

SERFF Tracking Number: MHPL-126497275 State: Arkansas  
Filing Company: Mercy Health Plans State Tracking Number: 44946  
Company Tracking Number: MHPL-126497275  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
Product Name: ARGRPAMEND6-10  
Project Name/Number: /

## Filing at a Glance

Company: Mercy Health Plans  
Product Name: ARGRPAMEND6-10 SERFF Tr Num: MHPL-126497275 State: Arkansas  
TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 44946  
Closed  
Sub-TOI: H16G.001A Any Size Group - PPO Co Tr Num: MHPL-126497275 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Rosalind Minor  
Disposition Date: 02/22/2010  
Authors: Karen Hosack, Wanda Thurman  
Date Submitted: 02/19/2010 Disposition Status: Approved-Closed  
Implementation Date Requested: 03/01/2010 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  
Overall Rate Impact: Group Market Type: Employer  
Filing Status Changed: 02/22/2010 Explanation for Other Group Market Type:  
State Status Changed: 02/22/2010  
Created By: Karen Hosack  
Deemer Date: Corresponding Filing Tracking Number:  
Submitted By: Wanda Thurman  
Filing Description:  
February 11, 2010

Ms. Rosalind Minor  
Senior Certified Rate and Form Analyst  
Arkansas Insurance Department  
Life and Health Division  
1200 West Third Street

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Project Name/Number: /  
Little Rock, AR 72201-1904

RE: PHI AR AMEND6-10 Preventive Services Office Visit Amendment

NAIC: 11529

Dear Ms. Minor:

I have attached the above Amendment to the Schedule for your review and approval. The Amendment is new and is amends the group Certificates of Coverage as follows:

PHI AR GRP SCHED (2010) approved on 6/30/09, SERFF #MHPL-126157063  
PHI AR GRP SCHED v.2 (01/09) approved on 10/16/2008, SERFF #MHPL-125852164  
PHI AR SCHED (01/08) approved on 11/7/2007 (paper filing)

The anticipated effective date for this Amendment is March 1, 2010.

The purpose of the Amendment is to clarify the periods of Preventive Office Visits for well-baby and well-child office visits that are covered under this particular benefit; also, to clarify that any other office visit services would be covered under the Physician's Office Services benefit.

Please contact Wanda Thurman at wanda.thurman@mercy.net for any additional information as needed.

Sincerely,

Karen Hosack, MHP, CCP  
Supervisor Commercial-Compliance

## Company and Contact

### Filing Contact Information

Wanda Thurman, Compliance Analyst Wanda.Thurman@mercy.net  
14528 South Outer Forty Rd. 314-214-8132 [Phone]  
Suite 300 314-214-8103 [FAX]  
Chesterfield, MO 63017

### Filing Company Information

Mercy Health Plans CoCode: 11529 State of Domicile: Missouri  
14528 South Outer Forty Rd. Group Code: Company Type: LAH/PPO  
Suite 300 Group Name: State ID Number:

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Chesterfield, MO 63017 FEIN Number: 48-1262342  
(314) 214-8100 ext. [Phone]

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## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000213146	\$50.00	02/17/2010

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/22/2010	02/22/2010

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## Disposition

Disposition Date: 02/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Preventive Services Office Visit Amendment	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	PHI AR	Policy/Cont	Preventive Services	Initial			AR
Closed	AMEND6-02/22/2010	10	ract/Fratern Office Visit al Amendment Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				PreventiveOV AMENDMEN T_GroupPPO. pdf

**Mercy Health Plans  
Preventive Services Office Visit**

**AMENDMENT**

**This Amendment applies to the following Schedules of Coverage:**

**PHI AR GRP SCHD (2010)  
PHI AR GRP SCHD v.2 (01/09)  
PHI AR SCHD (01/08)**

Except as modified or superceded by the coverage provided under this Amendment, all other terms, conditions, exclusions in the Certificate of Coverage (COC) and Schedule of Coverage and Benefits remain unchanged and in full force and effect. Unless defined differently in this Amendment, all other capitalized terms shall have the meanings given them in the COC.

**I. The Schedules of Coverage and Benefits** listed above are amended by **revising** only the cost-share for *Preventive Health Screening in a Physician's Office* to read:

SERVICES	MEMBER RESPONSIBILITY	
	NETWORK	NON-NETWORK
<b>Preventive Health Screenings – Routine Only</b>	<p><i>Preventive Health Screening in a Physician's office:</i></p> <ul style="list-style-type: none"> <li>■ One (1) annual physical exam per [Calendar][Plan] Year – [0 – 50% Coinsurance] [No Deductible][after Deductible][No Copayment][when provided In Network Only]</li> <li>■ Periodic visits for well-baby and well-child care as follows:               <ul style="list-style-type: none"> <li>○ 10 visits, birth to 24 months;</li> <li>○ 1 visit per Calendar Year for ages 3 – 18 years.</li> </ul> </li> </ul> <p>[0 – 50% Coinsurance][No Deductible][after Deductible][No Copayment][when provided In Network Only]</p> <p><b>Note:</b> All other Covered Services in a physician's office will be covered under <i>Physician's Office Services</i>.</p>	<p><i>Preventive Health Screening in a Physician's office:</i></p> <ul style="list-style-type: none"> <li>■ One (1) annual physical exam per [Calendar][Plan] Year – [0 - 50% Coinsurance][after Deductible][no Deductible][No Copayment]</li> <li>■ Periodic visits for well-baby and well-child care as follows:               <ul style="list-style-type: none"> <li>○ 10 visits birth to 24 months;</li> <li>○ 1 visit per Calendar Year for ages 3 – 18 years.</li> </ul> </li> </ul> <p>[0% - 50% Coinsurance][after Deductible][no Deductible][No Copayment]</p> <p><b>Note:</b> All other Covered Services in a physician's office will be covered under <i>Physician's Office Services</i>.</p>



Charles S. Gilham, Secretary  
Mercy Health Plans

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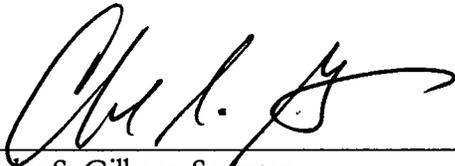
## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	02/22/2010
<b>Comments:</b> Certiificates of compliance attached.		
<b>Attachments:</b> Certification 9-85.PDF Certification - Reg 19 and 42.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	02/22/2010
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

CERTIFICATION

I, Charles S. Gilham, a duly authorized officer of Mercy Health Plans with the title of Secretary, do hereby certify that all benefits payable to a Network and Non-Network Provider comply with the requirements outlined in Arkansas Bulletin 9-85 and that the difference between network and non-network deductibles, copays and coinsurances will not exceed 25%.



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Charles S. Gilham, Secretary  
Mercy Health Plans  
14528 S. Outer 40, Suite 100  
Chesterfield, MO 63017  
[cgilham@mhp.mercy.net](mailto:cgilham@mhp.mercy.net)  
(314) 628-3696

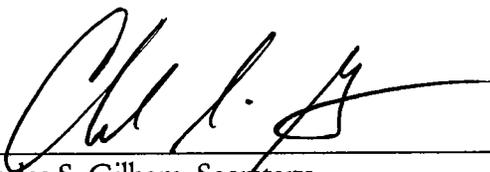
2-10-10

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Date

CERTIFICATION

I, Charles S. Gilham, am a duly authorized officer of Mercy Health Plans and do hereby certify that, per Rule and Regulation 19 and 42, Section 5 (b), there will be no unfair discrimination with respect to the medical/lifestyle application questions and underwriting standards.



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Charles S. Gilham, Secretary  
Mercy Health Plans  
14528 S. Outer 40, Suite 100  
Chesterfield, MO 63017  
[cgilham@mhp.mercy.net](mailto:cgilham@mhp.mercy.net)  
(314) 628-3696

2-10-10

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Date