

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Notice of Non-Insured Benefits
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company
Product Name: Notice of Non-Insured Benefits
State: Arkansas
TOI: H21 Health - Other
Sub-TOI: H21.000 Health - Other
Filing Type: Form
Date Submitted: 09/20/2012
SERFF Tr Num: HUMA-128695218
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: 10/21/2012
Date Requested:
Author(s): Erin Hermsen, Christi Conrad, Donna Faulkenberry
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/21/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Humana Insurance Company
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General Information

Project Name: Status of Filing in Domicile: Pending
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 and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 09/21/2012 Deemer Date:
State Status Changed: 09/21/2012 Submitted By: Donna Faulkenberry
Created By: Donna Faulkenberry
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

RE: Humana Insurance Company
Notice of Non-Insured Benefits Form No.: DISC NOT 9/12

Dear Commissioner Bradford:

Humana Insurance Company is submitting the above captioned form for the Department's review and approval.

In addition, this form is a multi-purpose form and will be used with all of Humana Insurance Company's previously approved health products as well as any health products which may be approved by the Department in the future.

The form is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings 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 provide you a highlighted copy of any corrections it makes for your records.

This filing is a "Forms Only" filing. The above referenced form is new and does not replace any previously approved form. There is no rate impact as a result of this form filing.

Thank you for your attention to this filing.

Sincerely,

Donna Faulkenberry
Analyst

Company and Contact

Filing Contact Information

Donna Faulkenberry, Compliance Specialist dfaulkenberry8@humana.com

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210 South White Street 803-283-5445 [Phone]
 Lancaster, SC 29721

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
Humana Insurance Company	\$0.00	09/20/2012	
Humana Insurance Company	\$50.00	09/21/2012	62923399

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/21/2012	09/21/2012

SERFF Tracking #:

HUMA-128695218

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

Arkansas

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Disposition

Disposition Date: 09/21/2012

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	Notice of Non-Insured Benefits	Approved-Closed	Yes

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State:

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Filing 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-Closed 09/21/2012	DISC NOT 9/12	OTH	Notice of Non-Insured Benefits	Initial:	51.000	Discount Disclosure Form.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

NOTICE OF NON-INSURED BENEFITS

Discount/access disclosure

From time to time, we may offer or provide you with additional goods and/or services that are not related to the benefits provided under the Policy. In addition, we may arrange for third-party service providers to provide you with discounts on goods and services. Some of these third-party service providers may make payments to us when these discount programs are used. These payments offset the cost to us of making these programs available and may help reduce the costs of your plan administration.

Who has responsibility for these discounts?

Although we have arranged for third parties to offer discounts on these goods and services, these discount programs are not insured benefits under the Policy. The third-party providers are solely responsible for providing the goods and/ or services. We are not responsible for any goods and/ or services nor are we liable if vendors refuse to honor such discounts. Further, we are not liable for the negligent provision of such goods and/ or services by third-party service providers.

Discount programs may not be available to people who "opt out" of marketing communications, or where otherwise restricted by law.

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Filing Company:

Humana Insurance Company

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/21/2012
Comments:			
Attachment(s):			
Readability Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/21/2012
Bypass Reason:	Does not apply		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/21/2012
Bypass Reason:	Does not apply		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/21/2012
Bypass Reason:	Does not apply		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/21/2012
Bypass Reason:	Does not apply		
Comments:			

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME:

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
DISC NOT 9/12	51

Signed: Donna Faulkenberry
Name: Donna Faulkenberry
Title: Analyst
Date: 9/20/12