

State: Arkansas **Filing Company:** Zurich American Insurance Company
TOI/Sub-TOI: H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan
Product Name: Integrated Stop Loss - Independent Review Organization Endorsement
Project Name/Number: /CW AH 34923

Filing at a Glance

Company: Zurich American Insurance Company
Product Name: Integrated Stop Loss - Independent Review Organization Endorsement
State: Arkansas
TOI: H12 Health - Excess/Stop Loss
Sub-TOI: H12.004 Self-Funded Health Plan
Filing Type: Form
Date Submitted: 07/30/2012
SERFF Tr Num: ZURC-128600923
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: CW AH 34923

Implementation: On Approval
Date Requested:
Author(s): Paula Bartell
Reviewer(s): Donna Lambert (primary)
Disposition Date: 08/01/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Zurich American Insurance Company
 TOI/Sub-TOI: H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan
 Product Name: Integrated Stop Loss - Independent Review Organization Endorsement
 Project Name/Number: /CW AH 34923

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: CW AH 34923 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 Overall Rate Impact:
 Filing Status Changed: 08/01/2012 Deemer Date:
 State Status Changed: 08/01/2012 Submitted By: Paula Bartell
 Created By: Paula Bartell
 Corresponding Filing Tracking Number:

Filing Description:

This is an endorsement to our Integrated Stop Loss Policy which was previously filed with and approved by your Department. This endorsement provides an extension to the time period to pay claims under the Integrated Stop Loss Insurance Policy (the Paid portion of the Benefit Period). Due to the possible lag in payment of claims if a denial is reversed by an external review, as required by the Patient Protection and Affordable Care Act, we believe this feature should be available to our Integrated Stop Loss Policyholders.

The enclosed explanatory memorandum further outlines this filing

Company and Contact

Filing Contact Information

Paula Bartell, Project Manager paula.bartell@zurichna.com
 1400 American Lane 847-605-6177 [Phone]
 Schaumburg, IL 60196-1056 847-605-7768 [FAX]

Filing Company Information

Zurich American Insurance CoCode: 16535 State of Domicile: New York
 Company Group Code: 212 Company Type:
 1400 American Lane Group Name: State ID Number:
 Schaumburg, IL 60102 FEIN Number: 36-4233459
 (847) 605-6000 ext. [Phone]

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Zurich American Insurance Company	\$50.00	07/30/2012	61273381

SERFF Tracking #:

ZURC-128600923

State Tracking #:

Company Tracking #:

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State:

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TOI/Sub-TOI:

H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	08/01/2012	08/01/2012

SERFF Tracking #:

ZURC-128600923

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Disposition

Disposition Date: 08/01/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application		Yes
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Statement of Variables	Approved	Yes
Supporting Document	Explanatory Memo	Accepted for Informational Purposes	Yes
Form	Independent Review Organization Endorsement	Approved	Yes

State: Arkansas **Filing Company:** Zurich American Insurance Company
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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved 08/01/2012	U-ISL-108-A CW (07/12)	POLA	Independent Review Organization Endorsement	Initial:	47.000	U-ISL-108-A CW - IRO Endorsement.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

Independent Review Organization Endorsement



Zurich American Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Integrated Stop Loss Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy**:

SECTION III -

DEFINITIONS is amended to include the following:

Independent Review Organization means the external review organization as required under the external review process of the Patient Protection and Affordable Care Act as amended and as covered under the **Plan**.

SECTION VII -

CLAIM PROVISIONS is amended to include the following:

A. In the event that **Eligible Claim Expenses** are deemed payable by the **Plan** due to a reversal by an **Independent Review Organization** of a previous denial of coverage, and such **Covered Benefits** under the **Plan** are not **Paid** within the **Benefit Period** under this **Policy**, the **Benefit Period** to pay such **Covered Benefits** will be extended [for a period of [twelve (12)] months] from the **Benefit Period** shown in the SCHEDULE OF INTEGRATED STOP LOSS INSURANCE, provided:

1. such **Covered Benefits** are not eligible under any other coverage; and
2. such **Covered Benefits** would be otherwise payable under the terms of this **Policy**.

Subject to all other terms and conditions of this **Policy**, the **Company** agrees to accept as **Eligible Claim Expenses**, all such **Plan Benefits Paid** in accordance with the **Plan(s)** that were previously denied and exceed the applicable **Deductible(s)**.

[[B.]For purposes of this endorsement, when the **Company** reimburses the **Policyholder** for the amount of any **Plan Benefits** under this endorsement, such **Plan Benefits** will relate back to the **Policy** in which they were **Incurred** and will be excluded from any other **Benefit Period**.]

[[C.]If the **Policyholder** terminates this **Policy** for any reason prior to end of the **Policy Period** shown in the SCHEDULE OF INTEGRATED STOP LOSS INSURANCE, this endorsement does not apply.]

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Effective Date: _____ Attached to and forming a part of Policy No. _____

Signed for Zurich American Insurance Company by: _____

Authorized Representative

Date

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not applicable. This is for a rider only		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	08/01/2012
Comments:			
Attachment(s):	Signed Cert of Readability.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variables	Approved	08/01/2012
Comments:			
Attachment(s):	U-ISL-1080-A CW - SOV for IRO Endorsement.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Explanatory Memo	Accepted for Informational Purposes	08/01/2012
Comments:			
Attachment(s):	U-ISL-108 - Explanatory Memo for IRO Endorsement.pdf		

Certificate of Readability



Zurich American Insurance Company

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy form listed below has achieved the following Flesch Score using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-ISL-108-A CW (07/12)	Independent Review Organization Endorsement	47

Although the form listed above may not have achieved the minimum readability standards required by your State Insurance Code, we respectfully request approval based on our belief that:

1. the lower score provides a more accurate reflection of the readability of the form(s); and
2. the lower score is warranted by the nature of the particular form(s) or type or class of form(s).

Signature: _____

Officer's Name: Roger Morrison

Title: Head Of Product Development

Date: July 26, 2012

Statement of Variables



Zurich American Insurance Company
Schaumburg, Illinois

INDEPENDENT REVIEW ORGANIZATION ENDORSEMENT – U-ISL-108-A CW

<p>SECTION VII - CLAIM PROVISIONS is amended to include the following:</p> <p>A. In the event that Eligible Claim Expenses are deemed payable by the Plan due to a reversal by an Independent Review Organization of a previous denial of coverage, and such Covered Benefits under the Plan are not Paid within the Benefit Period under this Policy, the Benefit Period to pay such Covered Benefits will be extended [for a period of [twelve (12)] months] from the Benefit Period shown in the SCHEDULE OF INTEGRATED STOP LOSS INSURANCE, provided:</p> <ol style="list-style-type: none">1. such Covered Benefits are not eligible under any other coverage; and2. such Covered Benefits would be otherwise payable under the terms of this Policy. <p>Subject to all other terms and conditions of this Policy, the Company agrees to accept as Eligible Claim Expenses, all such Plan Benefits Paid in accordance with the Plan(s) that were previously denied and exceed the applicable Deductible(s).</p> <p>[[B.]For purposes of this endorsement, when the Company reimburses the Policyholder for the amount of any Plan Benefits under this endorsement, such Plan Benefits will relate back to the Policy in which they were Incurred and will be excluded from any other Benefit Period.]</p> <p>[[C.]If the Policyholder terminates this Policy for any reason prior to end of the Policy Period shown in the SCHEDULE OF INTEGRATED STOP LOSS INSURANCE, this endorsement does not apply.]</p>	<p>This will be in or out. If in: The range will be 3 – 36 months.</p> <p>This will be in or out.</p> <p>This will be in or out.</p>
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Zurich American Insurance Company

**EXPLANATORY MEMORANDUM
Independent Review Organization Endorsement
Company Filing Number – CW AH 34923
U-ISL-108-A CW (07/12)**

This is an endorsement to our Integrated Stop Loss Policy, which was previously filed with and approved by your Department.

This endorsement provides an extension to the time period to pay claims under the Integrated Stop Loss Insurance Policy (the Paid portion of the Benefit Period). Due to the possible lag in payment of claims if a denial is reversed by an external review, as required by the Patient Protection and Affordable Care Act, we believe this feature should be available to our Integrated Stop Loss Policyholders.

The Integrated Stop Loss Policy and this endorsement will be marketed through brokers, agents, and sales employees to all size Employer groups situated in your State.

This form is new and is not intended to replace any other forms currently in use. It should also be noted, this form does not have any impact on the rates.

This form is being filed concurrently in our domiciliary state of New York.

Variable data is bracketed. Amounts may vary or provisions may be modified to fit a specific Policyholder's request. Variable data will never exclude or limit provisions required by the jurisdiction in which the Policy is issued.

The form is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort has been made to submit this filing without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

The Company will deem this form approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.

This filing includes a certification of readability and statement of variables.