

SERFF Tracking Number: ARBB-127069461 State: Arkansas
Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number: 48186
Company Tracking Number: 23-2590
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: Comp Blue PPO III
Project Name/Number: Amendment/23-2590

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Comp Blue PPO III

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Filing Type: Form

SERFF Tr Num: ARBB-127069461 State: Arkansas

SERFF Status: Closed-Approved-Closed
State Tr Num: 48186

Co Tr Num: 23-2590

State Status: Approved-Closed

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

Date Submitted: 03/08/2011

Reviewer(s): Rosalind Minor
Disposition Date: 03/08/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 01/01/2011

State Filing Description:

General Information

Project Name: Amendment

Project Number: 23-2590

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Christi Kittler

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find form 23-2590 3/11 for your review and approval if indicated.

The form amends our Comprehensive Blue PPO III insurance policy which was approved by your department on October 14, 2010. The amendment modifies the managed drug program to provide a 4-tier copayment plan. This new

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Arkansas is our state of Domicile.

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 03/08/2011

State Status Changed: 03/08/2011

Created By: Christi Kittler

Corresponding Filing Tracking Number:

SERFF Tracking Number: ARBB-127069461 State: Arkansas
 Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number: 48186
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 TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider (PPO)

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benefit will be effective retroactively to all existing customers and new issues beginning January 1, 2011. 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 policy to which this amendment is attached.

Please feel free to contact me at 378-2967 with any questions you may have.

Company and Contact

Filing Contact Information

Christi Kittler, Compliance Supervisor cmkittler@arkbluecross.com
 320 West Capitol, Ste 211 501-378-2967 [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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	03/08/2011	45374083

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/08/2011	03/08/2011

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Disposition

Disposition Date: 03/08/2011

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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Form Schedule

Lead Form Number: 23-2590

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/08/2011	23--2590	Policy/Cont ract/Fratern RX al	Amendment Mngd	Initial		40.400	23-2590.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					



**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
COMPREHENSIVE MAJOR MEDICAL
INDIVIDUAL POLICY**

**AMENDMENT NO. 2590
COMPREHENSIVE BLUE PPO III
Form No. 276**

The following subsection amendments are effective on January 1, 2011.

SCHEDULE OF BENEFITS, “Managed Drug Program” is hereby amended to read as follows.

Managed Drug Program

Value Formulary

- 1st Tier Drug Copayment[\$10.00]
- 2nd Tier Drug Copayment[\$35.00]
- 3rd Tier Drug Copayment.....[\$70.00]
- 4th Tier Discount ONLY

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, “Medications,” Subsection 1.c.xi. is hereby amended to read as follows.

Copayment Information

Each Prescription is covered only after the Covered Person pays the applicable Copayment (listed on the Covered Person’s Schedule of Benefits) to the Participating Pharmacy. Covered Persons will be charged the appropriate Copayment for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month’s supply. (See Subsection 9.40 Maintenance Medication.)

When a Generic Medication is dispensed, the Covered Person will pay the first tier Medication Copayment specified in the Schedule of Benefits for each initial and refill Prescription. If there is no generic equivalent, the Covered Person will pay the Brand Name Medication Prescription Drug Copayment for each initial and refill Prescription.

If a Brand Name Medication is dispensed when a Generic Medication is available, the Covered Person will pay the Prescription Drug Copayment plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, “Medications,” Subsection 2.b. is hereby amended to read as follows.

Specialty Medications. Selected Prescription Medications are designated by the Company as “Specialty Medications” due to their route of administration, approved indication, unique nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn’s disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may only be purchased through a specialty pharmacy vendor under contract with the Company. The benefit for a Specialty Medication that is designated by the Company as “Specialty Medication 1” is subject to the Prescription Drug Copayment specified in the Schedule of Benefits. The benefit for a Specialty Medication that is classified by the Company as “Specialty Medication 2” is subject to the Calendar Year Deductible and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from the Company upon request or, if you have

Internet access, you may review this list on the Company's web site at WWW.ARKANSASBLUECROSS.COM. This Subsection 3.21.2.b is applicable to Prescription Medication covered by Subsections 3.21.1.b, c. and d.

GLOSSARY OF TERMS, "Formulary" is hereby amended to read as follows.

Formulary means a specified list of Prescription Medications covered by the Company. The Formulary is established by the Company based upon recommendations from the Pharmacy and Therapeutics Committee, a committee including practicing Arkansas Physicians and practicing Arkansas pharmacists, as well as the medical director and pharmacy director of the Company. Prescription Medications on the Formulary are classified into various tiers. Prescription Medications in the first tier are Generic Medications. Prescription Medications in the remaining tiers are Brand Name Medications. The list of Prescription Medications that make up the Formulary and the tier classification of a Prescription Medication on the Formulary are subject to change by the Company and the Pharmacy and Therapeutics Committee. In recommending whether to place a Prescription Medication on the Formulary or to place a Prescription Medication in a tier classification in the Formulary, the Pharmacy and Therapeutics Committee compares a Prescription Medication's safety, effectiveness, cost efficiency and uniqueness with other Prescription Medications in the same category. **Prescription Medications including new Prescription Medications approved by the FDA are not covered under this Policy unless or until the Company places the medication on the Formulary.**

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



P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
601 S. Gaines Street
LITTLE ROCK, ARKANSAS 72201

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	03/08/2011
Comments:	See attached.		
Attachment:	Flesch Score 2590.pdf		
Bypassed - Item:	Application	Approved-Closed	03/08/2011
Bypass Reason:	Not needed for an amendment.		
Comments:			
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	03/08/2011
Bypass Reason:	No rate impact.		
Comments:			
Bypassed - Item:	Outline of Coverage	Approved-Closed	03/08/2011
Bypass Reason:	Not needed for an amendment. Was included in original policy filing.		
Comments:			
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	03/08/2011
Bypass Reason:	Not PPACA related.		

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Comments:



Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

RE: **Arkansas Blue Cross and Blue Shield
Amendment No. 23-2590 3/11**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.4 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.

Name

Vice President
Title

March 8, 2011
Date