

SERFF Tracking Number: ICCI-128477380 State: Arkansas  
 Filing Company: Independence American Insurance Company State Tracking Number:  
 Company Tracking Number: IAIC PPACA WPS AENG 0812  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
 Product Name: IAIC PPACA WPS AENG 0812  
 Project Name/Number: IAIC PPACA WPS AENG 0812/IAIC PPACA WPS AENG 0812

## Filing at a Glance

Company: Independence American Insurance Company

Product Name: IAIC PPACA WPS AENG 0812 SERFF Tr Num: ICCI-128477380 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved-Closed State Tr Num:

Sub-TOI: H16G.001A Any Size Group - PPO Co Tr Num: IAIC PPACA WPS AENG 0812 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor  
 Author: Brenda Dawson Disposition Date: 06/19/2012  
 Date Submitted: 06/14/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: IAIC PPACA WPS AENG 0812

Status of Filing in Domicile:

Project Number: IAIC PPACA WPS AENG 0812

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: Small and Large

Group Market Type: Non Employer Group

Overall Rate Impact:

Filing Status Changed: 06/19/2012

State Status Changed: 06/19/2012

Deemer Date:

Created By: Brenda Dawson

Submitted By: Brenda Dawson

Corresponding Filing Tracking Number: MADS-125643562

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

We are hereby submitting the above referenced form for review and approval in your state. This form is new and is not intended to replace any form previously approved in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Independence American Insurance Company, Inc. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance

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 Consultants, Inc.

This form is intended to be used with Group Major Medical Policy, IAIC GP 107 previously approved by your Department on August 26, 2008 under SERFF Tracking # MADS-125643562 for use in the individual market.

This form addresses the federal Patient Protection and Affordable Care Act (PPACA) Women's Preventive Services effective for policy years beginning on and after August 1, 2012.

This form was prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

State Narrative:

## Company and Contact

### Filing Contact Information

Brenda Dawson, Authorized Representative Brendaadawson@inscompliance.com  
 3925 East State Street, Suite 200 815-316-6714 [Phone]  
 Rockford, IL 61108 815-986-2355 [FAX]

### Filing Company Information

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

Independence American Insurance Company CoCode: 26581 State of Domicile: Delaware  
 485 Madison Avenue Group Code: Company Type:  
 New York, NY 10022 Group Name: State ID Number:  
 (212) 355-4141 ext. [Phone] FEIN Number: 74-1746542

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Independence American Insurance Company	\$50.00	06/14/2012	60135150

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/19/2012	06/19/2012

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## Disposition

Disposition Date: 06/19/2012

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	Authorization Letter	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: IAIC PPACA WPS AENG 0812

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	IAIC	Certificate	Amendatory	Initial			IAIC PPACA
Closed	PPACA	Amendmen	Endorsement				WPS AENG
06/19/2012	WPS	t, Insert					0812(AE-
	AENG	Page,					WomensPrev
	0812	Endorseme					entive) 6-11-
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# INDEPENDENCE AMERICAN INSURANCE COMPANY

a Delaware Insurance Company

## AMENDATORY ENDORSEMENT PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 WOMEN'S PREVENTIVE SERVICES

Notwithstanding anything in Your Policy or Certificate to the contrary, it is hereby understood and agreed that Your Policy or Certificate to which this Amendatory Endorsement is attached is amended as follows:

To ensure compliance with federal health care reform's Patient Protection and Affordable Care Act (the "Act") pertaining to Women's Preventive Services, including any amendments, regulations, rules or other guidance issued with respect to the Act, certain benefits, terms, conditions, limitations and exclusions in Your Policy or Certificate are being amended to comply with the Act. The following provisions apply under Your Policy or Certificate effective on [August 1, 2012] [Your plan year beginning on or after August 1, 2012] [Your Employer's plan year beginning on or after August 1, 2012] or Your coverage Effective Date whichever is later:

### **Women's Preventive Services**

In addition to any other preventive screening services described in Your Policy or Certificate including any Riders attached thereto, we will cover the following preventive screening services for Insured/Covered Persons who are women, without regard to any cost-sharing requirements, such as Deductible, Copay or Coinsurance requirements that would otherwise apply. If You are covered under a PPO Network Plan, as shown on Your Schedule of Benefits, these services must be received from In-Network/Participating Providers to be covered unless otherwise specifically stated in Your Policy or Certificate:

1. Well-woman visits: benefits are payable for one well-woman preventive care visit per Calendar Year for an adult women to obtain the recommended preventive screening services that are age appropriate and developmentally appropriate[, including preconception and one visit for prenatal care. This benefit does not include coverage for routine pregnancy, delivery and well-baby charges.]

More than one visit may be needed to obtain all the recommended preventive screening services, depending on a woman's health status, health needs and other risk factors. Additional well-woman visits will be covered if the doctor determines they are necessary to help establish what preventive screening services are appropriate and to set up a plan to help the woman get the care she will need to be healthy.

For covered preventive screening services, Deductible, Copay and/or Coinsurance cost-sharing requirements may apply to the office visit if (a) the preventive screening service is billed separately from the office visit, or (b) the primary purpose of the office visit is other than the delivery of preventive screening services and the preventive screening service is not billed separately from the office visit.

For covered preventive screening services cost-sharing requirements will not be applied to the office visit if (a) the preventive screening service is not billed separately from the office visit and (b) the primary purpose of the office visit is the delivery of the preventive screening service.

As provided for in the Act's interim final regulations, for a recommendation or guideline for recommended preventive screening services or items that does not specify a frequency, method, treatment or setting for the provision of that service, We may use reasonable medical management to determine any coverage limitations. We may rely on established techniques and the relevant evidence base to determine the frequency, method, treatment, or setting for which a recommended preventive screening service will be covered without cost-sharing requirements to the extent not specified in a recommendation or guideline.

2. [Screening for gestational diabetes: benefits are payable one screening for gestational diabetes for pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be high risk for diabetes. This benefit does not include coverage for routine pregnancy, delivery and well-baby charges.]

3. Human papillomavirus testing: high-risk human papillomavirus DNA testing in women with normal cytology results. One screening is covered for females 30 years of age and over and will be covered no more frequently than once every 3 years.
4. Counseling for sexually transmitted infections: benefits are payable for one counseling session per Calendar Year for counseling on sexually transmitted infections for all sexually active women.
5. Counseling and screening for human immune-deficiency virus: benefits are payable for one counseling session and screening per Calendar Year for human immune-deficiency virus infection for all sexually active women.
6. [Contraceptive methods and counseling: when prescribed by Your Physician, benefits are payable for all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity. This benefit does not include coverage for abortifacient drugs. Any exclusions under Your Policy or Certificate that excludes coverage for contraceptive drugs and devices, or tubal ligation for the purpose of voluntary sterilization, are deleted. Covered charges paid under the Prescription Medication Benefit Rider will not be covered under this benefit.]
7. [Breastfeeding support, supplies and counseling in conjunction with each birth: benefits are payable for comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period. Coverage includes the costs for the rental of breastfeeding equipment. This benefit does not include coverage for routine pregnancy, delivery and well-baby charges.]
8. Screening and counseling for interpersonal and domestic violence: benefits are payable for one screening and counseling for interpersonal and domestic violence per Calendar Year.

Benefits paid under this Amendatory Endorsement will not be paid under Your Policy or Certificate including any Riders attached thereto pertaining to preventive screening services or other wellness benefits.

This Amendatory Endorsement is endorsed and made part of the Policy/Certificate to which it is attached. This Endorsement terminates concurrently with the date Your coverage under the Policy ends.

This Amendatory Endorsement is subject to all provisions of the Policy/Certificate which are not in conflict with the provisions of this Endorsement. Nothing in this Endorsement will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Endorsement to be signed by its President.

**INDEPENDENCE AMERICAN INSURANCE COMPANY**



David Kettig  
President



Adam C. Vandervoort  
Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	06/19/2012
<b>Comments:</b>		
<b>Attachment:</b> Cert of Comp. with Rule 19 IAIC PPACA WPS.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	06/19/2012
<b>Bypass Reason:</b> NA		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	06/19/2012
<b>Bypass Reason:</b> NA		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Authorization Letter	Approved-Closed	06/19/2012
<b>Comments:</b>		
<b>Attachment:</b> ICC Authorization letter dated 2012.pdf		

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

Insurer: Independence American Insurance Company

Form Number(s): IAIC PPACA WPS AENG 0812

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



Signature of Company Officer

David Kettig  
Name

President  
Title

June 14, 2012  
Date



**INDEPENDENCE AMERICAN INSURANCE COMPANY**  
**485 Madison Avenue**  
**New York, NY 10022**  
**(212) 355-4141**

January 1, 2012

Mr. Brian Camling  
President  
Insurance Compliance Consultants, Inc.  
3925 East State Street, Suite 200  
Rockford, IL 61108

**RE: Independence American Insurance Company**  
NAIC Company #: 26581  
NAIC Group #: 0450  
FEIN #: 74-1746542

**AUTHORIZATION STATEMENT**

The undersigned hereby certifies that *Insurance Compliance Consultants, Inc.*, has the authority to act on behalf of the above Company for the sole purpose of filing with the state insurance department those policy, amendment, endorsement, rider, certificate, reports, rates, surveys and/or application forms approved by the Companies for use in Company's transaction of business.

Authorized by:

A handwritten signature in black ink, appearing to read "David Kettig".

David Kettig  
President