

<i>SERFF Tracking Number:</i>	<i>HUMA-127154592</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>48758</i>
<i>Company Tracking Number:</i>	<i>AR-11-001-H1</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.004 Short Term</i>
<i>Product Name:</i>	<i>STM Pre-Existing Maintenance Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Humana Insurance Company

Product Name: STM Pre-Existing Maintenance SERFF Tr Num: HUMA-127154592 State: Arkansas

Filing

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 48758

Sub-TOI: H16G.004 Short Term

Co Tr Num: AR-11-001-H1

State Status: Approved-Closed

Filing Type: Form

Author: Latunia Riley

Reviewer(s): Rosalind Minor

Date Submitted: 05/12/2011

Disposition Date: 05/13/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

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: Association

Overall Rate Impact:

Filing Status Changed: 05/13/2011

State Status Changed: 05/13/2011

Deemer Date:

Created By: Latunia Riley

Submitted By: Latunia Riley

Corresponding Filing Tracking Number: AR-11-001-H1

Filing Description:

New Maintenance Filing

Company and Contact

Filing Contact Information

Latunia Riley, Contract Analyst

lriley2@humana.com

2 Riverwood Place

262-951-2617 [Phone]

W24133 Riverwood Dr.

SERFF Tracking Number: HUMA-127154592 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 48758
Company Tracking Number: AR-11-001-HI
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.004 Short Term
Product Name: STM Pre-Existing Maintenance Filing
Project Name/Number: /

Suite 250

Waukesha, WI 53188

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	05/12/2011	47533782

SERFF Tracking Number:	HUMA-127154592	State:	Arkansas
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TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.004 Short Term
Product Name:	STM Pre-Existing Maintenance Filing		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/13/2011	05/13/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/13/2011	05/13/2011	Latunia Riley	05/13/2011	05/13/2011

<i>SERFF Tracking Number:</i>	<i>HUMA-127154592</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR-11-001-HI</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.004 Short Term</i>
<i>Product Name:</i>	<i>STM Pre-Existing Maintenance Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 05/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	HUMA-127154592	State:	Arkansas
Filing Company:	Humana Insurance Company	State Tracking Number:	48758
Company Tracking Number:	AR-11-001-HI		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.004 Short Term
Product Name:	STM Pre-Existing Maintenance Filing		
Project Name/Number:	/		

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
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Document	Approved-Closed	Yes
Form (revised)	Certificate Rider	Approved-Closed	Yes
Form	Certificate Rider	Replaced	Yes

SERFF Tracking Number: HUMA-127154592 *State:* Arkansas
Filing Company: Humana Insurance Company *State Tracking Number:* 48758
Company Tracking Number: AR-11-001-HI
TOI: H16G Group Health - Major Medical *Sub-TOI:* H16G.004 Short Term
Product Name: STM Pre-Existing Maintenance Filing
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/13/2011

Submitted Date 05/13/2011

Respond By Date

Dear Latunia Riley,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certificate Rider, GN-71087 COMPL 4/2011 (Form)

Comment:

The rider is not attached, only the Flesch Certification.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: HUMA-127154592 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 48758
 Company Tracking Number: AR-11-001-H1
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.004 Short Term
 Product Name: STM Pre-Existing Maintenance Filing
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/13/2011
 Submitted Date 05/13/2011

Dear Rosalind Minor,

Comments:

Dear Ms. Minor

Response 1

Comments: Attached is the Certificate Rider

Related Objection 1

Applies To:

- Certificate Rider, GN-71087 COMPL 4/2011 (Form)

Comment:

The rider is not attached, only the Flesch Certification.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Certificate Rider	GN-71087 COMPL 4/2011		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			Certificate Rider.CO MPL.pdf

Previous Version

Certificate Rider	GN-71087 COMPL		Policy/Contract/Fraternal Certificate: Amendment,	Initial			Certificate of
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SERFF Tracking Number: HUMA-127154592 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 48758
Company Tracking Number: AR-11-001-H1
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.004 Short Term
Product Name: STM Pre-Existing Maintenance Filing
Project Name/Number: /

4/2011

Insert Page, Endorsement
or Rider

Readabilit
y.pdf

No Rate/Rule Schedule items changed.

Thank you,

Latunia Riley

Sincerely,
Latunia Riley

SERFF Tracking Number:	HUMA-127154592	State:	Arkansas
Filing Company:	Humana Insurance Company	State Tracking Number:	48758
Company Tracking Number:	AR-11-001-HI		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.004 Short Term
Product Name:	STM Pre-Existing Maintenance Filing		
Project Name/Number:	/		

Form Schedule

Lead Form Number: GN-71087 COMPL 4/2011

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 05/13/2011	GN-71087 COMPL 4/2011	Policy/Cont Certificate Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			Certificate Rider.COMPL .pdf

CERTIFICATE RIDER

HUMANA INSURANCE COMPANY

NON-RENEWABLE CERTIFICATE

This rider is attached to and made part of the *certificate* to which it is attached. Except as modified below, all *certificate* terms, conditions, exclusions and limitations apply.

The **Pre-existing condition limit** provision in the **PRE-EXISTING CONDITION LIMITATION** section is replaced in its entirety with the following:

We will not pay benefits for services rendered for pre-existing conditions or complications of a pre-existing condition.

The following are added to the **LIMITATIONS AND EXCLUSIONS** section:

- *Services* for treatment of complications of non-covered procedures or *services*.
- Complications directly related to a *service* that is not a *covered expense* under this *certificate* because it was determined by *us* to be a *pre-existing condition, experimental, investigational or for research purposes*, or not *medically necessary*. Directly related means that the *service* occurred as a direct result of the *pre-existing condition, experimental, investigational or for research purposes* or not *medically necessary service* and would not have taken place in the absence of the *pre-existing condition, experimental, investigational or for research purposes* or not *medically necessary service*.

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

SERFF Tracking Number:	HUMA-127154592	State:	Arkansas
Filing Company:	Humana Insurance Company	State Tracking Number:	48758
Company Tracking Number:	AR-11-001-HI		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.004 Short Term
Product Name:	STM Pre-Existing Maintenance Filing		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/13/2011
Comments:		
Attachment:		
Certificate of Readability.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	05/13/2011
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	05/13/2011
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Cover Letter	Approved-Closed	05/13/2011
Comments:		
Attachment:		
Cover Letter.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: NAIC Transmittal Document	Approved-Closed	05/13/2011
Comments:		
Attachment:		

<i>SERFF Tracking Number:</i>	<i>HUMA-127154592</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>48758</i>
<i>Company Tracking Number:</i>	<i>AR-11-001-H1</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.004 Short Term</i>
<i>Product Name:</i>	<i>STM Pre-Existing Maintenance Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Arkansas NAIC Transmittal Document.pdf

HUMANA INSURANCE COMPANY

CERTIFICATION

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

Form Number(s)

GN-71087 COMPL 4/2011

Flesch Test Reading Ease Score

60.7



Signed by: _____

Steven DeRaleau
Vice President

Date: May 12, 2011

HUMANA®

May 12, 2011

Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

**Re: Humana Insurance Company
Group Short Term Medical Form Filing
Certificate Rider: GN-71087 COMPL 4/2011
NAIC# 73288
FEIN# 39-1263473**

Dear Sir/Madam:

We are enclosing the above-noted form for your review and approval. This form will not replace any previously filed or approved form. This form is being filed for use with certificate series GN-71013-01 1/2008, et al. which was previously approved by your Department.

The language in the rider may be incorporated into the body of the certificate when issued.

Included with this submission are:

- Readability Certification; and
- NAIC Transmittal Document.

If you have any questions regarding this filing, please contact me by phone at 1-800-289-0260, extension 2617, by fax at 920-632-0029, or by e-mail at lriley2@humana.com address.

Sincerely,
HUMANA INSURANCE COMPANY

Latunia Riley

Latunia Riley
Contract Analyst

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Humana Insurance Company 1100 Employers Blvd. Green Bay, WI 54344	Wisconsin	Life, Accident & Health	119	73288	39-1263473	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Latunia Riley (Contract Analyst) Humana Insurance Company N19 W24133 Riverwood Drive Waukesha, WI 53188	800-289-0260 ext 2617	920-632-0029		lriley2@humana.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	AR-11-001-H1					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div>Group</div> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	H16G Group Health-Major Medical					
10.	Product Coding Matrix Filing Code	H16G.004 Short Term					
11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <p>Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </p> <p>SUPPORTING DOCUMENTATION</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	05/12/2011	
13	Filing Fee (If required)	Amount	\$ 50 . 00
		Check Date	EFT
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Check Number	
14.	Date of Domiciliary Approval	Form Filed Concurrently	
15.	Filing Description:		
	See Cover Letter		
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">View Complete Filing Description</div>		

16.	Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .	
Print Name <u>Latunia Riley</u> Title <u>Contract Analyst</u>	
Signature <u>Latunia Riley</u> <div style="display: inline-block; vertical-align: middle; text-align: center;"> <small>Digitally signed by Latunia Riley DN: dc=com, dc=humad, ou=MILL, ou=Users, cn=Latunia Riley Date: 2011.05.12 14:48:42 -0500</small> </div> Date: <u>5/12/2011</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR-11-001-H1
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Certificate Rider	GN-71087 COMPL 4/2011	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Rider			
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		AR-11-001-H1		
Overall percentage rate indication (when applicable)		N/A		
Overall percentage rate impact for this filing		N/A %		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	

LH RFA-1

<i>SERFF Tracking Number:</i>	<i>HUMA-127154592</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>48758</i>
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<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.004 Short Term</i>
<i>Product Name:</i>	<i>STM Pre-Existing Maintenance Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/12/2011	Form	Certificate Rider	05/13/2011	Certificate of Readability.pdf (Superceded)

HUMANA INSURANCE COMPANY

CERTIFICATION

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

Form Number(s)

GN-71087 COMPL 4/2011

Flesch Test Reading Ease Score

60.7



Signed by: _____

Steven DeRaleau
Vice President

Date: May 12, 2011