

<i>SERFF Tracking Number:</i>	<i>ARBB-127834758</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	<i>50284</i>
<i>Company Tracking Number:</i>	<i>23-2627 11/11</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>Bank Draft Amendment</i>		
<i>Project Name/Number:</i>	<i>Amendment/</i>		

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Bank Draft Amendment

SERFF Tr Num: ARBB-127834758 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 50284

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: 23-2627 11/11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Christi Kittler, Yvonne
McNaughton, Frank Sewall, Rita
Thatcher, Evelyn Laney

Disposition Date: 11/18/2011

Date Submitted: 11/17/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Amendment

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas is state
of domicile.

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: 11/18/2011

State Status Changed: 11/18/2011

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find amendment 23-2627 11/11 for your review and approval if indicated.

This amendment provides that under "Payment of Premium" that payment shall be made by the last day of the Policy Month prior to the coverage effective date and made in the form of a bank draft.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas

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Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19
 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

Arkansas Blue Cross and Blue Shield CoCode: 83470 State of Domicile: Arkansas
 601 S. Gaines Street Group Code: Company Type:
 Little Rock, AR 72201 Group Name: State ID Number: N/A
 (501) 378-2967 ext. [Phone] FEIN Number: 71-0226428

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	11/17/2011	53835187

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/18/2011	11/18/2011

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Disposition

Disposition Date: 11/18/2011

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 23-2627 11/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 11/18/2011	23-2627 11/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.600	23-2627 11- 11BankDraftG MC.pdf

AMENDMENT NO. 2627

**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
GROUP MASTER POLICY**

In consideration of Arkansas Blue Cross and Blue Shield reinstating the Group Policy issued to _____ hereinafter referred to as “the Policyholder,” effective on _____, the Policyholder agrees to this amendment.

The Group Policy is amended as follows:

Definitions – Grace Period

The definition of “Grace Period” reads as follows:

Grace Period means the period of consecutive days beginning with any premium due date after the first which shall be allowed for payment of premium. **There is no Grace Period provided under this contract.**

Covenants of the Policyholder – Payment of Premium

The provision entitled “Payment of Premium” reads as follows:

Payment of Premium

The Policyholder shall pay the Company the premiums for covered Employees and Dependents every month, in advance, by the last day of the Policy Month prior to the coverage effective date. Such payment shall be made in the form of a bank draft from a national or state bank located in Arkansas.

General Provisions – Grace Period

The provision entitled “Grace Period” reads as follows:

Grace Period

Any premium for this insurance which is not paid on or before the date it becomes due is in default. **There is no Grace Period provided under this contract.**

General Provisions – Termination of This Policy

This provision entitled “Termination of This Policy” reads as follows:

Termination of This Policy

The Policyholder may terminate this Policy on any premium due date by giving the Company written notice of termination in advance of the premium due date. Any premiums paid beyond the requested termination date shall be refunded.

The Company may terminate this Policy on any premium due date if:

1. the percentage of eligible Employees of Policyholder covered by the Policy becomes less than the percentage of Employee participation specified in the Application, or if the number of insured Employees falls below the minimum number of insured Employees specified in the Application;

2. the Employer fails to contribute the agreed upon share of the premiums specified in the Application; or
3. the Employer performs an act or practice that constitutes fraud or makes an intentional misrepresentation of a material fact under the terms of the coverage.

The Company may terminate this Policy upon giving the Employer 90 days notice, in the event the Company discontinues issuing this Policy form in the State of Arkansas. In such event the Company shall offer the Employer the option to purchase any other group health insurance coverage currently being offered by the Company in Arkansas.

When the Policy terminates, the Policyholder is liable to the Company for payment of all premiums which are due but unpaid at the time of termination.

Automatic Termination of Non-Payment of Premium

If any premium payment is not made in advance as specified in this amendment, this Policy shall automatically terminate as of the last day of the Policy Month for which premium has been paid. Termination shall occur automatically and without notice, and such automatic termination shall not be waived or modified by any oral or written statement of any Company employee or agent, including but not limited to any premium invoice or delinquency or reinstatement letters received from the Company. Waiver of termination or a decision by the Company to reinstate this Policy following any automatic termination shall occur only upon such terms and conditions as the Company in its discretion may require, and shall further require the signature of the President or a Senior Vice President of the Company on a letter specifically referencing such waiver or reinstatement after the automatic termination. Waiver or reinstatement in any one or more instances shall not constitute precedent as to any subsequent instance, nor obligate the Company with respect to any subsequent instance.

It is the duty of the Policyholder, and not the Company, to notify all affected Covered Persons that the Policy and their coverage is terminated. However, the Company will provide notices to any Employee or other Covered Person of the status of premium payments, coverage or the lack of coverage under this Policy or the Plan.

If this Policy terminates because the Policyholder has failed to pay the premium, the Policyholder shall not be eligible to reapply for another Policy with the Company for a period of six months from the date this Policy terminated.

This Amendment shall become part of the Group Policy, and all provisions of the Group Policy not in conflict herewith remain in full force and effect.



P. Mark White, Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
A MUTUAL INSURANCE COMPANY
601 S. Gaines Street
Little Rock, Arkansas 72201

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Please see attached. Attachment: Flesch Certification Form 23-2627 11-11.pdf	Approved-Closed	11/18/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not required. Comments:	Approved-Closed	11/18/2011

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not PPACA related. Comments:	Approved-Closed	11/18/2011



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield
Amendment Nos. 23-2627 11/11**

**FLESCH READING EASE
CERTIFICATION**

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.6 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.

Name

Vice President

Title

November 17, 2011

Date