

State: Arkansas **Filing Company:** USABLE Life
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - August 2012
Project Name/Number: GRP- Group/AR000960100013

Filing at a Glance

Company: USABLE Life
Product Name: Group Health Policy Amendments - August 2012
State: Arkansas
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.001C Any Size Group - Other
Filing Type: Form
Date Submitted: 08/13/2012
SERFF Tr Num: LSVX-G128635568
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AR000960100013

Implementation: 08/13/2012
Date Requested:
Author(s): SPI Life and Specialty Ventures
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 08/13/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** USAbLe Life
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - August 2012
Project Name/Number: GRP- Group/AR000960100013

General Information

Project Name: GRP- Group Status of Filing in Domicile:
 Project Number: AR000960100013 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: Employer, Employer Overall Rate Impact:
 Filing Status Changed: 08/13/2012 Deemer Date:
 State Status Changed: 08/13/2012 Submitted By: SPI Life and Specialty Ventures
 Created By: SPI Life and Specialty Ventures
 Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms, Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Attached please find forms 42-61 8/12 and 42-62 8/12 for your review and approval if indicated.

Amendment form numbers 42-61 8/12 and 42-62 8/12 insert a new provision into all of our preferred provider organization policies to describe the distribution requirements of the Summary of Benefits and Coverage (SBCs) as mandated by the Affordable Care Act. All other provisions of the Affordable Care Act have been previously implemented in accordance with amendments 42-43 R1/12 and 42-44 R1/12 re-approved by your department on November 7, 2011. These amendments merely outline when we will send out SBC's to the group policyholders and then the responsibilities of the group policyholders to distribute them to the employees and their covered dependents. These amendments will be used for both grandfathered and non-grandfathered groups.

Please feel free to contact Evelyn Laney at 378-2165 with any questions you may have.

Company and Contact

Filing Contact Information

Rob Wittenburg, Compliance Supervisor rwittenburg@usablelife.com
 PO Box 1650 501-212-8877 [Phone] 8877 [Ext]
 Little Rock, AR 72203-1650 501-235-8484 [FAX]

Filing Company Information

USAbLe Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Health
Little Rock, AR 72203-1650	Group Name: Life and Speciality Ventures (LSV)	State ID Number:
(501) 375-7200 ext. [Phone]	FEIN Number: 71-0505232	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00

State: Arkansas **Filing Company:** USable Life
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - August 2012
Project Name/Number: GRP- Group/AR000960100013

Retaliatory? No
Fee Explanation: \$50 per form x 2 forms = \$100
Per Company: No

Company	Amount	Date Processed	Transaction #
USable Life	\$100.00	08/13/2012	61619926

State: Arkansas Filing Company: US Able Life
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - August 2012
Project Name/Number: GRP- Group/AR000960100013

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/13/2012	08/13/2012

SERFF Tracking #:

LSVX-G128635568

State Tracking #:

Company Tracking #:

AR000960100013

State: Arkansas **Filing Company:** US Able Life
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - August 2012
Project Name/Number: GRP- Group/AR000960100013

Disposition

Disposition Date: 08/13/2012
 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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

State: Arkansas **Filing Company:** US Able Life
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - August 2012
Project Name/Number: GRP- Group/AR000960100013

Form Schedule

Lead Form Number: 42-61 8/12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/13/2012	42-61 8/12	CERA	Amendment	Initial:	40.600	42-61 8-12US Able AR - GP (40-02).PDF
2	Approved-Closed 08/13/2012	42-62 8/12	CERA	Amendment	Initial:	40.600	42-62 8-12US Able AR - GP (40-01).PDF

Form Type Legend:

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



**AMENDMENT TO THE
USABLE LIFE
GROUP HEALTH POLICIES**

**AMENDMENT NO. 42-61
Form No. 40-02**

DEFINITIONS, "Stepchild" is hereby amended to read as follows.

Stepchild means a natural or adopted Child of the Spouse of the Employee.

DEFINITIONS is hereby amended to add the following new provision.

Special Enrollment Period means a thirty (30) day period during which time an Employee or Employee's Dependent may enroll in the Plan, after his or her initial Waiting Period (Eligibility Period or Eligibility Date) or Open Enrollment Period and not be a Late Enrollee. Special Enrollment Periods occur in two instances:

1. After the termination of another Health Plan: A Special Enrollment Period occurs (i) after an Employee's or Dependent's coverage under another health plan terminated as a result of Loss of Eligibility or (ii) after the employer providing such other health Plan terminated its contributions.
2. After the addition of a dependent: A Special Enrollment Period occurs for an Employee, Employee's Spouse or Employee's new Dependent Child (i) after the Employee marries; (ii) after a Employee's Child is born or (iii) an Employee adopts a Child or has a Child placed with the Employee for adoption.

EMPLOYEE AND DEPENDENT COVERAGE, A.2.c. and d. are hereby amended to read as follows.

- c. Child less than the age specified in the Benefit Certificate;
- d. unmarried Child who is incapable of self support because of mental retardation or physical disability, provided 1.) such Child is or was under the limiting age of dependency stated in Subsection 2. above at the time of application for coverage in the Plan or 2.) if not under such limiting age, has had continuous health plan coverage, i.e. no break in coverage greater than 63 days, at the time of application for coverage in the Plan.

EMPLOYEE AND DEPENDENT COVERAGE, "Student Coverage, Conditions and Verifications" is hereby deleted in its entirety. All remaining Subsections are hereby renumbered to correlate with the change.

EMPLOYEE AND DEPENDENT COVERAGE, Effective Date of Coverage, "Initial Enrollment of New Employees" is hereby amended to read as follows.

Initial Enrollment of New Employees. If the Company receives a new Employee's enrollment application within thirty (30) days of the date the Employee is first eligible for coverage, the Employee's coverage will become effective 12:01 a.m. in accordance with the Benefit Certificate provisions concerning addition of new employees.

EMPLOYEE AND DEPENDENT COVERAGE, Effective Date of Coverage, "Initial Effective Date for Newly Acquired Dependents" Subsections a. and e. are hereby amended to read as follows.

- a. **Spouse.** When an Employee marries and wishes to have the Employee's Spouse covered, the Employee shall submit an application or change form within 30 days of the date of marriage. The effective date will be assigned in accordance with the Benefit Certificate provisions concerning addition of a Spouse. If an Employee submits the application or change form after the 30-day period, coverage for the Spouse will become effective in accordance with the provisions for Late Enrollment. See Subsection B.4, above.

In order to document coverage provided by this Subsection B.7.a., Policyholder shall obtain and maintain a copy of the marriage certificate and make this document available to the Company upon request.

- e. **Other Dependents.** An on-line application for enrollment received by the Company within 30 days of the date that any other dependent first qualifies as an eligible Dependent will result in coverage for such dependent and the effective date will be assigned in accordance with the Benefit Certificate provisions concerning addition of other dependents. Such Dependent will not be a Late Enrollee. If the Employee submits the application or change form after the 30 day period, coverage for the Dependent will become effective in accordance with the provisions for Late Enrollment. See Subsection B.4, above.

EMPLOYEE AND DEPENDENT COVERAGE, "Termination of Coverage," C.1. is hereby amended to read as follows.

Termination of Coverage. Coverage is subject to all terms and conditions of the Plan, and coverage will terminate under certain conditions described in various other places throughout this document. If coverage is not terminated under any other provision of this document or in accordance with any other provisions as outlined in the Benefit Certificate, coverage for a Covered Person shall terminate if any of the following events occur:

GENERAL PROVISIONS is hereby amended to add the following new provision. All remaining provisions are hereby re-alphabetized to correlate with the change.

- M. Summary of Benefits and Coverage
1. The Company shall provide the Policyholder with Summaries of Benefits and Coverage (SBCs) mandated by federal law.
 2. It is the obligation of the Policyholder to distribute the SBCs to:
 - a. Employees or Dependents enrolling in the Plan along with other written enrollment materials;
 - b. Employees or Dependents on the first date they are eligible to enroll in the Plan if no written enrollment materials are distributed;
 - c. Newly enrolled Employees and Dependents upon the first date of their coverage if there were changes to the SBC distributed in accordance with subsections M.2.a. or M.2.b.;
 - d. Employees or Dependents enrolling in the Plan during a Special Enrollment Period no later than ninety (90) days after such enrollment;
 - e. Covered Persons when the Policyholder receives the annual renewal application material from the Company;

- f. A Covered Person within seven (7) business days after the Covered Person requests the SBC.
- 3. In making the distributions required by Subsection M.2., the Policyholder understands and agrees:
 - a. If an Employee and Dependent reside at the same address, distribution of the SBC to the Employee shall also constitute distribution to the Dependent.
 - b. If a Dependent resides at a different address than the Employee, required distributions of the SBC to the Dependent must be made to the Dependent's address.
 - c. If the Plan provides multiple benefit packages, e.g. alternative Benefit Certificates, the Policyholder need only provide an SBC for the benefit package for which the Covered Person is enrolled upon the annual renewal of the Plan.
 - d. However, if the Plan provides multiple benefit packages, if a Covered Person requests a SBC for a package in which he or she is not enrolled, the Policyholder will provide such SBC within seven (7) business days of receiving the request.

This Amendment becomes a part of the USABLE Life Group Policy. All other provisions of the Policy remain in full force and effect.



Jason Mann, President

USABLE Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]



**AMENDMENT TO THE
USABLE LIFE
GROUP HEALTH POLICIES**

**AMENDMENT NO. 42-62
Form No. 40-01**

DEFINITIONS is hereby amended to add the following new provision.

Special Enrollment Period means a thirty (30) day period during which time an Employee or Employee's Dependent may enroll in the Plan, after his or her initial Waiting Period (Eligibility Period or Eligibility Date) or Open Enrollment Period and not be a Late Enrollee. Special Enrollment Periods occur in two instances:

1. After the termination of another Health Plan: A Special Enrollment Period occurs (i) after an Employee's or Dependent's coverage under another health plan terminated as a result of Loss of Eligibility or (ii) after the employer providing such other health Plan terminated its contributions.
2. After the addition of a dependent: A Special Enrollment Period occurs for an Employee, Employee's Spouse or Employee's new Dependent Child (i) after the Employee marries; (ii) after a Employee's Child is born or (iii) an Employee adopts a Child or has a Child placed with the Employee for adoption.

GENERAL PROVISIONS is hereby amended to add the following new provision. All remaining provisions are hereby re-alphabetized to correlate with the change.

M. Summary of Benefits and Coverage

1. The Company shall provide the Policyholder with Summaries of Benefits and Coverage (SBCs) mandated by federal law.
2. It is the obligation of the Policyholder to distribute the SBCs to:
 - a. Employees or Dependents enrolling in the Plan along with other written enrollment materials;
 - b. Employees or Dependents on the first date they are eligible to enroll in the Plan if no written enrollment materials are distributed;
 - c. Newly enrolled Employees and Dependents upon the first date of their coverage if there were changes to the SBC distributed in accordance with subsections M.2.a. or M.2.b.;
 - d. Employees or Dependents enrolling in the Plan during a Special Enrollment Period no later than ninety (90) days after such enrollment;
 - e. Covered Persons when the Policyholder receives the annual renewal application material from the Company;
 - f. A Covered Person within seven (7) business days after the Covered Person requests the SBC.
3. In making the distributions required by Subsection M.2., the Policyholder understands and agrees:
 - a. If an Employee and Dependent reside at the same address, distribution of the SBC to the Employee shall also constitute distribution to the Dependent.
 - b. If a Dependent resides at a different address than the Employee, required distributions of the SBC to the Dependent must be made to the Dependent's address.
 - c. If the Plan provides multiple benefit packages, e.g. alternative Benefit Certificates, the Policyholder need only provide an SBC for the benefit

package for which the Covered Person is enrolled upon the annual renewal of the Plan.

- d. However, if the Plan provides multiple benefit packages, if a Covered Person requests a SBC for a package in which he or she is not enrolled, the Policyholder will provide such SBC within seven (7) business days of receiving the request.

This Amendment becomes a part of the USABLE Life Group Policy. All other provisions of the Policy remain in full force and effect.



Jason Mann, President

USABLE Life
Group Health Division
[PO Box 1151, 400 West Capitol, Suite 1500
Little Rock, Arkansas 72203]

SERFF Tracking #:

LSVX-G128635568

State Tracking #:**Company Tracking #:**

AR000960100013

State: Arkansas **Filing Company:** US Able Life
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: Group Health Policy Amendments - August 2012
Project Name/Number: GRP- Group/AR000960100013

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/13/2012
Comments:			
Attachment(s):			
Flesch Certification US Able Life 42-61, 42-62 8-12.PDF			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/13/2012
Bypass Reason:	Not a policy filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/13/2012
Bypass Reason:	For this particular filing, we were advised by your Insurance Department that it was not necessary to complete the PPACA Compliance Summary which was approved in September, 2010.		
Comments:			



RE: **US Able Life**
Form Nos. **42-61, 42-62 8/12**

**FLESCH READING EASE
CERTIFICATION**

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.6 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in black ink, appearing to read "Jason Allen", is written above a horizontal line.

Name

President
Title

August 10, 2012
Date