

State: Arkansas **Filing Company:** Continental American Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: NGP Filing Enhancements
Project Name/Number: /

Filing at a Glance

Company: Continental American Insurance Company
Product Name: NGP Filing Enhancements
State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.001 Critical Illness
Filing Type: Form
Date Submitted: 01/11/2013
SERFF Tr Num: CAIC-128845039
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Mary Anne Smith
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/28/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Continental American Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: NGP Filing Enhancements
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: 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: 01/28/2013
 State Status Changed: 01/28/2013 Deemer Date:
 Created By: Mary Anne Smith Submitted By: Mary Anne Smith
 Corresponding Filing Tracking Number:

Filing Description:

The submitted pre existing condition amendment and Skin Cancer benefit rider are being filed for use with previously Critical Illness products already approved in your state. We appreciate your consideration regarding this filing.

Company and Contact

Filing Contact Information

Mary Anne Smith, Compliance Analyst companycompliance@caicworksite.com
 2801 Devine Street 888-730-2244 [Phone] 4360 [Ext]
 Columbia, SC 29205 803-929-4989 [FAX]

Filing Company Information

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina
 2801 Devine Street Group Code: 370 Company Type: LAH
 Columbia, SC 29205 Ins Co State ID Number:
 (803) 256-6265 ext. [Phone] FEIN Number: 57-0514130

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form
 Per Company: No

Company	Amount	Date Processed	Transaction #
Continental American Insurance Company	\$100.00	01/11/2013	66459055

SERFF Tracking #:

CAIC-128845039

State Tracking #:

Company Tracking #:

State:

Arkansas

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H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2013	01/28/2013

SERFF Tracking #:

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Disposition

Disposition Date: 01/28/2013

Implementation Date:

Status: Approved-Closed

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
Form	Pre-Existing Condition rider	Approved-Closed	Yes
Form	Skin Cancer Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/28/2013	Pre-Existing Condition rider	CAICCPX	CERA	Initial			CAICCPX .pdf
2	Approved-Closed 01/28/2013	Skin Cancer Benefit Rider	CAICSKCAN	CERA	Initial			CAICSKCAN.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



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

PRE-EXISTING CONDITIONS LIMITATION AMENDMENT

This Amendment is part of the form to which it is attached. Unless amended by this document, all definitions, exclusions, limitations, terms, and other provisions apply. For the purpose of this Amendment, “you” (including “your” and “yours”) refers to the Insured named in the Certificate Schedule.

Effective Date

This Amendment becomes effective on the Effective Date of the form to which it is attached.

Pre-Existing Conditions Limitation

The following language replaces the PRE-EXISTING CONDITIONS LIMITATION provision found under the EXCLUSIONS section of the Master Policy and the Certificate of Insurance:

[Pre-Existing Conditions Limitation*]

Pre-existing Condition is a sickness or physical condition that existed within the [3; 6; 12]-month period before the Insured’s Effective Date. For this Pre-existing Condition, a medical professional must have advised, Diagnosed, or treated the Insured.

We will pay a [25; 50; 75]% benefit for any Critical Illness resulting from or affected by a Pre-existing Condition if the Critical Illness was Diagnosed within the [3; 6; 12]-month period after the Insured’s Effective Date.

The Company will not reduce or deny a claim for benefits for any Critical Illness that was Diagnosed more than [3; 6; 12] months after the Insured’s Effective Date.

**Benefits are payable for the reoccurrence of a previously Diagnosed Cancer and/or Carcinoma in Situ as long as the Insured:*

- *Has been free from Signs or Symptoms of that Cancer for a consecutive [12]-month period before the Date of Diagnosis (for the reoccurrence) **and***
- *Has been Treatment-Free from that Cancer for the [12] consecutive months before the Date of Diagnosis (for the reoccurrence).]*

General Provisions

Time Limit on Certain Defenses

After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Insured's Application. This does not apply to fraudulent misstatements.

Contract

This Amendment is part of the form to which it is attached. It will terminate when that form terminates.

This Amendment is subject to all of the terms of the form to which it is attached unless those terms are inconsistent with this Amendment.

Signed for the Company at its Home Office,

[]

[Eugene C. Sorrel, President]



CONTINENTAL AMERICAN INSURANCE COMPANY

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SKIN CANCER BENEFIT RIDER

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- We have accepted your Application, **and**
- You paid the additional premium for this Rider.

Unless amended by this Rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply. For the purpose of this Rider, “you” (including “your” and “yours”) refers to the Insured named in the Certificate Schedule.

Effective Date

If issued at the same time as the Certificate, this Rider becomes effective on the Certificate Effective Date. If issued after the Certificate, this Rider will have a later Effective Date, which is shown in the Rider Schedule following this Rider.

Definitions

When the terms below are used in this Rider, the following definitions will apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

Cancer (internal or invasive) is defined as an Illness meeting **either** of the following definitions:

- A malignant tumor characterized by:
 - The uncontrolled growth and spread of malignant cells **and**
 - The invasion of distant tissue.
- A disease meeting the Diagnosis criteria of malignancy, as established by the American Board of Pathology. The Doctor must have studied the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Cancer includes Skin Cancer whose cells have become invasive (metastasized) to other tissues. It does not include non-invasive Skin Cancers.

Skin Cancer means basal cell carcinoma and squamous cell carcinoma of the skin or melanoma that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Skin Cancer must be diagnosed in one of two ways:

1. **Pathological Diagnosis** - A Pathological Diagnosis of Skin Cancer is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Pathologist whose diagnosis of malignancy is based solely on the standards accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.
2. **Clinical Diagnosis** - A Clinical Diagnosis of Skin Cancer is based on the study of symptoms. Provided there is medical evidence to support the diagnosis, we will accept a Clinical Diagnosis if a Pathological Diagnosis cannot be made because it is medically inappropriate.

However, any type of medically appropriate diagnosis of Skin Cancer will be accepted as evidence that Skin Cancer exists, provided medical evidence substantially documents the diagnosis.

Date of Diagnosis means the day the tissue specimen, blood samples and/or titer(s) are taken on which the diagnosis of Skin Cancer is based.

[**Waiting Period** is the number of days after the Effective Date before we will pay benefits for Skin Cancer. We will not pay benefits for a Skin Cancer whose Date of Diagnosis begins during the Waiting Period.]

Benefit Provisions

Skin Cancer Benefit

We will pay benefits if an Insured is diagnosed with Skin Cancer when:

1. The Date of Diagnosis is after the Waiting Period;
2. The Date of Diagnosis is while the Plan and the Insured's coverage is in force; and
3. It is not excluded by name or specific description in the Plan.

[If Skin Cancer is diagnosed during the initial [[30] [days]] of coverage [(the Waiting Period)], no benefits will be payable for that illness until [three; six; 12] months after the Insured's Effective Date; or, at Your option You may elect to void coverage for that Insured from the beginning and receive a full refund of any applicable premium.]

We will pay [10%] of the Maximum Benefit Amount if an Insured is diagnosed with Skin Cancer.

An Insured's Lifetime Maximum Benefit amount is shown in the Benefit Schedule of the Certificate to which this Rider is attached.

We will figure benefits for Skin Cancer as follows:

1. The benefit amount in affect when the diagnosis is made;
2. Times the percentage payable shown in the Benefit Schedule for Skin Cancer;
3. Minus any partial benefits paid for Skin Cancer.

Payment of benefits is subject to the following:

1. When we have paid the Lifetime Maximum Benefit shown in the Benefit Schedule for an Insured, the coverage for that Insured terminates. No additional benefits are payable for a surgical procedure performed as a result of covered Skin Cancer for which we have paid benefits. When we have paid the Lifetime Maximum Benefit shown in the Benefit Schedule for each Insured, the certificate terminates.
2. We will pay benefits for Skin Cancer in the order the events occur.
3. We will pay the Skin Cancer benefit only once per lifetime.

General Provisions

Time Limit on Certain Defenses

After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Insured's Application. This does not apply to fraudulent misstatements.

Contract

This Rider is part of the Certificate to which it is attached. It will terminate when:

- That Certificate terminates, **or**
- Premiums are no longer paid for this Rider.

The Rider Schedule shows the premium amount. Premiums for this Rider must be paid for the number of years shown in the Rider Schedule or until the Rider terminates.

This Rider is subject to all of the terms of the Certificate to which it is attached unless those terms are inconsistent with this Rider.

Signed for the Company at its Home Office,

[]

[Eugene C. Sorrel, President]

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/28/2013
Comments:			
Attachment(s):			
CAIC Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	01/28/2013
Comments:	The enrollment form that will be used with this filing was approved by your department on 2/13/2012. The form number is C20207.1AR		



READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following forms have the following readability score as calculated by the Flesch Reading Ease Test:

<u>Form</u>	<u>Readability Score</u>
CAICCPX	52.2
CAICSKCAN	52.0

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance
Continental American Insurance Company

January 11, 2013
Date