APXAR, and ABC-90.

Also, once approved, **AR-INVFERT** will be mailed to all active Certificate Holders.

Please note that when we originally filed our Discretionary Group Certificates, In Vitro Fertilization was an optional benefit with the Optional Maternity Care Benefit Rider. Pursuant to email communication with Dan Honey on 07/21/2011, in vitro fertilization is mandated coverage.

As such, please note that I am submitting revised forms for our approved Optional Maternity Care Benefit Riders for your re-approval; specifically, **PROMAT-2ARK** and **MATERNITY-**

Quality Products from Caring Professionals

September 7, 2011

Page Two

2008AR. The only change made to these two forms is the removal of the In Vitro Fertilization benefit, which was on a second page. Note that **PROMAT-2ARK** is the Optional Maternity Care Benefit Rider for Group Certificate ABC-90 and **MATERNITY-2008AR** is the Optional Maternity Care Benefit Rider for Group Certificates ABC-2008APXAR, ABC-2008PRPAR and ABC-2008ADCAR.

Please direct any questions, correspondence, or approval to my attention concerning this filing. I look forward to your approval of this form. You may reach me directly at (708) 552-2417.

Sincerely,

A handwritten signature in black ink that reads "Jaime Gettemans". The signature is written in a cursive, flowing style.

Jaime Gettemans
Compliance Department
jaimegettemans@priscorp.net