

SERFF Tracking Number: LSVX-G127990439 State: Arkansas
 Filing Company: USAbLe Life State Tracking Number:
 Company Tracking Number: AR001180100018
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Accident Elite Retail Outline of Coverage - Revise
 Project Name/Number: Accident Elite Policy, AEP-R/AR001180100018

Filing at a Glance

Company: USAbLe Life

Product Name: Accident Elite Retail Outline of Coverage - Revise SERFF Tr Num: LSVX-G127990439 State: Arkansas

TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved-Closed State Tr Num:

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: AR001180100018 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: SPI Life and Specialty Ventures Disposition Date: 01/19/2012

Date Submitted: 01/19/2012 Disposition Status: Approved-Closed

Implementation Date Requested: 02/19/2012

Implementation Date:

State Filing Description:

General Information

Project Name: Accident Elite Policy, AEP-R

Status of Filing in Domicile:

Project Number: AR001180100018

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/19/2012

State Status Changed: 01/19/2012

Deemer Date:

Created By: SPI Life and Specialty Ventures

Submitted By: SPI Life and Specialty Ventures

Corresponding Filing Tracking Number:

Filing Description:

We are enclosing for your review and approval a revised accident outline of coverage to be used with the previously approved accident policy, AEP-R (9-05). The policy was approved with AR DOI Filing # 49377 on 7/29/2011. This outline of coverage will replace the previously approved version, AEP-R-SOC (2-11) which was also approved with AR DOI Filing # 49377 on 7/29/2011. The difference in this outline of coverage and the latter is the removal of the following text under the wellness benefit on page 3:

"When premiums are included in a Section 125 Cafeteria Plan, wellness benefits are payable for tests 30 days after the effective date."

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This form has been tested for readability and the certification is enclosed for your review.

We have also attached the Statement of Variability that was included with the original policy filing. The specific variables related to this outline of coverage can be found on page 3 of this document.

Company and Contact

Filing Contact Information

Rae Lynn Craig, Regulatory Resource Analyst rcraig@usablelife.com
 PO Box 1650 501-375-7200 [Phone] 8932 [Ext]
 Little Rock, AR 72203-1650 501-235-8484 [FAX]

Filing Company Information

USable Life CoCode: 94358 State of Domicile: Arkansas
 PO Box 1650 Group Code: 876 Company Type: Life & Health
 Little Rock, AR 72203-1650 Group Name: Life and Speciality State ID Number:
 Ventures (LSV)
 (501) 375-7200 ext. [Phone] FEIN Number: 71-0505232

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USable Life	\$50.00	01/19/2012	55592082

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/19/2012	01/19/2012

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Disposition

Disposition Date: 01/19/2012

Implementation Date:

Status: Approved-Closed

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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Accident Elite Outline of Coverage	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AEP-R-SOC (3-11)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/19/2012	AEP-R-SOC (3-11)	Outline of Coverage	Accident Elite Outline of Coverage	Revised	Replaced Form #: AEP-R-SOC (2-11) Previous Filing #: 49377	47.400	AEP-R-SOC (3-11).PDF



ACCIDENT ELITE POLICY

Limited Benefit Insurance

Accident Only Policy – Outline of Coverage

Policy Form AEP-R (9-05)

READ YOUR POLICY CAREFULLY – This outline of coverage provides a brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Accident Only – Policies of this category are designed to provide to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of accident only. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

BENEFITS

The following benefits are payable for losses resulting from injuries sustained in a covered accident only, as defined in the policy. The loss must occur or injury must be diagnosed or treated within the time periods stated below. Benefits for some losses may vary depending upon the severity of the accident. See the policy for specific amounts payable.

<input type="checkbox"/> Basic			<input type="checkbox"/> Select		
ACCIDENTAL DEATH					
<i>Accidental Death must occur within 90 days after a covered accident.</i>					
INSURED	SPOUSE	[CHILD]	INSURED	SPOUSE	[CHILD]
Covered Accidents					
\$30,000	\$30,000	[\$9,750]	\$40,000	\$40,000	[\$13,000]
Common Carrier Accidents					
\$112,500	\$112,500	[\$19,500]	\$150,000	\$150,000	[\$26,000]
ACCIDENTAL DISMEMBERMENT					
<i>Accidental Dismemberment must occur within 90 days after a covered accident.</i>					
INSURED	SPOUSE	[CHILD]	INSURED	SPOUSE	[CHILD]
Loss of two members*					
\$30,000	\$30,000	[\$9,750]	\$40,000	\$40,000	[\$13,000]
Loss of one member*					
\$7,500	\$7,500	[\$2,850]	\$10,000	\$10,000	[\$3,800]
Loss of one or more fingers or toes*					
\$1,500	\$1,500	[\$450]	\$2,000	\$2,000	[\$600]

*see policy for details

Basic	Select	LOSS OR TREATMENT
Charges up to		<p style="text-align: center;">EMERGENCY TREATMENT</p> <p>Treatment must be in an emergency room, physician's office, or stand alone emergency center, within 72 hours. If treatment is received for the removal of a foreign body from the eye or a laceration, which is not repaired with stitches, staples, or glue, the maximum benefit paid will be \$45 for Basic or \$60 for Select for this benefit and the Follow-Up Physician Visit benefit combined.</p>
INSURED		
\$105	\$140	
SPOUSE		
\$105	\$140	<p style="text-align: center;">MAJOR DIAGNOSTIC EXAM</p> <p>Exam must be performed within 180 days and a charge incurred for: CT (computerized tomography) scan, MR (magnetic resonance imaging), or EEG (electroencephalogram). Payable once per accident.</p>
[CHILD]		
[\$60]	\$60]	
\$150	\$200	<p style="text-align: center;">MEDICAL APPLIANCE</p> <p>Prescribed by a Physician to aid in personal locomotion or mobility, such as crutches or a wheelchair. Payable once per accident.</p>
\$105	\$140	

Basic	Select	LOSS OR TREATMENT
Broken tooth repaired with crown		EMERGENCY DENTAL WORK Treatment to correct injuries begun within 30 days. Payable once per person per accident.
\$150	\$200	
Broken tooth resulting in extraction		
\$45	\$60	
		SPECIFIED LOSS
\$1,125	\$1,500	Burns treated within 72 hours. Payable once per accident.
\$450	\$600	Tendon / Ligament surgically repaired within 1 year.*
Up to \$1,875	Up to \$2,500	Dislocation (separated joint) diagnosed within 30 days.* Payable only for the first dislocation of a joint. Subsequent dislocation of the same joint will not be covered.
Up to \$225	Up to \$300	Eye Injury requiring surgery or removal of a foreign object within 30 days. Payable once per accident.
Up to \$1,875	Up to \$2,500	Fractures diagnosed within 14 days and requiring open or closed reduction by a physician.*
Up to \$465	Up to \$620	Torn Knee Cartilage and Ruptured Disc treated within 60 days and surgically repaired within 1 year. Payable once per accident.
\$465	\$620	Torn Rotator Cuff surgically repaired within 90 days.
\$945	\$1,260	Internal Injuries resulting in open abdominal, hernia, or thoracic surgery within 30 days.
\$45	\$60	Concussion resulting in EEG abnormality within 30 days.
Up to \$375	Up to \$500	Lacerations repaired within 72 hours.
Charges up to		FOLLOW UP PHYSICIAN VISIT
\$30/visit	\$40/visit	Treatment received must be over and above emergency treatment administered in the first 72 hours following the accident. Follow-up visits must begin within 30 days of the accident or discharge from the hospital. Limited to 6 visits per accident. Not payable for the same visit as the Physical Therapy benefit.
\$30/visit	\$40/visit	PHYSICAL THERAPY Therapy must be prescribed by a physician and provided by a licensed physical therapist. Payable for up to five visits. Not payable for the same visit that the Follow-up Physician Visit benefit is paid.
Ground Ambulance		AMBULANCE
\$150	\$200	Ground ambulance (within 30 days) or air ambulance (within 72 hours) to or from a hospital or between medical facilities. Each benefit is payable only once per accident
Air Ambulance		
\$1,125	\$1,500	
\$1,000	\$1,000	HOSPITAL ADMISSION Admitted to a hospital as a resident bed patient and confined within 30 days after the accident. Payable once per confinement and only once per person per calendar year.
\$195/day	\$260/day	HOSPITAL CONFINEMENT Confined in a hospital as a resident bed patient within 30 days. Paid per day for up to 365 days per covered accident.
\$400/day	\$400/day	HOSPITAL INTENSIVE CARE UNIT CONFINEMENT Confinement must begin within 30 days. Payable up to 15 days. Only one payment under this benefit or the Hospital Confinement benefit will be paid per day.
\$9,750	\$13,000	COMA Coma duration must be at least 30 days.
Quadriplegia		PARALYSIS Paralysis must be for a minimum of three (3) months.
\$9,750	\$13,000	
Paraplegia		
\$4,875	\$6,500	PROSTHETIC DEVICE/ARTIFICIAL LIMB Prosthetic device or artificial limb must be prescribed by a physician for functional use and received within one year of the covered accident. Payable only once per accident.
One device or limb		
\$525	\$700	
More than one device or limb		
\$1,050	\$1,400	

**If the insured receives a fracture or a dislocation and tears, ruptures, or severs a tendon or ligament, we will pay only one benefit, whichever is the largest. If the insured receives a fracture and a dislocation in the same accident, we will pay for both, but not more than 150% of the bone or joint with the highest amount.*

Basic	Select	LOSS OR TREATMENT
\$150	\$200	BLOOD/PLASMA Transfusions, within 30 days, of whole blood and blood products, which are limited to red blood cells, platelets, fresh frozen plasma, cryoprecipitate and leukocytes; including the processing, typing, cross-matching, and administration of the blood or blood products. Payable only once per accident.
\$450	\$600	TRANSPORTATION For roundtrip to and from hospital, when treatment is required in a hospital more than 100 map miles from the person's residence or site of accident. Paid for person prescribed treatment. Not payable for ambulance or air ambulance. Payable up to 3 trips per calendar year per person.
Charges up to		FAMILY LODGING
\$105/night	\$140/night	Pays for a single hotel room for an immediate family member to be near a covered person confined in hospital more than 100 miles from the person's residence. Limited to 30 days per accident, and only while the injured person is confined.
\$60	\$60	WELLNESS BENEFIT We will pay for a covered person (<i>coverage must be effective for 90 days</i>) to undergo a routine physical examination or other preventative testing such as: Annual Physical Examination, Mammogram, Pap Smear, Eye Examination, Immunization, Flexible Sigmoidoscopy, Prostatic Specific Antigen (PSA) Test, Ultrasound, & Blood Screening. Payable only once per policy per calendar year.

RENEWABILITY AND CONTINUATION

This policy is guaranteed renewable during your lifetime. The company may change the established premium rate, but only if the rate is changed for all policies like yours in your state. This policy will not be issued to anyone 65 years of age or over. If you purchase the policy prior to your 65th birthday, you may continue coverage after age 65. A covered dependent who no longer meets eligibility requirements, may convert to a comparable individual policy without evidence of insurability. A spouse can continue coverage under this policy upon your death.

EXCEPTIONS AND LIMITATIONS FOR ACCIDENT ELITE POLICY

The policy pays only for loss resulting from a covered accident as defined in the policy. It DOES NOT cover injuries incurred as a result of a covered person:

1. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces.
2. Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane.
3. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/ passenger-carrying aircraft.
4. Participating in, or attempting to participate in, an illegal activity that is defined as a felony as defined by the law of the jurisdiction in which the activity takes place.
5. Participating in any activity or event, including the operation of a vehicle, while under the influence of a narcotic (unless administered by a physician and taken according to the physician's instructions) or while intoxicated. "Intoxicated" means that condition as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated.
6. Driving any commercial passenger-carrying or cargo vehicle, except school buses, for wage, compensation, or profit.
7. Mountaineering using ropes and/or other equipment, parachuting or hang gliding.
8. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury.
9. Participating in any sport or activity for wage, compensation or profit; or racing any type vehicle in an organized event.
10. Having any sickness or declining process caused by sickness, including physical or mental infirmity or infection (except bacterial infection from a covered accidental injury).

COVERAGE EFFECTIVE DATE

Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	01/19/2012
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	01/19/2012
Bypass Reason: Not a rate filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	01/19/2012
Comments:		
Attached to the Forms tab.		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	01/19/2012
Comments:		
AEP-RAPP (2-11), approved 7/29/2011.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	01/19/2012
Comments:		
Attachment:		
AEP-R-SOC (3-11) Statement of Variability.PDF		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: USAble Life

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
AEP-R-SOC (3-11)	47.4

Signed: 
Name: Connie Phillips
Title: Assistant General Counsel & Assistant Secretary
Date: 1/19/2012

STATEMENT OF VARIABILITY

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

SPECIFIC VARIABLES AEP-R (9-05)

Policy Face Page

1. The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policy number, policyholder's name, and effective date.
2. Company address, phone number, or officer signatures may change.

Policy Schedule

1. Type of Coverage: Individual, Individual/Spouse, Single Parent, or Full Family
2. Policy Module - Number of units or Amount of Coverage (premiums vary according to occupation class and the selected benefit plan):
 - Module 1: 1 to 25 units
 - Module 2: 1 to 25 units
 - Module 3: 1 to 25 units
 - Module 4: 1 to 25 units
 - Module 5: 1 to 25 units
 - Module 6: 1 to 25 units
 - Module 7: 1 to 25 units
 - Module 8: 1 to 25 units
3. Premium Schedule: Total Premiums vary according to occupation class and the selected benefit plan.
4. Premium Frequency: Annual, Semiannual, Quarterly, or Monthly.
5. The reference to "only by bank draft" can be varied to apply to a particular policyholder's contract.
6. The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policy number, policyholder's name, and effective date.

Insured Person Definition

1. The reference to "four" can be changed to "two."
2. Items 3 and 4 of the first paragraph can be removed if the policy does not provide coverage for dependent children.
3. Paragraphs 4 and 5 can be removed if the policy does not provide coverage for dependent children.

Dependent Provisions

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

Benefits

1. All language and benefit amounts regarding dependent children can be removed if the policy does not provide coverage for dependent children.

SPECIFIC VARIABLES AEP-RAPP (2-11)

Section 1 – Personal Identification

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

Section 2 – Plan Selection

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

Section 5 – Authorization

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

SPECIFIC VARIABLES AEP-R-SOC (3-11)

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.