

SERFF Tracking Number: CELT-128265663 State: Arkansas
Filing Company: Celtic Insurance Company State Tracking Number:
Company Tracking Number: I5-594-00275
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: Vision Services Amendatory Rider
Project Name/Number: /

Filing at a Glance

Company: Celtic Insurance Company

Product Name: Vision Services Amendatory Rider SERFF Tr Num: CELT-128265663 State: Arkansas

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H16I.005C Individual - Other Co Tr Num: I5-594-00275 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: Juan Guerra Disposition Date: 04/26/2012

Date Submitted: 04/13/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

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: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 04/26/2012

State Status Changed: 04/26/2012

Deemer Date:

Created By: Juan Guerra

Submitted By: Juan Guerra

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

April 13, 2012

NAIC #80799

FEIN #06-0641618

SERFF Tracking Number: CELT-128265663 State: Arkansas
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Company and Contact

Filing Contact Information

Juan Guerra, Senior Contract Analyst jguerra@celtic-net.com
 Sears Tower 312-332-8331 [Phone]
 233 South Wacker Drive, Suite 700 312-441-0822 [FAX]
 Chicago, IL 60606

Filing Company Information

Celtic Insurance Company CoCode: 80799 State of Domicile: Illinois
 Sears Tower Group Code: Company Type: LAH
 233 South Wacker Drive, Suite 700 Group Name: State ID Number:
 Chicago, IL 60606 FEIN Number: 06-0641618
 (312) 332-5401 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Celtic Insurance Company	\$50.00	04/13/2012	57963719

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/26/2012	04/26/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/16/2012	04/16/2012	Juan Guerra	04/17/2012	04/17/2012

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Disposition

Disposition Date: 04/26/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CELT-128265663* State: *Arkansas*
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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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form (revised)	Amendatory Rider	Approved-Closed	Yes
Form	Amendatory Rider	Replaced	Yes

SERFF Tracking Number: CELT-128265663 State: Arkansas
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Company Tracking Number: I5-594-00275
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Product Name: Vision Services Amendatory Rider
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/16/2012

Submitted Date 04/16/2012

Respond By Date

Dear Juan Guerra,

This will acknowledge receipt of the captioned filing.

Objection 1

- Amendatory Rider, I5-594-00275 (Form)

Comment:

The attached document is the cover letter and not the amendatory rider. Please attach the rider.

Thank you.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 04/17/2012
 Submitted Date 04/17/2012

Dear Rosalind Minor,

Comments:

This letter will acknowledge receipt of your correspondence.

Response 1

Comments: I have attached a copy of form number I5-594-00275.

Related Objection 1

Applies To:

- Amendatory Rider, I5-594-00275 (Form)

Comment:

The attached document is the cover letter and not the amendatory rider. Please attach the rider.

Thank you.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Amendatory Rider	I5-594-00275		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			I5-594-00275.pdf
Previous Version	Amendatory Rider	I5-594-	Policy/Contract/Fraternal	Initial			AR -Cover

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Product Name: Vision Services Amendatory Rider
Project Name/Number: /
00275

*Certificate: Amendment,
Insert Page, Endorsement
or Rider*

Letter1.pdf

No Rate/Rule Schedule items changed.

With this information, we look forward to approval of this document.

Sincerely,
Juan Guerra

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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 04/26/2012	I5-594- 00275	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			I5-594- 00275.pdf

CELTIC INSURANCE COMPANY

Home Office: 233 South Wacker Drive, Suite 700, Chicago, Illinois 60606-6393

Vision Services Amendatory Rider

The plan, to which this rider is attached and becomes a part, is amended as stated below.

Routine Vision Services are offered as part of the Celtic Health Plan and are managed through [OptiCare Vision Company, Inc.]. The following are eligible expenses, provided these services are received from a provider participating in the [OptiCare Vision Company, Inc.] network of opticians, optometrists and ophthalmologists.

Eye Exam

- You may receive one routine eye exam from a network provider every 12 months. A [\$10] co-pay applies to this benefit.

Hardware

A [\$20] co-pay applies to this benefit.

- **Eyeglasses**

- a. Frames**

Your maximum allowance for eyeglass frames is [\$125] every 24 months. Providers in the [OptiCare Vision Company, Inc.] network offer a wide range of frames that are at no cost to you.

Should you choose to select a frame that is more than your maximum benefit, you will be financially responsible for the difference less certain discounts explained in separate marketing materials.

- b. Covered Lenses**

You may receive 1 pair of covered lenses every 12 months. Covered lenses include single vision, lined bifocal, or lined trifocal, in glass or plastic. If you require a more complex prescription lens, your provider must contact [OptiCare Vision Company, Inc.] for prior authorization.

- **Contact Lenses**

You may elect contact lenses in lieu of eyeglasses. Coverage includes fitting, follow up and/or purchase of contact lenses with a maximum allowance of [\$125] every 12 months.

Limitations

Fees charged by a provider for services other than for eligible expenses described above are your responsibility.

Exclusions

- Charges connected with or arising from orthoptic or vision training, subnormal vision aids and any associated supplemental testing;
- Any eye exam, or any corrective eyewear, required by an employer as a condition of employment;
- Any services provided as a result of Worker's Compensation law, or similar legislation, required by any governmental agency or program;
- Lens options such as progressive lenses, polycarbonate lenses, high index tints and lenses with UV and anti-reflective coating;
- Non-prescription lenses, non-prescription sunglasses or two pair of glasses in lieu of bifocals;
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except when vision benefits next become available.

For additional information about covered vision services, providers participating in the [OptiCare Vision Company, Inc.] network, call Customer Service at [(800) 368-4790].

CONDITIONS

This rider does not otherwise enlarge, amend, or diminish the policy except as stated herein. This rider is subject to all the terms, conditions, limitations and exceptions of your plan except where changed by this rider.

[Celtic Insurance Company

A handwritten signature in black ink that reads "Richard D. Lynch". The signature is written in a cursive, slightly stylized font.

Richard D. Lynch
President and Chief Executive Officer]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attached is a copy of the readability form. Attachment: ARREAD.pdf	Approved-Closed	04/26/2012
Bypassed - Item: Application Bypass Reason: Rider filing, application not required. Comments:	Approved-Closed	04/26/2012
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not a rate filing, justification not required. Comments:	Approved-Closed	04/26/2012
Bypassed - Item: Outline of Coverage Bypass Reason: Outline not revised, Outline filing not required. Comments:	Approved-Closed	04/26/2012
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: NOT a PPCA filing, summary not applicable. Comments:	Approved-Closed	04/26/2012

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	Item Status:	Status
Satisfied - Item: Cover Letter	Approved-Closed	04/26/2012
Comments: Cover letter attached.		
Attachment: AR -Cover Letter1.pdf		

ARKANSAS READABILITY CERTIFICATION

This is to certify that the attached Form No. 41 has achieved a Flesch Reading Ease Score of 46.5 and complies with the requirements of Arkansas Statute Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

CELTIC INSURANCE COMPANY



Juan J. Guerra
Senior Contract Analyst

4/13/2012

Date

CELTIC

Celtic Insurance Company

April 13, 2012

Sears Tower
233 South Wacker Drive, Suite 700
Chicago, Illinois 60606-6393
312-332-5401

NAIC #80799
FEIN #06-0641618

Jay Bradford, Commissioner
Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

Re: A&H Form #I5-594-00275 Amendatory Rider

Dear Mr. Bradford,

Enclosed for your information is a copy of the Vision Services Amendatory Rider form referenced above.

This submission does not contain any provisions, conditions or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.

A & H Form I5-594-00275 is an amendatory rider, which will be used on a general use basis. The vision services offered under this rider will be for new business effective September 1, 2012 at no additional premium cost.

Variable material has been set off by the use of brackets. We intend to include, delete, modify or rearrange the text within the brackets according to the needs of a particular account. However, any changes we make will always meet or exceed the requirements of state law.

If you have any questions or require additional information regarding this submission, please contact me at the number listed below.

Sincerely,



Juan J. Guerra
Senior Contract Analyst
(312) 332-8542
(312) 651-9850 –Fax
jguerra@celtic-net.com

Enclosures

SERFF Tracking Number: *CELT-128265663* State: *Arkansas*
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 Company Tracking Number: *I5-594-00275*
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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/13/2012	Form	Amendatory Rider	04/17/2012	AR -Cover Letter1.pdf (Superseded)

CELTIC

Celtic Insurance Company

April 13, 2012

Sears Tower
233 South Wacker Drive, Suite 700
Chicago, Illinois 60606-6393
312-332-5401

NAIC #80799
FEIN #06-0641618

Jay Bradford, Commissioner
Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

Re: A&H Form #I5-594-00275 Amendatory Rider

Dear Mr. Bradford,

Enclosed for your information is a copy of the Vision Services Amendatory Rider form referenced above.

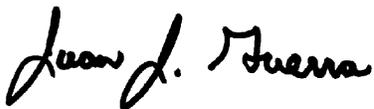
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(312) 332-8542
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jguerra@celtic-net.com

Enclosures