

SERFF Tracking Number: HLAD-127710997 State: Arkansas
Filing Company: HMO Partners, Inc. d/b/a Health Advantage State Tracking Number: 50018
Company Tracking Number: 34-131 10/11
TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002C Any Size Group - HMO
Maintenance (HMO)
Product Name: Ambulance Service Amendment
Project Name/Number: Special Amendment /34-131 10/11

Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage

Product Name: Ambulance Service Amendment SERFF Tr Num: HLAD-127710997 State: Arkansas

TOI: HOrg02G Group Health Organizations - SERFF Status: Closed-Approved- State Tr Num: 50018
Health Maintenance (HMO) Closed

Sub-TOI: HOrg02G.002C Any Size Group - Co Tr Num: 34-131 10/11 State Status: Approved-Closed
HMO

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Christi Kittler, Yvonne Disposition Date: 10/17/2011

McNaughton, Frank Sewall, Rita

Thatcher, Evelyn Laney

Date Submitted: 10/12/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Special Amendment

Project Number: 34-131 10/11

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Arkansas is state of domicile.

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 10/17/2011

State Status Changed: 10/17/2011

Created By: Evelyn Laney

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Evelyn Laney

Attached please find form 34-131 10/11 for your review and approval if indicated.

This amendment changes the ground ambulance benefits from \$1,000 to \$2,000 per trip. This amendment was

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designed for Clark County Employees but it can be used with any group with these same requirements.
 Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the Evidences of Coverage

Please feel free to contact me at 378-2165 with any questions you may have.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com
 320 West Capitol, Ste 211 501-378-2165 [Phone]
 Little Rock, AR 72201 501-378-2975 [FAX]

Filing Company Information

HMO Partners, Inc. d/b/a Health Advantage CoCode: 95442 State of Domicile: Arkansas
 320 West Capitol Group Code: Company Type:
 Little Rock, AR 72203-8069 Group Name: State ID Number: N/A
 (501) 378-2967 ext. [Phone] FEIN Number: 71-0747497

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	10/12/2011	52741723

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/17/2011	10/17/2011

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Disposition

Disposition Date: 10/17/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 34-131 10/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/17/2011	34-131 10/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.000	34-131 10- 11ClarkCty.pd f



The Health Advantage Plan Evidence of Coverage is hereby amended to read as follows.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Ambulance Service" is hereby amended to read as follows.

Ambulance Services. Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided for ground, water or air Ambulance Services to the nearest hospital in the event Emergency Care is needed. (See Subsection 10.28 Emergency Care.) The coverage for ground or water Ambulance Services may not exceed \$2,000 per trip, subject to the Copayment and Coinsurance specified in the Schedule of Benefits. The coverage for air Ambulance Services may not exceed \$5,000 per trip, subject to the Copayment and Coinsurance specified in the Schedule of Benefits. Air Ambulance Services are further limited to one trip per Member per Contract Year.

This amendment becomes a part of the Health Advantage Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

David F. Bridges, Chief Executive Officer
HMO PARTNERS, INC, d/b/a/ HEALTH ADVANTAGE
P.O. Office Box 8069
Little Rock, Arkansas 72203-8069

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Please see attached. Attachment: Flesch Certification Form HA, 34-131 10-11.pdf	Approved-Closed	10/17/2011
Bypassed - Item: Application Bypass Reason: Not needed. Comments:	Approved-Closed	10/17/2011
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not required. Comments:	Approved-Closed	10/17/2011
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not PPACA related. Comments:	Approved-Closed	10/17/2011

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage
Form No. 34-131 10/11**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.0 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.

Dail Brulje

Name

President
Title

October 12, 2011
Date