

State: Arkansas **Filing Company:** Guarantee Trust Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: GGCCXX101
Project Name/Number: AGC-2002 Pro-Rig/

Filing at a Glance

Company: Guarantee Trust Life Insurance Company
Product Name: GGCCXX101
State: Arkansas
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.002A Large Group Only - PPO
Filing Type: Form
Date Submitted: 11/20/2012
SERFF Tr Num: GRTT-128762326
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Ann Ryan, Jane Cooper
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 11/20/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Guarantee Trust Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
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General Information

Project Name: AGC-2002 Pro-Rig 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: Large
Group Market Type: Association Overall Rate Impact:
Filing Status Changed: 11/20/2012
State Status Changed: 11/20/2012 Deemer Date:
Created By: Ann Ryan Submitted By: Jane Cooper
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Submitted Matrix Form #'s GGCCXX101 and GCSOBXX101 for use in previously approved form AGC-2002-AR.

This filing is to follow up on the approval granted on 11/8/10 for form AGC-2002-AR under SERFF Tracking # on GRTT-12682285, and your State Tracking # 46841.

The attached matrix paragraphs indicated above are replacing GGCCXX100 (Medical Expense Benefits) and GCSOBXX100 (Schedule) in Certificate AGC-2002-AR. They are the same except that we are indicating variability to the sections. The variations will be used to reflect policyholder selection, state mandated benefits, elections of optional benefits and changes in coverage offerings.

Variations will be used to reflect policyholder selection, state mandated benefits, elections of optional benefits and changes in coverage offerings. The listed variable information will either be in or out, and will not be revised unless filing with your Department.

If you have any additional questions, please feel free to contact me via SERFF, or at (847) 904-5655.

Thank you,

M. Jane Cooper
Sr. Compliance Analyst
Guarantee Trust Life Insurance Company

Company and Contact

Filing Contact Information

Ann Ryan, aryan@gtlic.com
1275 Milwaukee Ave. 847-904-5587 [Phone] 5587 [Ext]
Glenview, IL 60025 847-699-0093 [FAX]

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Filing Company Information

Guarantee Trust Life Insurance Company	CoCode: 64211	State of Domicile: Illinois
1275 Milwaukee Avenue	Group Code: 687	Company Type: Mutual
1275 Milwaukee Avenue	Group Name:	State ID Number:
Glenview, IL 60025	FEIN Number: 36-1174500	
(847) 460-4772 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Arkansas and Illinois filing fees are the same.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Guarantee Trust Life Insurance Company	\$100.00	11/20/2012	65067140

SERFF Tracking #:

GRTT-128762326

State Tracking #:

Company Tracking #:

State:

Arkansas

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Guarantee Trust Life Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name:

GGCCXX101

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/20/2012	11/20/2012

SERFF Tracking #:

GRTT-128762326

State Tracking #:

Company Tracking #:

State:

Arkansas

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Disposition

Disposition Date: 11/20/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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
Form	Schedule Matrix Paragraph	Approved-Closed	Yes
Form	Matrix Paragraph	Approved-Closed	Yes

State: Arkansas

Filing Company:

Guarantee Trust Life Insurance Company

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Form Schedule

Lead Form Number: AGC-2002

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 11/20/2012	Schedule Matrix Paragraph	GCSOBXX101	MTX	Initial		50.000	GCSOBXX101.pdf
2	Approved-Closed 11/20/2012	Matrix Paragraph	GGCCXX101	MTX	Initial		50.000	GGCCXX101.pdf

Form Type Legend:

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

SCHEDULE

POLICYHOLDER AND INSURED INFORMATION

Policyholder:	[Pro Rig USA Association]
Sponsor Trucking Company:	[ABC Company]
Insured:	[John Public]
Certificate Number:	[12345]
Effective Date:	[XX/XX/XXXX] [The first of the month following 30 days of the date a member signs a lease with a sponsor trucking company]
Premium Due Dates:	[The first of each month for which coverage is provided.]
Premium:	As shown in the Master Application
Schedule Date:*	
Dependent Spouse:	is <input checked="" type="checkbox"/> is not <input checked="" type="checkbox"/> insured under this Certificate as of the Schedule Date.
Dependent Child(ren):	is (are) <input checked="" type="checkbox"/> is (are) not <input checked="" type="checkbox"/> insured under this Certificate as of the Schedule Date.
[Waiting Period:	[0-30] Days [from the date the member signs a lease with a sponsor trucking company.]

* This Schedule replaces and supersedes any Schedule attached to this Certificate with a date earlier than the Schedule Date shown above.
GCSOBXX101

MEDICAL EXPENSE BENEFITS

We will pay benefits for Covered Charges incurred by the Covered Person due to Sickness or Injury. Covered Charges as shown on the Schedule are subject to:

- [Deductible;]
- [Insured Percent;]
- [Copayment;]
- [Out-of-Pocket Maximum;]
- [Coordination of Benefits;]
- [The Lifetime Aggregate Maximum Amount; and]
- [Definitions, limitations, exclusions and other provisions of the Policy.]

The [[Family Deductible] [and] [Out-of-Pocket Maximum] are determined per [Calendar/Policy] Year.

[Copayment: A fixed dollar amount which is paid by the Covered Person for certain Covered Charges. Copayments do not accumulate toward satisfaction of the Calendar Year Deductible. The Copayment is shown in the Schedule.]

[Deductible: A dollar amount of Covered Charges a Covered Person must pay each Calendar Year before We pay any benefits. The Deductible is shown in the Schedule.

A new Deductible will apply each Calendar Year.]

[Family Deductible: The Policy has a family deductible cap equal to two individual Deductibles, for each Calendar Year. Once You and Your covered Dependents meet the Family Deductible in a Calendar Year, We will pay benefits for Covered Charges incurred by any insured member of the covered family, subject to the Insured Percent, for the rest of that Calendar Year. The Family Deductible is shown in the Schedule.]

[Insured Percent: The percentage of Covered Charges We pay for each Injury or Sickness. The Insured Percent is shown in the Schedule.]

[Lifetime Aggregate Maximum Amount: The maximum amount of benefits We will pay while a Covered Person is covered under this Certificate. The Lifetime Aggregate Maximum Amount is inclusive of all benefit amounts received under this Certificate. The Lifetime Aggregate Maximum Amount is shown on the Schedule.]

[Out-of-Pocket Maximum: The amount of Covered Charges a Covered Person must pay during a Calendar Year before his or her benefits are paid at 100%. The Out-of-Pocket Maximum includes Covered Charges applied to the Deductible and coinsurance amounts. The coinsurance amount is the amount of Covered Charges which are not covered because Covered Charges are paid at an Insured Percent which is less than 100%. The coinsurance amount is stated in the Schedule.]

[Waiting Period: The period of time after the Effective Date of a Covered Person's coverage during which no benefits are payable for Covered Charges. The Waiting Period is shown in the Schedule.]

GGCCXX101

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Arkansas

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/20/2012
Comments:	Attached is the Readability Certification.		
Attachment(s):	AR Readability Certification.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/20/2012
Bypass Reason:	Not applicable.		

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	11/20/2012
Bypass Reason:	Not Applicable - previously submitted with original filing.		

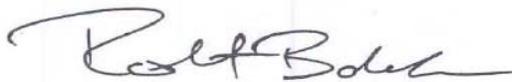
CERTIFICATE OF READABILITY

Form Number(s): GCSOBXX101, GGCCXX101

Flesch Test Score(s): 50; 50

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY



Robert Baluk, General Counsel

Date: November 19, 2012