

SERFF Tracking Number: TRST-128470837 State: Arkansas
Filing Company: Trustmark Life Insurance Company State Tracking Number:
Company Tracking Number: 12.00287
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Student Health PPACA Amend
Project Name/Number: /

Filing at a Glance

Company: Trustmark Life Insurance Company

Product Name: Student Health PPACA Amend SERFF Tr Num: TRST-128470837 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: H04.001 Student

Co Tr Num: 12.00287

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Julia Swanson

Disposition Date: 06/20/2012

Date Submitted: 06/14/2012

Disposition Status: Approved-

Closed

Implementation Date Requested: 08/01/2012

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: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type: Blanket

Overall Rate Impact:

Filing Status Changed: 06/20/2012

State Status Changed: 06/20/2012

Deemer Date:

Created By: Julia Swanson

Submitted By: Lisa Sayerstad

Corresponding Filing Tracking Number: 12.00287

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

RE: TRUSTMARK LIFE INSURANCE COMPANY

FEIN# 36-3421358; NAIC# 276-62863

PPACA Amendment

Form Numbers: PPACA Amend/STUDENT HEALTH COLLEGE NGF

Our Filing Number: 12.00287

SERFF Tracking Number: TRST-128470837 State: Arkansas
Filing Company: Trustmark Life Insurance Company State Tracking Number:
Company Tracking Number: 12.00287
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Student Health PPACA Amend
Project Name/Number: /

Dear Sir or Madam:

We are submitting the above captioned amendments for your review and approval. These are new forms and are not intended to replace any previously approved forms.

The amendment will be used with the Student Blanket Health Certificates, forms STUBLK-INBD AR and STUBLK-OTBD AR, and the Student Blanket Health Policy, form STUBLK-R11-09, approved on July 8, 2010 under SERFF tracking number TRST-126691076 to comply with the requirements of the Patient Protection and Affordable Care Act.

Bracketed material represents variability. Variations will reflect the type of plan affected such as PPO or indemnity as well as options that may differ between the types of plans. Variable material will always meet the minimum requirements of law.

The amendment is in final printed format as issued from a laser printer. We, however, use different computer publishing systems. Therefore, actual issued amendments may have a different font style than the submitted amendments. As a result, page breaks may occur at different lines and line wording may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refiling for such font style variation.

We respectfully request your favorable review and approval of this filing. If you would like to discuss any aspect of this filing, you may reach me by phone at 800-666-6977, extension 34203, or by email julia.swanson@trustmarkins.com.

Sincerely,

Julia Swanson
Compliance Analyst
The Trustmark Companies
State Narrative:

Company and Contact

Filing Contact Information

Julia Swanson, Compliance Analyst
400 Field Drive
Lake Forest, IL 60045

Julia.Swanson@trustmarkins.com
847-283-2403 [Phone]
847-615-3872 [FAX]

Filing Company Information

Trustmark Life Insurance Company
400 Field Drive

CoCode: 62863
Group Code: 276

State of Domicile: Illinois
Company Type:

SERFF Tracking Number: TRST-128470837 State: Arkansas
Filing Company: Trustmark Life Insurance Company State Tracking Number:
Company Tracking Number: 12.00287
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Student Health PPACA Amend
Project Name/Number: /

Lake Forest, IL 60045 Group Name: State ID Number:
(800) 666-6977 ext. [Phone] FEIN Number: 36-3421358

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: IL is domiciliary - filing fee = \$50/form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trustmark Life Insurance Company	\$50.00	06/14/2012	60135561

SERFF Tracking Number: TRST-128470837 State: Arkansas
Filing Company: Trustmark Life Insurance Company State Tracking Number:
Company Tracking Number: 12.00287
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Student Health PPACA Amend
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/20/2012	06/20/2012

SERFF Tracking Number: TRST-128470837 State: Arkansas
Filing Company: Trustmark Life Insurance Company State Tracking Number:
Company Tracking Number: 12.00287
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Student Health PPACA Amend
Project Name/Number: /

Disposition

Disposition Date: 06/20/2012

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: TRST-128470837 State: Arkansas
 Filing Company: Trustmark Life Insurance Company State Tracking Number:
 Company Tracking Number: 12.00287
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Student Health PPACA Amend
 Project Name/Number: /

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	Mandatory Amendment Non-Grandfathered	Approved-Closed	Yes

SERFF Tracking Number: TRST-128470837 State: Arkansas
 Filing Company: Trustmark Life Insurance Company State Tracking Number:
 Company Tracking Number: 12.00287
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Student Health PPACA Amend
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	PPACA	Other	Mandatory	Initial			PPACA
Closed	Amend/ST		Amendment Non-				Amend
06/20/2012	UDENT		Grandfathered				Student
	HEALTH						Health
	COLLEGE						College
	NGF						NGF.pdf

MANDATORY AMENDMENT NON-GRANDFATHERED STUDENT HEALTH

To the extent the benefits described below are more beneficial to the covered person than the terms and conditions of your [policy][certificate], the following provisions shall apply for plan years beginning on or after July 1, 2012 to ensure compliance with Federal health care reform known as the Patient Protection and Affordable Care Act, including any amendments, regulations, rules or other guidance issued with respect to the (“Act”):

1. Any lifetime maximum dollar limit referenced shall not apply to essential health benefits as defined in the Act.
2. Any annual maximum dollar limit on essential health benefits as defined in the Act shall be no less than \$100,000 for plan years beginning on or after July 1, 2012 and no less than \$500,000 for plan years beginning on or after September 23, 2012 with no annual maximum dollar limit applying to plan years on or after January 1, 2014. Coverage cannot be rescinded except for fraud or intentional misrepresentation of a material fact.
3. If coverage includes dependents, dependent child coverage will continue until the next premium due date following the child’s 26th birthday regardless of the marital status of such dependent child. Coverage does not include the spouse or child of such dependent child unless that child meets other coverage criteria established under state law.
4. Any preexisting condition exclusions do not apply to covered persons under age 19.
5. Coverage for preventive benefits, as defined in the Act and corresponding federal regulations, is subject only to the annual maximum dollar limit and does not require payment of any deductible, copayment, or coinsurance [if obtained from a participating provider].
6. [All external appeal rights will be administered in accordance with state law. There will be no fee for filing for an external review.]
7. [Emergency services from non-participating providers will be covered at the same coinsurance percentage or copayment amount as services provided by participating providers.]

This amendment takes effect on [insert renewal date][insert new business effective date]. This amendment terminates concurrently with the [policy][certificate] to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the [policy][certificate] except as stated.

This amendment shall automatically be void on the date that the Act is repealed or otherwise invalidated.

TRUSTMARK LIFE INSURANCE COMPANY

Handwritten signatures of Joseph L. Pray and Dennis L. Schoff.

Joseph L. Pray
President & Chief Executive Officer

Dennis L. Schoff
Corporate Secretary

SERFF Tracking Number: TRST-128470837 State: Arkansas
 Filing Company: Trustmark Life Insurance Company State Tracking Number:
 Company Tracking Number: 12.00287
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: Student Health PPACA Amend
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/20/2012
Comments:		
Attachment: Flesch Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/20/2012
Bypass Reason: N/A - this is an amendment letter filing only.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/20/2012
Comments:		
Attachment: PPACA Uniform Compliance Summary.pdf		



Trustmark Insurance Company hereby certifies that the form shown below meets the Flesch reading ease requirements under ACA 23-80-206:

Form

PPACA Amend/STUDENT HEALTH COLLEGE NGF

A handwritten signature in black ink that reads "Sandra J. Przybyszewski". The signature is written in a cursive style. Below the signature is a solid black horizontal line.

Sandra Przybyszewski
Vice President, Compliance

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

- INDIVIDUAL HEALTH BENEFIT PLANS** (Complete [SECTION A](#) only)
- SMALL / LARGE GROUP HEALTH BENEFIT PLANS** (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
Trustmark Life Insurance Company	62863	TRST-128470837	STUBLK	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

Reset Form

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number: Item #4 - PPACA Amend/STUDENT HEALTH COLLEGE NGF			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation: Annual dollar limits are consistent with Federal regulation on student insurance. See 45 CFR s. 147.145(b)(2)			
	Page Number: Item #2 - PPACA Amend/STUDENT HEALTH COLLEGE NGF			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation: There aren't any grandfathered plans under this policy			
	Page Number: Item #1 - PPACA Amend/STUDENT HEALTH COLLEGE NGF			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation: There aren't any grandfathered plans under this policy			
	Page Number: Item #2, last sentence - PPACA Amend/STUDENT HEALTH COLLEGE NGF			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number: Item #5 - PPACA Amend/STUDENT HEALTH COLLEGE NGF</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation: There aren't any grandfathered plans under this policy</p> <p>Page Number: Item #3 - PPACA Amend/STUDENT HEALTH COLLEGE NGF</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no , please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number: Item #6 - PPACA Amend/STUDENT HEALTH COLLEGE NGF</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number: Item #7 - PPACA Amend/STUDENT HEALTH COLLEGE NGF</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation: Policy does not require designation or use of a PCP</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation: Policy does not have authorization or referral requirements for OB/GYN</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If no, please explain.</p>

PPACA Uniform Compliance Summary

Reset Form

SECTION B – Group Health Benefit Plans (Small and Large)				
TOI	Category	Statute Section	Grandfathered	Non-Grandfathered

	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
-----	----------	-----------------	---------------	-------------------

	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	Explanation:			
	Page Number:			
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	Explanation:			
	Page Number:			
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	Explanation:			
	Page Number:			