

SERFF Tracking Number: ARLH-126858321 State: Arkansas  
Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number: 46814  
Company Tracking Number: 23-2567 10/10  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: NA  
Project Name/Number: /

## Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: NA

SERFF Tr Num: ARLH-126858321 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46814

Sub-TOI: H16G.001C Any Size Group - Other

Co Tr Num: 23-2567 10/10

State Status: Approved-Closed

Filing Type: Form

Author:

Reviewer(s): Rosalind Minor

Date Submitted: 09/16/2010

Disposition Date: 09/20/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type:

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/13/2010

Explanation for Other Group Market Type:

State Status Changed: 10/13/2010

Deemer Date:

Created By: Jennifer Newkirk

Submitted By: Jennifer Newkirk

Corresponding Filing Tracking Number:

PPACA: Pre-PPACA Submission

Filing Description:

## Company and Contact

### Filing Contact Information

NA NA,

NA@NA.COM

NA, NA

123-555-4567 [Phone]

LITTLE ROCK, AR 00000

### Filing Company Information

SERFF Tracking Number: ARLH-126858321 State: Arkansas  
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Product Name: NA  
Project Name/Number: /  
Arkansas Blue Cross and Blue Shield CoCode: 83470 State of Domicile: Arkansas  
P.O. Box 2181 Group Code: Company Type:  
Little Rock, AR 72203-2181 Group Name: State ID Number:  
(501) 378-3366 ext. [Phone] FEIN Number: 22-6666666

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**Filing Fees**

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

SERFF Tracking Number: ARLH-126858321 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/13/2010	10/13/2010

*SERFF Tracking Number:*     *ARLH-126858321*                             *State:*                             *Arkansas*  
*Filing Company:*             *Arkansas Blue Cross and Blue Shield*             *State Tracking Number:*     *46814*  
*Company Tracking Number:*   *23-2567 10/10*  
*TOI:*                             *H16G Group Health - Major Medical*             *Sub-TOI:*                         *H16G.001C Any Size Group - Other*  
*Product Name:*                *NA*  
*Project Name/Number:*        */*

## **Disposition**

Disposition Date: 09/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*     *ARLH-126858321*                             *State:*                             *Arkansas*  
*Filing Company:*             *Arkansas Blue Cross and Blue Shield*             *State Tracking Number:*     *46814*  
*Company Tracking Number:*   *23-2567 10/10*  
*TOI:*                             *H16G Group Health - Major Medical*             *Sub-TOI:*                             *H16G.001C Any Size Group - Other*  
*Product Name:*                 *NA*  
*Project Name/Number:*         /

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	ARLH-126858321	Approved-Closed	Yes

SERFF Tracking Number: ARLH-126858321

State: Arkansas

Filing Company: Arkansas Blue Cross and Blue Shield

State Tracking Number: 46814

Company Tracking Number: 23-2567 10/10

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Product Name: NA

Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Unsatisfied - Item:</b> Flesch Certification <b>Comments:</b>	Approved-Closed	10/13/2010
<b>Unsatisfied - Item:</b> Application <b>Comments:</b>	Approved-Closed	10/13/2010
<b>Unsatisfied - Item:</b> PPACA Uniform Compliance Summary <b>Comments:</b>	Approved-Closed	10/13/2010
<b>Satisfied - Item:</b> ARLH-126858321 <b>Comments:</b> <b>Attachment:</b> ARLH-126858321.pdf	Approved-Closed	10/13/2010



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

# 46814  
ck # 00445107  
JSD. 00

SH - ARLH - 126858321

Frank B. Sewall  
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211 USable Corporate Center  
P.O. Box 2181  
Little Rock, Arkansas 72203-2181  
(501) 378-3297  
(501) 378-2975 Fax  
fbsewall@arkbluecross.com

September 16, 2010

Ms. Rosalind D. Minor, Policy Analyst  
Life and Health Division  
Arkansas Insurance Department  
1200 West Third  
Little Rock, Arkansas 72201-1904

**RE: Arkansas Blue Cross and Blue Shield**  
Form Nos. 23-2567 10/10

Dear Rosalind,

Enclosed please find duplicate copies of the above referenced form for your review and approval if indicated. Also attached is a PPACA Uniform Compliance Summary as is required when filing PPACA forms.

This amendment provides coverage for Preventive Health Services to correlate with the new mandated wellness benefits for Comprehensive Major Medical Groups. All coverage provided under this benefit is paid at 100% with no member cost sharing. Grandfathered groups may purchase this benefit without losing their grandfathered status. New groups, groups issued after March 23, 2010, will receive this benefit upon renewal following September 23, 2010.

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the amendments as part of the benefit certificates or policies with which they will be used as provided by Arkansas Code Annotated §23-80-206(e).

By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates and insurance policies to which these amendments will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates and insurance policies to which these amendments are attached.

In accordance with Rule and Regulation 57, a check in the amount of \$50.00 payable to the State Insurance Department Trust Fund is enclosed.

Please feel free to contact me or my analyst, Christi Kittler, at 378-2967 with any questions you may have.

Cordially yours,

*Frank B. Sewall*

Frank B. Sewall

FBS/el  
Enclosure

*by el*

**RECEIVED**  
SEP 16 2010  
LIFE AND HEALTH  
ARKANSAS INSURANCE DEPARTMENT

**APPROVED**  
SEP 20 2010  
LIFE AND HEALTH  
ARKANSAS INSURANCE DEPARTMENT

## PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

- INDIVIDUAL HEALTH BENEFIT PLANS (Complete SECTION A only)  
 SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete SECTION B only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as "major medical" in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

**\*For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

### COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
Arkansas Blue Cross and Blue Shield	83470		All group forms currently issued	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**PPACA Uniform Compliance Summary**

Reset Form

<b>SECTION A – Individual Health Benefit Plans</b>			
TOI	Category	Statute Section	Grandfathered  Non-Grandfathered

	<p><b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b></p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Sections 2704 and 1255 of the PHS/Section 1201 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	<p><b>Eliminate Annual Dollar Limits on Essential Benefits</b>                      Except allows for "restricted" annual dollar limits for essential benefits for plan years prior to January 1, 2014.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2711 of the PHS/Section 1001 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	<p><b>Eliminate Lifetime Dollar Limits on Essential Benefits</b></p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2711 of the PHS/Section 1001 of the PPACA]</i></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
	<p><b>Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.</b></p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2712 of the PHS/Section 1001 of PPACA]</i></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.

## PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans		Grandfathered	Non-Grandfathered
TOI	Category	Statute Section	Grandfathered

	<p><b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<p>[Section 2713 of the PHSA/Section 1001 of the PPACA]</p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p><b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<p>[Section 2714 of the PHSA/Section 1001 of the PPACA]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p><b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<p>[Section 2719 of the PHSA/Section 1001 of the PPACA]</p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p><b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p>[Section 2719A of the PHSA/Section 10101 of the PPACA]</p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

**PPACA Uniform Compliance Summary**

<b>SECTION A – Individual Health Benefit Plans</b>			
<b>TOI</b>	<b>Category</b>	<b>Statute Section</b>	<b>Grandfathered</b>  <b>Non-Grandfathered</b>

	<p><b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	<p>N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p><b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	<p>N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>

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**PPACA Uniform Compliance Summary**

Reset Form

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**SECTION B – Group Health Benefit Plans (Small and Large)**

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please explain.
	Explanation:			
	Page Number:			

**PPACA Uniform Compliance Summary**

**SECTION B – Group Health Benefit Plans (Small and Large)**

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services</p> <p>Explanation: See amendment number 23-2567</p> <p>Page Number: 1</p>	<p>[Section 2713 of the PHSA/Section 1001 of the PPACA]</p>	<p>N/A</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p><b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇</p> <p>Explanation: Already filed and approved - #23-2552</p> <p>Page Number:</p>	<p>[Section 2714 of the PHSA/Section 1001 of the PPACA]</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p><b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation: <b>will come later</b></p> <p>Page Number:</p>	<p>[Section 2719 of the PHSA/Section 1001 of the PPACA]</p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

◇ For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p>	<p>[Section 2719A of the PHSA/Section 10101 of the PPACA]</p>	<p>N/A</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p><b>Explanation:</b> Arkansas Blue Cross currently provides in-network coverage for all emergency services without prior authorization.</p> <p><b>Page Number:</b></p>			
	<p><b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.</p>	<p>[Section 2719A of the PHSA/Section 10101 of the PPACA]</p>	<p>N/A</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p><b>Explanation:</b> Arkansas Blue Cross does not require designation of a PCP</p> <p><b>Page Number:</b></p>			
	<p><b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p>	<p>[Section 2719A of the PHSA/Section 10101 of the PPACA]</p>	<p>N/A</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p><b>Explanation:</b> Arkansas Blue Cross does not require authorization or referral for OB/GYN services</p> <p><b>Page Number:</b></p>			



# Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

RE: **Arkansas Blue Cross and Blue Shield  
Amendment No. 23-2567 10/10**

## FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 43.4 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

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Name

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Vice President  
Title

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September 16, 2010  
Date



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
ARKANSAS BLUE CROSS AND BLUE SHIELD  
COMPREHENSIVE MAJOR MEDICAL  
GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2567  
PREVENTIVE HEALTH SERVICES**

**TABLE OF CONTENTS**, is hereby amended to add the following new Subsection  
**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN.**

**Preventive Health Services**

**APPROVED**

SEP 20 2010

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN**, Children's Preventive Services  
is hereby amended to read as follows.

**LIFE AND HEALTH**  
ARKANSAS INSURANCE SERVICES DEPARTMENT

**Children's Preventive Services.** Subject to all terms, conditions, exclusions and limitations of the Plan set forth in this Benefit Certificate, coverage is provided for children's preventive health care services for eligible Dependents from birth through age eighteen (18), subject to the following limitations:

1. Covered services are limited to age appropriate medical history; physical examination, including routine tests and procedures to detect abnormalities or malfunctions of bodily systems and parts; developmental assessment; anticipatory guidance, including visual evaluation, hearing evaluation, dental inspection for children under two years of age and nutritional assessment; appropriate immunizations; and laboratory tests.
2. Coverage is limited to not more than twenty (20) visits. A covered visit is one occurring during one of the following intervals: at birth; within two (2) weeks after birth; within two (2) weeks preceding or following the date the eligible Dependent reaches the following ages: two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, and eighteen (18) months; or within one (1) month preceding or following the date the eligible Dependent reaches the following ages: two (2) years, three (3) years, four (4) years, five (5) years, and six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years.
3. Coverage for any visit is limited to services provided by or under the supervision of a Physician.
4. The Company will pay one hundred percent (100%) of Allowable Charges for children's preventive health care services, or the amounts established by the Arkansas Insurance Commissioner as the reimbursement levels for these services, whichever is greater. However, intranasally administered influenza vaccination(s) such as Flumist are subject to the maximum benefit the Plan allows for injectable influenza vaccine without thimerasol per Covered Person per Calendar Year.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Prostate Cancer Screenings** is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Miscellaneous Health Interventions, "Adult Immunizations" and "Colorectal Cancer Examinations and Laboratory Tests"** are hereby deleted in their entirety. All remaining subsections are hereby renumbered to correlate with the change.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN** is hereby amended to add the following new Subsection.

**Preventive Health Services.** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate (with the exception of Subsection 2.2.1), the Company will pay one hundred percent (100%) of the Allowable Charges for the routine preventive health services listed below when provided by a Primary Care Physician or an advanced practice nurse or physician's assistant who provides primary medical care in the areas of general practice, pediatrics, family practice, internal medicine or obstetrics/gynecology, which are performed in the Primary Care Physician's office. However, for services received by Non-Contracting Provider Physicians, the Company will pay eighty percent (80%) subject to the Deductible.

1. evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force but not for the related treatment of disease; and
2. routine immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and
3. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4. with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this subsection; and
5. the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.

**SPECIFIC PLAN EXCLUSIONS** is hereby amended to delete Subsections "Preventive Medicine Counseling" and "Screening Test." All remaining Subsections are hereby renumbered to correlate with the change.

**APPROVED**

SEP 20 2010

**LIFE AND HEALTH**  
ARKANSAS INSURANCE DEPARTMENT

11

**GLOSSARY OF TERMS** is hereby amended to add the following new Subsection. All remaining Subsections are renumbered to correlate with the change.

**Primary Care Physician** means a Contracting Provider Physician who provides primary medical care in one of these medical specialties: General Practice, Pediatrics, Family Practice, Obstetrics/Gynecology or Internal Medicine. This also includes advanced practice nurses or physician's assistants who provide primary medical care in these medical specialties and are performed in the Primary Care Physician's office.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Benefit Certificate remain in full force and effect.

*P. Mark White*

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P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
Little Rock, Arkansas 72201

**APPROVED**  
SEP 20 2010  
**LIFE AND HEALTH**  
ARKANSAS INSURANCE DEPARTMENT