

SERFF Tracking Number: HUMA-128210539 State: Arkansas  
Filing Company: Humana Insurance Company State Tracking Number:  
Company Tracking Number: AR-12-002  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
Product Name: AR App Maint - HIC Med  
Project Name/Number: Apps Update/PC116

## Filing at a Glance

Company: Humana Insurance Company  
Product Name: AR App Maint - HIC Med  
TOI: H16G Group Health - Major Medical

SERFF Tr Num: HUMA-128210539 State: Arkansas  
SERFF Status: Closed-Approved- State Tr Num:  
Closed

Sub-TOI: H16G.001A Any Size Group - PPO  
Filing Type: Form

Co Tr Num: AR-12-002

State Status: Approved-Closed  
Reviewer(s): Rosalind Minor  
Disposition Date: 03/28/2012

Authors: Wendy Jeffries, Lisa  
Geary

Date Submitted: 03/28/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval  
State Filing Description:

Implementation Date:

## General Information

Project Name: Apps Update  
Project Number: PC116  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer  
Filing Status Changed: 03/28/2012  
State Status Changed: 03/28/2012  
Created By: Wendy Jeffries  
Corresponding Filing Tracking Number:  
PPACA: Not PPACA-Related  
PPACA Notes: null  
Filing Description:

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments: na  
Market Type: Group  
Group Market Size: Small and Large  
Overall Rate Impact:

Deemer Date:  
Submitted By: Wendy Jeffries

This is a new filing; the attached form does not replace or supersede any like forms previously filed. These forms are for use in the group market. This form is being filed for general use with all approved policy series and may be offered in a printed, online, or digitized audio recorded format.

This application will be used to support our currently marketed products in your state. The changes in the application reflect cosmetic changes in format, design and language. These changes are intended to create a more consumer

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friendly application form for our future applicants to assist them in understanding the application process.

Included with this submission are the following documents:

- Certificate of Readability; and
- Filing Fee of \$50 (\$50 per form).

To the best of our knowledge, we believe the attached forms satisfy the minimum requirements of applicable Arkansas statutes and regulations.

If you have any questions regarding this filing, please contact me by phone at (800) 664-4140, extension 1783 or by e-mail at wjeffries@humana.com.

## Company and Contact

### Filing Contact Information

Wendy Jeffries, Regional Contract Analyst wjeffries@humana.com  
 321 W. Main Street 502-580-1783 [Phone]  
 6th Floor, East Tower  
 Louisville, KY 40202

### Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form equals \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	03/28/2012	57526692

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/28/2012	03/28/2012

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## **Disposition**

Disposition Date: 03/28/2012

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	Statement of Variability	Approved-Closed	Yes
Form	Group Medical Application - Religious Employer Election Form	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: GN-71116 3/2012**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 03/28/2012	GN-71116 3/2012	Application/ Enrollment Form	Group Medical Application - Religious Employer Election Form	Initial			GN-71116- 20120315.pdf

# Group Medical Application - Religious Employer Election Form

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## **Women's Preventive Services and Religious Employers**

On 02/10/2012 the Departments Labor, Treasury and Health and Human Services (HHS) adopted the interim final regulations relating to coverage of preventive services under the Patient Protection and Affordable Care Act (PPACA).

The Departments adopted the religious employer exemption previously published in the Federal Register on 08/03/2011. [The Departments also announced a one year safe harbor for certain non-exempt, non-profit organizations with religious objections to covering contraceptives provided they certify they satisfy the safe harbor requirements described in the HHS Bulletin.]

## **[Religious Employer Exemption to Contraception Coverage**

Under the health plan coverage guidelines issued by HHS, health insurance plans will be required to cover without cost-sharing certain additional women's preventive services, including U.S. Food and Drug Administration approved contraception. New health plans and non-grandfathered plans must begin providing coverage without cost sharing consistent with HHS guidelines for plan years beginning on or after 08/01/2012.

Group health plans sponsored by certain religious employers, and group health insurance coverage in connection with such plans, are exempt from the requirement to cover contraceptive services. A religious employer is one that: (1) has the inculcation of religious values as its purpose; (2) primarily employs persons who share its religious tenets; (3) primarily serves persons who share its religious tenets; and (4) is a non-profit organization under Internal Revenue Code section 6033(a)(1) and section 6033(a)(3)(A)(i) or (iii).

I, the employer, meet the above criteria and wish to exclude coverage for contraceptive services.]

## **[Religious Employer Temporary Exemption to Contraception Coverage**

The Departments will provide a one-year enforcement safe harbor for certain non-profit religious organizations that object to covering contraceptives and don't otherwise satisfy the exemption. The safe harbor will be in effect until the first plan year that begins on or after 08/01/2013. A religious organization seeking to qualify for the one year safe harbor for the group health plan it sponsors must meet all of the following criteria:

- The organization must be organized and operated as a non-profit entity;
- From February 10, 2012, onward, the group health plan established or maintained by the organization must not have provided contraceptive coverage at any point consistent with applicable State law, because of the religious beliefs of the organization;
- The group health plan must provide to participants of the plan notice stating that contraceptive coverage will not be provided under the plan for the first plan year beginning on or after August 1, 2012; and
- The organization must self-certify that it satisfies items 1-3 above, and must document its self-certification in accordance with the procedures outlined by the Department of Health and Human Services.

I, the employer, meet the above criteria and wish to exclude coverage for contraceptive services until the first plan year beginning on or after August 1, 2013.]

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Medical plans insured or administered by Humana Insurance Company.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	03/28/2012
<b>Comments:</b> see attached		
<b>Attachment:</b> Catron-Certificate of Readability - AR-12-002.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	03/28/2012
<b>Comments:</b> Forms Approved on 11/12/10 via SERFF HUMA-126866656 and forms approved on 1/20/12 SERFF HUMA-127855749		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	03/28/2012
<b>Bypass Reason:</b> na		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	03/28/2012
<b>Comments:</b> see attached		
<b>Attachment:</b> Statement of Variability.Application.pdf		

**HUMANA INSURANCE COMPANY**

***CERTIFICATE OF READABILITY***

**Filing # AR-12-002**

I hereby certify that these forms exceed the minimum reading ease score of 40 required by the State of Arkansas.

A handwritten signature in black ink, appearing to read "J. Gregory Catron". The signature is written in a cursive style with a large initial "J" and "G".

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J. Gregory Catron  
Vice President  
Humana Insurance Company

## **Statement of Variability for Application Forms**

### **Bracketed Sections**

1. Bracketed sections will refer to an entire portion of the form such as logos, product offerings, payment information, or agreements.
2. Bracketed sections are identified by green brackets.

**NOTE:** Some exceptions will apply due to state requirements or rulings regarding bracketing.

3. Non-bracketed logos, text, or numbers within the section remains constant and will not be subject to changes without being refiled.
4. Bracketed sections vary to the extent that such sections may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to any statutory or regulatory requirements.
  - For example: We have filed the Dental section of an application but the applicant did not select Dental then that section will not appear.
5. Bracketed variables such as logos, text, or numbers are subject to change as outlined within the various sections of this document.

### **Bracketed Numbers**

1. With the exception of form numbers and matrix numbers, if allowed by the state, all bracketed numbers are variable.
  - Form numbers are located in the lower left-hand corner of the form and are not subject to change without refilling.
  - Reorder numbers (Group forms) and Revision numbers (Individual forms) are located in the lower right-hand corner of the form and are considered variable and included within this statement.
2. Bracketed numbers within a section are determined by the laws of the governing jurisdiction and will be varied only within the confines of the law.
3. Bracketed numbers will include the minimum and maximum ranges.
4. If the state determines ranges are not acceptable, only a single number will be shown on the form and that number will not be bracketed.

## **Bracketed Questions**

1. Text within the bracketed question will not change (Refers to language only. See # 3 for formatting and placement changes).
2. Any bracketed variables within that question are subject to change.
3. Bracketed questions vary only to the extent that such questions may be included, omitted or transferred within the form subject to any statutory or regulatory requirements.

## **Instructions or Help Text**

1. Bracketed instructional text varies to the extent that such text may be included, omitted or transferred to another page to meet the needs of applicants completing the application.
2. Humana reserves the right to make minor instructional or help text revisions, even if it is not bracketed, as needed to clarify instructions for completion of the application and amend the language to clarify the intent within the confines of the law.

## **Product Information**

1. Product information may vary to the extent such information may be included, omitted, or transferred to another page subject to any statutory or regulatory requirements
2. Additional fields within an existing product offering section can be added to an application without refiling for the purpose of offering new insurance products or benefits subject to
  - prior approval of certificate or policy forms for the new products or benefits; and,
  - any statutory or regulatory requirements

## **Legal Entities**

1. New product or benefit plan designs or offerings that create a new or modify an existing legal entity will require filing.
2. Legal entities will be bracketed when multiple entities are listed as insuring or administering entities. The applicable entity(s) will be shown based upon the applicant's/groups selection.
3. If there is only one legal entity listed as insuring or administering then it will not be bracketed

## **Demographic Information**

Demographic information will not be bracketed but will fall under administrative changes which can be amended without refiling.

## **Administrative Changes and Clerical Errors**

Humana reserves the right to amend the attached form(s) for any minor administrative changes or to fix clerical errors that may have unintentionally gone unnoticed prior to submitting for approval and to amend the language to clarify the intent within the confines of the law.

Forms are submitted in filing version format and are subject only to minor modification in paper size, stock, ink, border, and adaptation to computer printing. The application may be offered in a printed, on line, or digitized audio recorded format.