

**State:** Arkansas      **Filing Company:** Coventry Health and Life Insurance Co.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)  
**Project Name/Number:** AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)/071912 - 01

## Filing at a Glance

Company: Coventry Health and Life Insurance Co.  
Product Name: AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)  
State: Arkansas  
TOI: H16I Individual Health - Major Medical  
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)  
Filing Type: Form  
Date Submitted: 07/20/2012  
SERFF Tr Num: CVLA-128587220  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 072012 - 05  
  
Implementation: On Approval  
Date Requested:  
Author(s): Nancy Bourgeois  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 07/20/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

State: Arkansas Filing Company: Coventry Health and Life Insurance Co.  
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
Product Name: AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)  
Project Name/Number: AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)/071912 - 01

## General Information

Project Name: AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx) Status of Filing in Domicile: Not Filed  
Project Number: 071912 - 01 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: 07/20/2012  
State Status Changed: 07/20/2012  
Deemer Date: Created By: Nancy Bourgeois  
Submitted By: Nancy Bourgeois Corresponding Filing Tracking Number: 46882 and CVLA-128097319  
PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:  
Dear Ms. Minor,

We are submitting the following document for your review and approval on behalf of Coventry Health and Life Insurance Company:

LA-TNARMS Women's Preventive Amendment- LA-TNARMS -WP AMEND. -07.2012

This document will be used in conjunction with the following Form Numbers previously approved by the Arkansas Insurance Department:

- Certificate of Coverage: AR PPOCOCIND\_09.23.10\_CHL --approved 10/6/10 as part of form filing ID # 46882
- Schedule of Benefits: AR\_SOBIND09.23.2010\_CHL --approved 10/6/10 as part of form filing ID # 46882
- Change Request Form: GSATN-AR-MS Change Request Form 092010 --approved 10/6/10 as part of form filing ID # 46882
- Cov1 Gold Standard v4 Application: GSA AR Cov1 022012 -- approved 2/24/12 as part of form filing ID # CVLA-128097319

Please do not hesitate to contact me with any issues or questions.

Best regards,  
Nancy G. Bourgeois  
Tel. (504) 834-0840 Ext. 2138

## Company and Contact

### Filing Contact Information

Nancy Bourgeois, Regulatory Compliance ngbourgeois@cvty.com  
Documents Coordinator

**State:** Arkansas      **Filing Company:** Coventry Health and Life Insurance Co.

**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

**Product Name:** AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)

**Project Name/Number:** AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)/071912 - 01

3838 N. Causeway Blvd.      504-834-0840 [Phone] 2138 [Ext]  
Suite 3350  
Metairie, LA 70002

**Filing Company Information**

Coventry Health and Life  
Insurance Co.

5350 Poplar Ave.  
Suite 390

Memphis, TN 38119  
(901) 462-2380 ext. [Phone]

CoCode: 81973

Group Code:

Group Name:

FEIN Number: 75-1296086

State of Domicile: Delaware

Company Type:

State ID Number:

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**Filing Fees**

Fee Required?      Yes  
Fee Amount:      \$50.00  
Retaliatory?      No  
Fee Explanation:      1 form x \$50.00 = \$50.00. Delaware is our domicile state, and the fee is \$50.00 per form.  
Per Company:      No

<b>Check Number</b>	<b>Check Amount</b>	<b>Check Date</b>
2047	\$50.00	07/20/2012

<b>SERFF Tracking #:</b>	CVLA-128587220	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	072012 - 05
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Coventry Health and Life Insurance Co.		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)				
<b>Product Name:</b>	AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)				
<b>Project Name/Number:</b>	AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)/071912 - 01				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/20/2012	07/20/2012

<b>SERFF Tracking #:</b>	CVLA-128587220	<b>State Tracking #:</b>	<b>Company Tracking #:</b>	072012 - 05
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Coventry Health and Life Insurance Co.	
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)			
<b>Product Name:</b>	AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)			
<b>Project Name/Number:</b>	AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)/071912 - 01			

## Disposition

Disposition Date: 07/20/2012

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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	LA-TNARMS Women's Preventive Amendment	Approved-Closed	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Coventry Health and Life Insurance Co.
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
<b>Product Name:</b>	AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)		
<b>Project Name/Number:</b>	AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)/071912 - 01		

## Form Schedule

Lead Form Number: LA-TNARMS WP AMEND. -07.2012

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 07/20/2012	LA-TNARMS -WP AMEND. - 07.2012	CERA	LA-TNARMS Women's Preventive Amendment	Initial:		7.13.12 -CLEAN- LA- TNARMS -WP AMEND. - 07.2012.pdf

### Form Type Legend:

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

**AMENDMENT  
TO [INSERT PLAN NAME]  
[INSERT NAME OF CERTIFICATE OF COVERAGE]**

1. This Amendment (the “Amendment”), effective as of [INSERT DATE], amends the [INSERT PLAN NAME AND CERTIFICATE OF COVERAGE] (the “COC”) and Schedule of Benefits to comply with the federal Patient Protection and Affordable Coverage Act of 2010 and the federal Health Care and Education Reconciliation Act of 2010 and regulations promulgated thereunder.

2. [INSERT HEALTH PLAN NAME] is executing this Amendment pursuant to Section [13.8 / 14.10 / 12.9 / 12.17 / 12.8] of the COC.

3. The following new subsection is hereby added to Section 6 of the COC:

Preventive Services	<p>Medically Necessary Services as defined under the Patient Protection and Affordable Coverage Act of 2010 (“PPACA”), including any regulations promulgated thereunder, including:</p> <ul style="list-style-type: none"> <li>• Evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force;</li> <li>• Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;</li> <li>• With respect to infants, children and adolescents, evidence-informed preventive care and screening provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and</li> <li>• With respect to women, such additional preventive care and screenings not described in bullet point one as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.</li> </ul>	<p>[Prior Authorization may be required.]</p> <p><b>Note:</b> Prescription drugs that meet the definition of Preventive Services are covered under your applicable prescription drug rider.</p>
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4. The “Preventive Services for Adults and Children” subsection of the Schedule of Benefits is hereby deleted in its entirety and replaced with the following new subsection:

BENEFITS	MEMBER PAYS In Network
PREVENTIVE SERVICES (as defined in the Certificate of Coverage)	Covered in Full Note: Prescription drugs that meet the definition of Preventive Services are covered under your applicable prescription drug rider.

5. The following new subsection is hereby added to Pharmacy Rider of the COC, if applicable:

If [INSERT HEALTH PLAN] determines that an item covered under this prescription drug rider is required to be covered as a "preventive health service" under Section 2713(a) of the Public Health Service Act and 45 C.F.R. 147.130(a), as may be amended from time to time (together, the "Preventive Services Law"), such item shall be covered with no cost sharing requirement, such as a deductible, copayment, or coinsurance requirement, but may be subject to certain utilization management and/or formulary management requirements in accordance with the Preventive Services Law.

6. Capitalized terms not otherwise defined in this Amendment shall have the meaning set forth in the COC.

7. To the extent any provision of this Amendment conflicts with any of the provisions of the COC, the provisions of this Amendment shall govern. Except for the amendments made hereby, the COC remains in full force and effect.

**[INSERT HEALTH PLAN NAME]**

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By:

Its:

<b>SERFF Tracking #:</b>	CVLA-128587220	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	072012 - 05
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Coventry Health and Life Insurance Co.		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)				
<b>Product Name:</b>	AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)				
<b>Project Name/Number:</b>	AR CHL Cov1 PPO - Women's Prev. Amend. (COC, SOB, Rx)/071912 - 01				

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	07/20/2012
Comments:	Attached is the Flesch Reading Ease Test Certification that was submitted as part of form filing ID number 46882 which was approved by the Arkansas Insurance Department on October 6, 2010.		
Attachment(s):			
from SERFF - 9.22.10 Flesch REading Ease Test Cert.- AR docs. appr. 10.6.10.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Application	Approved-Closed	07/20/2012
Bypass Reason:	The Form number and date of approval for the previously approved application has been provided under the Filing Information tab.		
Comments:			

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	07/20/2012
Bypass Reason:	There is no change in rates with this filing.		
Comments:			

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Outline of Coverage	Approved-Closed	07/20/2012
Bypass Reason:	The only change is the Women's Preventive Amendment found under the Form Schedule tab.		
Comments:			

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	07/20/2012
Comments:	Attached is the PPACA Uniform Compliance Summary for the CHCLA Cov1 POS product which includes the PPACA-related Women's Preventive Amendment.		
Attachment(s):			
7.20.12 - AR CHL Cov1 PPO - PPACA Compliance Summary.pdf			

**COVENTRY HEALTH AND LIFE INSURANCE COMPANY**  
2751 Centerville Road, Suite 400  
Wilmington, Delaware 19808-1627

**FLESCH READING EASE TEST**

This is to certify that the form(s) listed below are in compliance with readability requirements pursuant to Arkansas Code Stat. 23-80-206 and have a readability score of forty (40) or higher.

The Flesch Test was applied to each form in its entirety, except that any of the following language may have been redacted: name and address of insurer, name or title of policy, table of contents, captions, subcaptions, policy language which was drafted to conform to any applicable law or regulation, any medical terminology or defined terms in the policy.

**FORM NUMBER(S)**

AR\_PPOCOCIND\_09.23.2010\_CHL - Certificate of Coverage

CHARK 00012-1 - Application for Health Coverage (was combined with Certificate of Coverage to determine Flesch score)

GSATN-AR-MS Change Request Form 092010 - Change Request Form

  
Secretary

DATE: September 22, 2010

## 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
Coventry Health and Life Insurance Company	81973	ARKANSAS SERFF Tracking Numbers: CVLA-128587220 CVLA-128097319 FLHI-126828949	AR_PPOCOCIND_09.23.10_CHL and associated documents	<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
H161 Individual Health - Major Medical	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number: COC, Section 1.76, page 18			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: We have no grandfathered plans.			
	Page Number: See Schedule of Benefits			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number: See Schedule of Benefits			
	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: We have no grandfathered plans.			
	Page Number: COC, Section 5, pages 37-41			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number: See Schedule of Benefits and Women's Preventive Amendment</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<p><b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation: We have no grandfathered plans.</p> <p>Page Number: COC, Section 3.1.2, pages 33-34</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<p><b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number: <b>COC, Section 10, pages 91-94</b></p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	<p><b>Emergency Services</b> – 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: <b>COC, Section 1.12, page 7; COC, Section 2.8, page 28</b></p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Access to Pediatricians</b> – 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:</p> <p>Page Number: N/A - This is a PPO plan and does not mandate the selection of PCP.</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>no</b>, please explain.</p>
	<p><b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number: N/A - This is a PPO plan and does not require prior authorization or referral for OB/GYNs.</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>no</b>, 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
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	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , 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
	<b>Preventive Services</b> – 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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Extends Dependent Coverage for Children Until age 26</b> – 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 <sup>◇</sup> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Appeals Process</b> – 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 <b>no</b> , 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><b>Emergency Services</b> – 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:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Access to Pediatricians</b> – 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:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.