

**State:** Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, PA

**TOI/Sub-TOI:** H20G Group Health - Vision/H20G.000 Health - Vision

**Product Name:** C36307DBG Group Vision - National Union Fire Insur

**Project Name/Number:** C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA/C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA

### Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA

Product Name: C36307DBG Group Vision - National Union Fire Insur

State: Arkansas

TOI: H20G Group Health - Vision

Sub-TOI: H20G.000 Health - Vision

Filing Type: Form

Date Submitted: 09/14/2012

SERFF Tr Num: MCHX-G128674385

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: C36307DBG

Implementation: On Approval

Date Requested:

Author(s): SPI McHughConsulting

Reviewer(s): Rosalind Minor (primary)

Disposition Date: 10/15/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, PA

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## General Information

Project Name: C36307DBG Group Vision - National Union Fire Status of Filing in Domicile: Not Filed  
Insurance Company of Pittsburgh, PA

Project Number: C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/15/2012

State Status Changed: 10/15/2012

Deemer Date:

Created By: SPI McHughConsulting

Submitted By: SPI McHughConsulting

Corresponding Filing Tracking Number:

### Filing Description:

National Union Fire Insurance Company of Pittsburgh, Pa.

NAIC # 012-19445, FEIN 25-0687550

Group Vision Insurance Program C22438DBG et al.

Form C36307DBG - Addendum to Application for Group Vision Insurance Policy

Form C36306DBG - Certificate Endorsement

Form C36305DBG- Low Vision Aids Benefit Rider

EOV (Rev 8/12) - Explanation of Variables - Revised

McHugh Consulting Resources, Inc. has been requested to file the attached on behalf of National Union Fire Insurance Company of Pittsburgh, PA. We have provided an authorization letter for your files.

The Company has provided the following descriptive information regarding the filing which we are relaying on their behalf:

Enclosed are copies of the above referenced forms for your review and approval. These forms are new and not intended to replace any other forms previously approved by your Department. The subject forms are optional and, when elected by the Group Policyholder, will be attached to Group Vision Care Insurance Policy Form C22438DBG et al, approved by your Department on August 20, 2001. A subsequent enhancement to this product was approved on December 10, 2007.

" The Addendum to Application for Group Vision Insurance Policy [C36307DBG] revises the benefit schedule items in the original applications to include numerous new items. This will be appended to any application where some or all of the upgrades are going to be included in the policy.

" The Certificate Endorsement [C36306DBG] revises the benefit schedule items in the certificate. This will be affixed to any certificate where some or all of the upgrades are going to be included in the master policy.

" The Low Vision Aids Benefit Rider [C36305DBG] adds a new benefit category to the program. It will be attached to any policy or certificate where this benefit is to

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 be afforded.

Any language in brackets is variable to be included or omitted or, where applicable, to vary to the numeric ranges displayed within the brackets and/or set forth in the Explanation of Variables.

The Explanation of Variables - Revised has been prepared to expand previously approved bracketed materials to add new variable ranges. The expanded ranges are highlighted. This document also describes the parameters of annotated variables in the new items as well as incorporating the various variability statements for any forms that were submitted and approved after the original filing, as specified above.

The effective date of issue of these new forms and EOv will be upon approval by your Department.

Thank you for your attention to this filing. Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,

Jane Neal  
 McHugh Consulting Resources, Inc  
 215 230 7960

## Company and Contact

### Filing Contact Information

Jackie Tootchen, Compliance Project Team [mcr@mchughconsulting.com](mailto:mcr@mchughconsulting.com)  
 Leader  
 McHugh Consulting Resources, 215-230-7960 [Phone]  
 Inc. 215-230-7961 [FAX]  
 2005 South Easton Road, Suite  
 207  
 Doylestown, PA 18901

### Filing Company Information

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

National Union Fire Insurance	CoCode: 19445	State of Domicile:
Company of Pittsburgh, PA	Group Code: 12	Pennsylvania
175 Water Street	Group Name:	Company Type:
18th Floor	FEIN Number: 25-0687550	State ID Number:
New York, NY 10038		
(302) 765-1756 ext. [Phone]		

## Filing Fees

Fee Required? Yes

Fee Amount: \$150.00

Retaliatory? No

Fee Explanation:

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**Project Name/Number:** C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA/C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA

Per Company: NO

Company	Amount	Date Processed	Transaction #
National Union Fire Insurance Company of Pittsburgh, PA	\$150.00	09/14/2012	62705164

**SERFF Tracking #:**

MCHX-G128674385

**State Tracking #:****Company Tracking #:**

C36307DBG

**State:**

Arkansas

**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, PA

**TOI/Sub-TOI:**

H20G Group Health - Vision/H20G.000 Health - Vision

**Product Name:**

C36307DBG Group Vision - National Union Fire Insur

**Project Name/Number:**

C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA/C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/15/2012	10/15/2012
Approved-Closed	Rosalind Minor	09/18/2012	09/18/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Explanation of Variables - Revised	SPI McHughConsulting	10/15/2012	10/15/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Dear Ms. Minor:	Note To Reviewer	SPI McHughConsulting	10/09/2012	10/09/2012

**State:** Arkansas  
**TOI/Sub-TOI:** H20G Group Health - Vision/H20G.000 Health - Vision  
**Product Name:** C36307DBG Group Vision - National Union Fire Insur  
**Project Name/Number:** C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA/C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA

**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, PA

## Disposition

Disposition Date: 10/15/2012

Implementation Date:

Status: Approved-Closed

Comment:

This submission was re-opened in order for you to substitute the Explanation of Variables. The EOV is being approved effective on this date.

The remainder of the submission will maintain its original approval date of 9/18/12.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document (revised)	Explanation of Variables - Revised	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Replaced	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form	Addendum to Application for Group Vision Insurance Policy	Approved-Closed	Yes
Form	Certificate Endorsement	Approved-Closed	Yes
Form	Low Vision Aids Benefit Rider	Approved-Closed	Yes

**State:** Arkansas  
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**Product Name:** C36307DBG Group Vision - National Union Fire Insur  
**Project Name/Number:** C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA/C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA

**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, PA

## Disposition

Disposition Date: 09/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document (revised)	Explanation of Variables - Revised	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Replaced	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form	Addendum to Application for Group Vision Insurance Policy	Approved-Closed	Yes
Form	Certificate Endorsement	Approved-Closed	Yes
Form	Low Vision Aids Benefit Rider	Approved-Closed	Yes

SERFF Tracking #:

MCHX-G128674385

State Tracking #:

Company Tracking #:

C36307DBG

State:

Arkansas

Filing Company:

National Union Fire Insurance Company of Pittsburgh, PA

TOI/Sub-TOI:

H20G Group Health - Vision/H20G.000 Health - Vision

Product Name:

C36307DBG Group Vision - National Union Fire Insur

Project Name/Number:

C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA/C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA

## Amendment Letter

Submitted Date:

10/15/2012

Comments:

National Union Fire Insurance Company of Pittsburg, PA would like to submit the following filing amendment and corresponding explanation:

Due to a computer malfunction we inadvertently included a draft version of the Explanation of Variables in our filing. That document omitted comments on one of the three new forms [C36307DBG] and contained inaccurate comments on another [C36306DBG]. We have added an entry for C36307DBG and corrected the entry for C36306DBG. These changes are highlighted.

Would you substitute the Explanation of Variables [EOV (Rev 10/12)] for the original Explanation of Variables which was approved on 09/18/12 under SERFF tracking number MCHX-G128674385?

Thank you for your attention to this filing.

Elizabeth Rogers

(215) 230-7960

Changed Items:

### Supporting Document Schedule Item Changes:

User Added -Name: Explanation of Variables - Revised

Comment:

Revised Vision Eov (10-12).PDF

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## Note To Reviewer

**Created By:**

SPI McHughConsulting on 10/09/2012 03:49 PM

**Last Edited By:**

SPI McHughConsulting

**Submitted On:**

10/09/2012 03:49 PM

**Subject:**

Dear Ms. Minor:

**Comments:**

Due to a computer malfunction, National Union Fire Insurance Company of Pittsburgh, Pa. inadvertently included a draft version of the Explanation of Variables in their filing that was approved by your department on 09/18/2012.

We would like to request that the file be reopened so that the filing can be amended. The forms have not been marketed.

Thank you for your attention to this filing.

Elizabeth Rogers  
(215) 230-7960

**State:** Arkansas**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, PA

**TOI/Sub-TOI:** H20G Group Health - Vision/H20G.000 Health - Vision**Product Name:** C36307DBG Group Vision - National Union Fire Insur**Project Name/Number:** C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA/C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA

## Form Schedule

**Lead Form Number:**

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/18/2012	C36307DBG	AEF	Addendum to Application for Group Vision Insurance Policy	Initial:	52.600	C36307DBG.PDF
2	Approved-Closed 09/18/2012	C36306DBG	CERA	Certificate Endorsement	Initial:	52.600	C36306DBG.PDF
3	Approved-Closed 09/18/2012	C36305DBG	POLA	Low Vision Aids Benefit Rider	Initial:	51.200	C36305DBG.PDF

**Form Type Legend:**

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

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## ADDENDUM TO APPLICATION FOR GROUP VISION INSURANCE POLICY

The Benefit Schedule on Master Application C22440DBG or Participating Organization Application C30013DBG or any state-specific version thereof is replaced with the following. All other items or provisions in such application remain the same.

### [Vision Examination Benefit

#### Benefit Copay Amount

Participating Provider [\$0-100]  
Non-Participating Provider [\$0-100]

#### Benefit Frequency

[Insured and Insured Spouse] [Once[/[Twice] every [12/18/24/36] months  
[from the Date of Service] [per [Calendar][Plan]  
Year]  
[Insured Dependent Child] [Once[/[Twice] every [12/18/24/36] months  
[from the Date of Service] [per [Calendar][Plan]  
Year]

#### Maximum Benefit

Participating Provider [100%][50-250]  
Non-Participating Provider [50% to 100%][15-250]]

### [Referral Vision Examination Benefit

#### Benefit Copay Amount

Participating Provider [\$0-100]  
Non-Participating Provider [\$0-100]

#### Benefit Frequency

[Insured and Insured Spouse] [Once[/[Twice] every [12/18/24/36] months  
[from the Date of Service] [per [Calendar][Plan]  
Year]  
[Insured Dependent Child] [Once[/[Twice] every [12/18/24/36] months  
[from the Date of Service] [per [Calendar][Plan]  
Year]

#### Maximum Benefit

Participating Provider [100%][50-250]  
Non-Participating Provider [50% to 100%][15-250]]

### [Standard Eyeglass Lenses Benefit

#### Benefit Copay Amount

Participating Provider [\$0-100]

C36307DBG

Non-Participating Provider	[\$0-100]
Benefit Frequency	
[Insured and Insured Spouse]	[Once[[/Twice] every [12/18/24/36] months [from the Date of Service] [per [Calendar][Plan] Year]
[Insured Dependent Child]	[Once[[/Twice] every [12/18/24/36] months [from the Date of Service] [per [Calendar][Plan] Year]
Maximum Benefit(s)	
[Single Vision	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
[Bifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
[Blended Bifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
[Lined Bifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
[Trifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
[Lined Trifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
[Standard Progressive	
Participating Provider	[25% -100%] [\$25-\$800]
Non Participating Provider	[25% -100%] [\$25-\$800]
[Premium Progressive	
Participating Provider	[25% -100%] [\$25-\$800]
Non Participating Provider	[25% -100%] [\$25-\$800]
[Ultra Progressive	
Participating Provider	[25% -100%] [\$25-\$800]
Non Participating Provider	[25% -100%] [\$25-\$800]
[Progressive Addition	
Participating Provider	[25% -100%] [\$25-\$800]
Non Participating Provider	[25% -100%] [\$25-\$800]
[Lenticular	

Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Solid Tints</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Color Tints/ Coats</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[FT35</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Glass Photogrey</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Photochromic Glass</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Photochromic Plastic</b>	
Participating Provider	[50% 100%] [\$20-250]
Non-Participating Provider	[50% 100%] \$[20-250]]
<b>[High Index</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Gradient Tints</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Polarized</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Polycarbonates</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Prisms</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Slab Off Prism</b>	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]]
<b>[Rimless Frames</b>	

Participating Provider [100%] [\$20-250]  
Non-Participating Provider [50% - 100%] \$[20-250]

[Scratch Resistant Coating  
Participating Provider [100%] [\$20-250]  
Non-Participating Provider [50% - 100%] \$[20-250]

[Glass Grey #3  
Participating Provider [100%] [\$20-250]  
Non-Participating Provider [50% - 100%] \$[20-250]

[Transitions  
Participating Provider [100%] [\$20-250]  
Non-Participating Provider [50% - 100%] \$[20-250]

[UV Coating  
Participating Provider [100%] [\$20-250]  
Non-Participating Provider [50% - 100%] \$[20-250]

**[Eyeglass Frame Benefit**

Benefit Copay Amount  
Participating Provider [\$0-100]  
Non-Participating Provider [\$0-100]

Benefit Frequency

[Insured and Insured Spouse] [Once[/Twice] every [12/18/24/36] months  
[from the Date of Service] [per [Calendar][Plan]  
Year]

[Insured Dependent Child] [Once[/Twice] every [12/18/24/36] months  
[from the Date of Service] [per [Calendar][Plan]  
Year]

Maximum Benefit  
Participating Provider [100%] \$[20 - 500]  
Non-Participating Provider [50 - 100] \$[20-500]

**[Contact Lenses Benefit**

In lieu of Standard Eyeglass Lenses Benefit [and Eyeglass Frames Benefit]  Yes  No  
In addition to Standard Eyeglass Lenses Benefit [and Eyeglass Frames Benefit]  Yes  No

Benefit Copay Amount  
Participating Provider [\$0-250]  
Non-Participating Provider [\$0-250]

Benefit Frequency

[Insured and Insured Spouse] [Once[/Twice] every [12/18/24/36] months  
[from the Date of Service] [per [Calendar][Plan]  
Year]

[Insured Dependent Child]

[Once[[/Twice] every [12/18/24/36] months  
[from the Date of Service] [per [Calendar][Plan]  
Year]

Maximum Benefit

[Conventional or Standard Hard/Soft Daily Wear and Spherical

Participating Provider

[50% - 100%] [\$20 - 500]

Non-Participating Provider

[50% - 100%] [\$20 - 500]]

[Disposable

Participating Provider

[50% - 100%] [\$20 - 500]

Non-Participating Provider

[50% - 100%] [\$20 - 500]]

[Toric or Gas Permeable

Participating Provider

[50% - 100%] [\$20 - 500]

Non-Participating Provider

[50% - 100%] [\$20 - 500]]

[\*Sub-Normal Optical Correction

Participating Provider

[50% - 100%] [\$20 - 500]

Non-Participating Provider

[50% - 100%] [\$20 - 500]]

\*Pre-Approval by the Vision Benefit Manager is required.]]

[Fitting and Follow-up

Participating Provider

[50% - 100%] [\$20 - 500]

Non-Participating Provider

[50% - 100%] [\$20 - 500]]

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(a capital stock company, herein referred to as the Company)

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Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

Effective Date of this Rider: [January 1, 2013]

## CERTIFICATE ENDORSEMENT

This Endorsement is attached to and made part of the Certificate as of the Effective Date shown above. It is subject to all of the provisions, limitations and exclusions of the Policy except as specifically modified herein.

The Benefit Schedule in the Certificate is hereby replaced with the following

### BENEFIT SCHEDULE

#### [Vision Examination Benefit

Benefit Copay Amount

Participating Provider [\$0-100]

Non-Participating Provider [\$0-100]

Benefit Frequency

[Insured and Insured Spouse] [Once[[]/Twice] every [12/18/24/36] months  
[from the Date of Service] [per  
[Calendar][Plan] Year]

[Insured Dependent Child] [Once[[]/Twice] every [12/18/24/36] months  
[from the Date of Service] [per  
[Calendar][Plan] Year]

Maximum Benefit

Participating Provider [100%][\\$50-250]

Non-Participating Provider [50% to 100%][\\$15-250]]]

#### [Referral Vision Examination Benefit

Benefit Copay Amount

Participating Provider [\$0-100]

Non-Participating Provider [\$0-100]

Benefit Frequency

[Insured and Insured Spouse] [Once[[]/Twice] every [12/18/24/36] months  
[from the Date of Service] [per  
[Calendar][Plan] Year]

[Insured Dependent Child] [Once[[]/Twice] every [12/18/24/36] months  
[from the Date of Service] [per  
[Calendar][Plan] Year]

Maximum Benefit	
Participating Provider	[100%][[\$50-250]]
Non-Participating Provider	[50% to 100%][[\$15-250]]

**[Standard Eyeglass Lenses Benefit]**

Benefit Copay Amount	
Participating Provider	[\$0-100]
Non-Participating Provider	[\$0-100]

Benefit Frequency

[Insured and Insured Spouse]	[Once][[/Twice]] every [12/18/24/36] months [from the Date of Service] [per [Calendar][[Plan] Year]
[Insured Dependent Child]	[Once][[/Twice]] every [12/18/24/36] months [from the Date of Service] [per [Calendar][[Plan] Year]

Maximum Benefit(s)

[Single Vision	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]

[Bifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]

[Blended Bifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]

[Lined Bifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]

[Trifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]

[Lined Trifocal	
Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]

[Standard Progressive	
Participating Provider	[25% -100%] [\$25-\$800]
Non Participating Provider	[25% -100%] [\$25-\$800]

[Premium Progressive	
Participating Provider	[25% -100%] [\$25-\$800]

Non Participating Provider	[25% -100%] [\$25-\$800]
[Ultra Progressive Participating Provider	[25% -100%] [\$25-\$800]
Non Participating Provider	[25% -100%] [\$25-\$800]
[Progressive Addition Participating Provider	[25% -100%] [\$25-\$800]
Non Participating Provider	[25% -100%] [\$25-\$800]
[Lenticular Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]
[Solid Tints Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]
[Color Tints/ Coats Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]
[FT35 Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]
[Glass Photogrey Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]
[Photochromic Glass Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]
[Photochromic Plastic Participating Provider	[50% 100%] [\$20-250]
Non-Participating Provider	[50% 100%] [\$20-250]
[High Index Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]
[Gradient Tints Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]
[Polarized Participating Provider	[100%] [\$20-250]
Non-Participating Provider	[50% - 100%] \$[20-250]

[Polycarbonates  
 Participating Provider [100%] [\$20-250]  
 Non-Participating Provider [50% - 100%] \$[20-250]]

[Prisms  
 Participating Provider [100%] [\$20-250]  
 Non-Participating Provider [50% - 100%] \$[20-250]]

[Slab Off Prism  
 Participating Provider [100%] [\$20-250]  
 Non-Participating Provider [50% - 100%] \$[20-250]]

[Rimless Frames  
 Participating Provider [100%] [\$20-250]  
 Non-Participating Provider [50% - 100%] \$[20-250]]

[Scratch Resistant Coating  
 Participating Provider [100%] [\$20-250]  
 Non-Participating Provider [50% - 100%] \$[20-250]]

[Glass Grey #3  
 Participating Provider [100%] [\$20-250]  
 Non-Participating Provider [50% - 100%] \$[20-250]]

[Transitions  
 Participating Provider [100%] [\$20-250]  
 Non-Participating Provider [50% - 100%] \$[20-250]]

[UV Coating  
 Participating Provider [100%] [\$20-250]  
 Non-Participating Provider [50% - 100%] \$[20-250]]

**[Eyeglass Frame Benefit**

Benefit Copay Amount  
 Participating Provider [\$0-100]  
 Non-Participating Provider [\$0-100]

Benefit Frequency

[Insured and Insured Spouse] [Once[/Twice] every [12/18/24/36] months  
 [from the Date of Service] [per  
 [Calendar][Plan] Year]  
 [Insured Dependent Child] [Once[/Twice] every [12/18/24/36] months  
 [from the Date of Service] [per  
 [Calendar][Plan] Year]

Maximum Benefit  
 Participating Provider [100%] \$[20 - 500]

Non-Participating Provider

[50 -100\_\_] \$[20-500]

**[Contact Lenses Benefit**

In lieu of Standard Eyeglass Lenses Benefit [and Eyeglass Frames Benefit]  Yes  No

In addition to Standard Eyeglass Lenses Benefit [and Eyeglass Frames Benefit]  Yes  No

**Benefit Copay Amount**

Participating Provider [\$0-250]

Non-Participating Provider [\$0-250]

**Benefit Frequency**

[Insured and Insured Spouse] [Once[[/Twice] every [12/18/24/36] months  
[from the Date of Service] [per  
[Calendar][Plan] Year]

[Insured Dependent Child] [Once[[/Twice] every [12/18/24/36] months  
[from the Date of Service] [per  
[Calendar][Plan] Year]

**Maximum Benefit**

**[Conventional or Standard Hard/Soft Daily Wear and Spherical**

Participating Provider [50% - 100%] [\$20 - 500]

Non-Participating Provider [50% - 100 %] [\$20 - 500]

**[Disposable**

Participating Provider [50% - 100%] [\$20 - 500]

Non-Participating Provider [50% - 100 %] [\$20 - 500]

**[Toric or Gas Permeable**

Participating Provider [50% - 100%] [\$20 - 500]

Non-Participating Provider [50% - 100 %] [\$20 - 500]

**[\*Sub-Normal Optical Correction**

Participating Provider [50% - 100%] [\$20 - 500]

Non-Participating Provider [50% - 100%] [\$20 - 500]

\*Pre-Approval by the Vision Benefit Manager is required.]]

**[Fitting and Follow-up**

Participating Provider [50% - 100%] [\$20 - 500]

Non-Participating Provider [50% - 100%] [\$20 - 500]

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:

A stylized handwritten signature consisting of a large 'R' followed by a vertical line and a horizontal line.

President

A handwritten signature that appears to start with 'D' followed by several loops and a period.

Secretary

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

Effective Date of this Rider: [January 1, 2013]

## LOW VISION AIDS BENEFIT RIDER

This Rider is attached to and made part of the Policy or Certificate as of the Effective Date shown above. It is subject to all of the provisions, limitations and exclusions of the Policy except as specifically modified herein.

- **Low Vision Aids Benefit<sup>1</sup>**

If an Insured Person incurs expenses for Low Vision Aids, the Company will pay such expenses up to the applicable Maximum Benefit shown below, provided: 1) such expenses were incurred while the Insured Person was covered under the Policy; and 2) the Insured Person has paid any applicable Copay Amount shown below. Benefits will be payable at the Low Vision Aids Benefit Frequency shown below.

Benefit Copay Amount

Participating Provider

[\$0-100]

Non-Participating Provider

[\$0-100]

Benefit Frequency

[Insured and Insured Spouse]

[Once][/Twice] every [12/18/24/36] months  
[from the Date of Service] [per  
[Calendar][Plan] Year]

[Insured Dependent Child]

[Once][/Twice] every [12/18/24/36] months  
[from the Date of Service] [per  
[Calendar][Plan] Year]

Maximum Benefit

Participating Provider

[100%] \$[20 – 2,000]

Non-Participating Provider

[50 -100] \$[20-2,000]]

**Low Vision Aids** - means devices (optical and non-optical) to assist individuals who are partially sighted.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

SERFF Tracking #:

MCHX-G128674385

State Tracking #:

Company Tracking #:

C36307DBG

State: Arkansas

Filing Company: National Union Fire Insurance Company of Pittsburgh, PA

TOI/Sub-TOI: H20G Group Health - Vision/H20G.000 Health - Vision

Product Name: C36307DBG Group Vision - National Union Fire Insur

Project Name/Number: C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA/C36307DBG Group Vision - National Union Fire Insurance Company of Pittsburgh, PA

### Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	09/18/2012
Comments:			
Attachment(s):	2012 NUFIC Authorization Letter.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables - Revised	Approved-Closed	10/15/2012
Comments:			
Attachment(s):	Revised Vision Eov (10-12).PDF		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/18/2012
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/18/2012
Comments:			
Attachment(s):	AR Cert of Compliance with Rule 19.PDF AR Certificate of Compliance 23-79-138 and RR 49.PDF AR Readability.PDF		

**NATIONAL UNION FIRE INSURANCE  
COMPANY OF PITTSBURGH, PA.**

**Administrative Offices:**

A&H Regulatory Affairs Department  
P.O. Box 9708  
Wilmington, DE 19809



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July 12, 2012

National Union Fire Insurance Company of Pittsburgh, Pa.  
NAIC # 012-19445, FEIN 25-0687550

Re: Attached Filing Submission

Please accept this letter as authorization from National Union Fire Insurance Company of Pittsburgh, Pa., for McHugh Consulting Resources, Inc. to file any or all policy forms and/or rates as referenced in the corresponding SERFF filing on behalf of National Union Fire Insurance Company of Pittsburgh, Pa.

Sincerely,

A handwritten signature in cursive script that reads "Susan E. Martin".

Susan E. Martin  
Assistant Vice President  
National Union Fire Insurance Company of Pittsburgh, Pa.

# Group Vision Insurance Policy (C22438DBG)

## Explanation of Variables

### Group Vision Insurance Policy (C22438DBG)

- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.
- Numeric variables within the Policy are shown as ranges. If only specific increments apply, these increments will be listed. If amounts outside the displayed ranges are to be offered, they are specified in this document.
- The Policyholder Name and Policyholder Number will vary on a case-by-case basis.

*Note that the above variables will not be explained everywhere they appear.*

#### **FACE PAGE.**

1. This language will be included if the Policy is written for a specific term of insurance.
2. This language will be included if the Policy is written for a specific term of insurance and may be renewed.

#### **TABLE OF CONTENTS.**

1. Only the Benefits available under the Policy will be shown.

#### **DEFINITIONS.**

1. This statement will be included when the Family Coverage Rider is available under the Policy.
2. The reference to Insured Dependent will be added to the definition of Insured Person when the Family Coverage Rider is available under the Policy.
3. The definition of Standard Lenses will be included in the Policy when the Standard Eyeglass Lenses Benefit is available under the Policy.
4. The definition of Sub-Normal Optical Correction will be included in the Policy when the Contact Lenses Benefit is available under the Policy.
5. The definition of Vision Examination will be included in the Policy when the Vision Examination Benefit is available under the Policy.

#### **POLICY EFFECTIVE AND TERMINATION DATES.**

1. The number of days for notice of termination will vary to 30, 60, 90 or 120 on a case-by-case basis.
2. The reference to a Policy Termination Date will only be included if the Policy is written for a specific term of insurance.

#### **INSURED'S EFFECTIVE AND TERMINATION DATES.**

1. The number of months may vary to 12, 24, 26, 52 on a case-by-case basis at the option of the Policyholder and the Company.

#### **PREMIUM.**

1. The premiums can be changed on any one of the dates specified. This will vary on a case-by-case basis.
2. “First” may vary on a case-by-case basis to allow for a multi-year rate guarantee, if applicable.
3. The number of days for notice of premium change will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
4. The language regarding premium changes as a condition of renewal will be included if the Policy is written for a specific term of insurance and may be renewed.

5. The Grace Period may vary to 31, 60, 90 or 120 days on a case-by-case basis.
6. This language will be included on a case-by-case basis at the option of the Company.

#### **BENEFITS.**

Only the Benefits within the brackets that are available under the Policy will be included in this section.

#### **LIMITATIONS.**

This section will not be included when the Contact Lenses Benefit is available under the Policy “in addition” to the Standard Eyeglass Lenses Benefit and the Eyeglass Frame Benefit.

#### **EXCLUSIONS.**

1. Exclusion 1(a-h) may be deleted on a case-by-case basis depending on the Benefits chosen.
2. This Exclusion will be included when the Contact Lenses Benefit is chosen.

#### **CLAIMS PROVISIONS.**

1. If the Vision Benefit Manger is authorized by the Company to process and pay claims, reference to “Company” will be deleted. This will vary on a case-by-case basis at the option of the Company.
2. This time period will vary to 90, 100, 120, 140, 160 days for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
3. The address is bracketed to allow for any future changes to this address without having to refile the forms.

#### **GENERAL PROVISIONS.**

1. These time periods will vary as follows for compliance with the minimum statutory requirements of the state in which the Policy is delivered:
  - Incontestability – two, three years
  - Legal Actions – two, three, four five years; 60, 90, 180 days

#### **Master Application (C22440DBG)**

This Application is flexible to be populated by Policyholder specific information. It is variable to include or omit bracketed material or to change numeric values to ranges displayed within any brackets. The Classifications of Eligible Persons field is variable to describe classes of persons who are considered eligible to be insured. Reference to age 84 may be either changed to 85 or deleted from the Continuation of Eligibility provision if it is not included in the Class. The definition of Eligible Dependent Child is variable to delete the marriage and student requirements and to adjust the limiting age to track with the provisions of PPACA if requested by a Policyholder. Reference to benefits that are not contained in the policy will be omitted from the Benefit Schedule. Separate frequencies for adults and children may be included or omitted on a case-by-case basis.

#### **General Explanation of Variables in Each Rider:**

- With regard to each Rider, the Policyholder Name and Policyholder Number will be filled in on a case-by-case basis.
- With regard to the first paragraph of each Rider, the description of the Rider's effective date will either be the Policy's effective date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
- The second sentence of the first paragraph of each Rider will read “It applies only with respect to ... on or after that date.” (emphasis added)

- Numeric variables within each Rider are shown as typical ranges. If only specific increments apply, the increments will be listed. The variables will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed to make the statement read correctly.

### **Policy Amendment Rider (C22442DBG):**

The Policy Amendment Rider is to be used to make changes to the variable information or sections of the Policy, applications and/or riders. Changes to the variable information will be made within the parameters set forth in this explanation of variables. The Policy Amendment Rider is considered to be variable in its entirety. It contains sample language for filing purposes.

### **Family Coverage Rider (C22441DBG):**

1. This language is added if the effective date of the Rider is other than the Policy’s effective date.
2. This language will be included if the Policyholder chooses to set limitations with regard to open enrollment periods.
3. This language may be included based on a case-by-case basis.
4. The reference to “Insured Dependent Child” and “Insured Spouse” will be included on a case-by-case basis depending on whether the Policyholder chooses to extend Family coverage to eligible children and/or eligible spouses.

### **Low Vision Aids Benefit Rider (C36305DBG):**

1. All numbers will vary to the ranges displayed. Separate frequencies for adults and children may be included or omitted on a case-by-case basis.

### **Loss of Sight Benefit Rider (C30534DBG):**

All numbers will vary to the ranges displayed.

### **Participating Organization Application for Group Vision Insurance (C30013DBG)**

This Application is flexible to be populated by Policyholder specific information. It is variable to include or omit bracketed material or to change numeric values to ranges displayed within any brackets. The Classifications of Eligible Persons field is variable to describe classes of persons who are considered eligible to be insured. Reference to age 84 may be either changed to 85 or deleted from the Continuation of Eligibility provision if it is not included in the Class. The definition of Eligible Dependent Child is variable to delete the marriage and student requirements and to adjust the limiting age to track with the provisions of PPACA if requested by a Policyholder. Reference to benefits that are not contained in the policy will be omitted from the Benefit Schedule. Separate frequencies for adults and children may be included or omitted on a case-by-case basis.

### **Addendum to Application for Group Vision Insurance (C36307DBG)**

This form reflects upgrades in amounts payable as well as the addition of new categories of lenses for which benefits are payable. The general categories (Exams, Referral Exams, Standard Eyeglass Lens, Eyeglass Frames and Contact Lenses are variable to be included or omitted. Similarly, the various types of lenses are variable to be included or omitted depending on the needs of the policyholder. Amounts payable will vary to the ranges displayed.

### **Participating Organization Endorsement (C30014DBG)**

1. The number of days for notice of termination will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
2. This language will be included if the Participating Organization's coverage under the Policy is written for a specific term.

### **Group Vision Insurance Certificate of Coverage (C22439DBG)**

- A Certificate will be provided to each participating employee. An identification card will accompany the Certificate or Description of Coverage, which will identify the Insured, Effective Date of Coverage and Benefit Plan.
- Brackets around numbers or alphas in a listing and punctuation or words such as "and"/"or" in a listing will be included or deleted as needed in order to make the statement read correctly.
- Numeric variables within the certificate are shown as typical ranges. If only specific increments apply, these increments will be listed. These variables will always comply with the minimum statutory requirements of the state in which the Policy is delivered.

### **BENEFIT SCHEDULE**

Only the Benefits within the brackets that are available under the Policy will be shown. Separate frequencies for adults and children may be included or omitted on a case-by-case basis.

### **DEFINITIONS.**

1. This definition will be included when the Family Coverage Rider is available under the Policy.
2. The ages of eligibility will vary on a case-by-case basis. The definition of Eligible Dependent Child is variable to delete the marriage and student requirements and to adjust the limiting age to track with the provisions of PPACA if requested by a Policyholder.
3. This definition will vary on a case-by-case basis. Reference to age 84 may be either changed to 85 or deleted if it is not included in the Class.
4. The definition of Standard Lenses will be included in the Policy when the Standard Eyeglass Lenses Benefit is available under the Policy.
5. The definition of Sub-Normal Optical Correction will be included in the Policy when the Contact Lenses Benefit is available under the Policy.
6. The definition of Vision Examination will be included in the Policy when the Vision Examination Benefit is available under the Policy.

### **YOUR EFFECTIVE AND TERMINATION DATES.**

1. The number of months may vary to **12, 24, 26, 52** on a case-by-case basis at the option of the Policyholder and the Company.

### **YOUR COVERED DEPENDENT'S EFFECTIVE AND TERMINATION DATES**

1. This section will be included when the Family Coverage Rider is available under the Policy.

### **PREMIUM.**

1. The number of days for notice of premium change will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
2. The Grace Period may vary **to 31, 60, 90 or 120 days** on a case-by-case basis.

## **VISION BENEFITS**

Only the Benefits within the brackets that are available under the Policy will appear in this section.

1. This number may vary on a case-by-case basis.

## **LIMITATIONS.**

This section will not be included when the Contact Lenses Benefit is available under the Policy “in addition” to the Standard Eyeglass Lenses Benefit and the Eyeglass Frame Benefit.

## **EXCLUSIONS.**

1. Exclusion 1(a-h) may be deleted on a case-by-case basis depending on the Benefits chosen.
2. This Exclusion will be included when the Contact Lenses Benefit is chosen.

## **CLAIMS PROVISIONS.**

1. If the Vision Benefit Manger is authorized by the Company to process and pay claims, reference to “Company” will be deleted. This will vary on a case-by-case basis at the option of the Company.
2. This time period will vary to 90, 100, 120, 140, 160 days for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
3. The address is bracketed to allow for any future changes to this address without having to refile the forms.

## **Certificate Endorsement (C36306DBG)**

This document will be attached to any certificate where some or all of the upgrades contained in the Addendum to Application for Group Vision Insurance [Form C36307DBG] are going to be included in the policy. It reflects upgrades in amounts payable as well as the addition of new categories of lenses for which benefits are payable. The general categories (Exams, Referral Exams, Standard Eyeglass Lens, Eyeglass Frames and Contact Lenses are variable to be included or omitted. Similarly, the various types of lenses are variable to be included or omitted depending on the needs of the policyholder. Amounts payable will vary to the ranges displayed.

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

Form Number(s): C36307DBG, C36306DBG, C36305DBG

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

  
Signature of Company Officer

Susan E. Martin

Name

Assistant Vice President

Title

September 12, 2012

Date

**CERTIFICATE OF COMPLIANCE**

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

Form Numbers: C36307DBG, C36306DBG, C36305DBG

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

Susan E. Martin

Name

Assistant Vice President

Title

9/12/12

Date

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: National Union Fire Insurance Company of Pittsburgh, Pa.

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
C36307DBG	52.6
C36306DBG	52.6
C36305DBG	51.2

Signed:   
Name: Susan E. Martin  
Title: Assistant Vice President

Date: September 12, 2012