

SERFF Tracking Number: ARBB-127108110 State: Arkansas
Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number: 48374
Company Tracking Number: 23-2592 7/11, 23-2526 R7/11
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: Group General Amendment
Project Name/Number: Amendment /23-2592 7/11, 23-2526 R7/11

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Group General Amendment

SERFF Tr Num: ARBB-127108110 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 48374

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

Co Tr Num: 23-2592 7/11, 23-2526 State Status: Approved-Closed
R7/11

Filing Type: Form

Reviewer(s): Rosalind Minor

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

Disposition Date: 03/31/2011

Date Submitted: 03/31/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 07/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Amendment

Status of Filing in Domicile: Pending

Project Number: 23-2592 7/11, 23-2526 R7/11

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: 03/31/2011

State Status Changed: 03/31/2011

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 forms 23-2592 7/11 and 23-2526 R7/11 for your review and approval if indicated.

Form 23-2526 R7/11 has been amended to delete the exclusion for eating disorders. This should have been done prior to the forms original submission but was inadvertently left in the form. We do not deny coverage for eating disorders.

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Form 23-2592 7/11 is a general amendment for all group benefit certificates. This form adds a disclaimer and provision for groups who do not purchase a BlueCard optional benefit rider to clarify that there are no in-network benefits for services provided outside the state of Arkansas except for emergency care. We are clarifying the benefit for services provided by a midwife to stipulate services must be performed in a Hospital to correlate with Coverage Policy. Home delivery exclusion is also added for additional clarification. We are deleting the many exclusions because they are either outdated procedures or we have developed Coverage Policy for them and now cover them in specific cases. We are also amending the standard BlueCard language to comply with Blue Cross and Blue Shield Association 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 benefit certificates to which these amendments are 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? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 per form
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$100.00	03/31/2011	46146797

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/31/2011	03/31/2011

SERFF Tracking Number: ARBB-127108110 *State:* Arkansas
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Disposition

Disposition Date: 03/31/2011

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	Group General Amendment	Approved-Closed	Yes
Form	MHP Group	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 23-2592 7/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/31/2011	23-2592 7/11	Certificate	Group General Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.600	23-2592 7- 11.pdf
Approved-Closed 03/31/2011	23-2526 R7/11	Certificate	MHP Group Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 23-2526 10/09 Previous Filing #: N/A	40.600	23-2526 R7- 11.pdf



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

**AMENDMENT NO. 2592
GENERAL AMENDMENT
Form Nos. 163,164,232,233,234,235,239,240,241,242,
243,244,245,246,263,265,266,267,268,269,270,271**

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

[FACE PAGE is hereby amended to add the following new notice.

No In-Network benefits for services received outside the state of Arkansas except for Emergency Care.^{1]}

[BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Maternity, “Midwives” is hereby amended to read as follows.

Midwives. Services provided by any lay midwife are not covered. See Subsection 4.2.5. However, subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, coverage is provided for services provided by a certified nurse midwife who has a collaborative agreement with a Physician who is within immediate proximity to the Hospital utilized by the certified nurse midwife, in case there is need for assistance during the delivery.^{2]}

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Miscellaneous Health Interventions, “Trans-telephonic Home Spirometry” is hereby amended to read as follows.

Trans-telephonic Home Spirometry. Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, trans-telephonic home spirometry is covered for patients who have had a lung transplant.

SPECIFIC PLAN EXCLUSIONS, Health Interventions, “Cerebellar Stimulator/Pacemaker”, “Cervicography”, “Dermatome Somatosensory Evoked Potentials”, “Dexamethasone infusion”, “Electron Beam Computed Tomography”, “Magnetic Innervation Therapy”, “Meniscal Allograft Transplantation”, “Peripheral Nerve Stimulators”, “Parkinson’s Disease, Treatment with Fetal Mesencephalic Transplantation”, Radio-Frequency Thermocoagulation”, “Thoracic Electrical Bioimpedance”, “Trans-telephonic Home Spirometry” and “Vacuum, Assisted Closure” are hereby deleted in their entirety. All remaining exclusions are hereby renumbered to correlate with the change.

SPECIFIC PLAN EXCLUSIONS, Health Interventions, “Cognitive Rehabilitation” is hereby amended to read as follows.

Cognitive Rehabilitation. Services or supplies provided as or in conjunction with, Cognitive Rehabilitation are not covered. See Subsection 9.11. However, subject to all terms, conditions, exclusions and limitation of the Plan as set forth in this Benefit Certificate, coverage is provided for Neurologic Rehabilitation Facility Services for Covered Persons with Severe Traumatic Brain Injury. See Subsection 3.[31].

¹ Notice will appear only if the group does not elect the BlueCard Optional Benefit Rider. This notice will not appear for groups who do elect the BlueCard rider.

² This will only populate for groups with Maternity benefits.

SPECIFIC PLAN EXCLUSIONS, Health Interventions, “Compression Garments” is hereby amended to read as follows.

Compression Garments. All types of compression garments, support hose or elastic supports are not covered even when purchased with a Prescription. However, subject to all terms conditions, exclusions and limitation of the Plan as set forth in this Benefit Certificate, coverage is provided for compression garments specifically designed to treat severe burns or compression sleeves and gloves used to treat lymphedemas following mastectomy.

SPECIFIC PLAN EXCLUSIONS, Health Interventions, “Genetic Testing” is hereby amended to read as follows.

Genetic testing. In general, genetic testing to determine: (1) the likelihood of developing a disease or condition, (2) the presence of a disease or condition in a relative, (3) the likelihood of passing an inheritable disease, condition or congenital abnormality to an offspring, (4) genetic testing of the products of amniocentesis to determine the presence of a disease, condition or congenital anomaly in the fetus, (5) genetic testing of a symptomatic Covered Person’s blood or tissue to determine if the Covered Person has a specific disease or condition, and (6) genetic testing to determine the anticipated response to a particular pharmaceutical, are not covered.

However, subject to the terms, conditions, exclusions and limitations of the Plan set forth in this Benefit Certificate, a limited number of specific genetic tests may be covered for situations (4) or (5) referenced above when the Company has determined that the particular genetic test (a) is the only way to diagnose the disease or condition, (b) has been scientifically proven to improve outcomes when used to direct treatment, and (c) will affect the individual’s treatment plan. A limited number of specific genetic tests may be covered for situation (6) referenced above if criteria (b) and (c) above are met. The Company has full discretion in determining which particular genetic tests may be eligible for benefits as an exception to this exclusion under situations (4), (5) or (6). Any published Arkansas Blue Cross Coverage Policy regarding a genetic test will control whether or not benefits are available for that genetic test as an exception to this exclusion.

SPECIFIC PLAN EXCLUSIONS, Health Interventions, “Percutaneous Diskectomy” is hereby amended to read as follows.

Percutaneous diskectomy and Radio-frequency Thermocoagulation. Any method of percutaneous diskectomy, including, but not limited to, automated or manual percutaneous diskectomy, laser diskectomy, radiofrequency nucleotomy or nucleolysis, and coblation therapy, is not covered. Radio-frequency Thermocoagulation or Intradiscal electrothermal therapy for discogenic or other forms of back pain are not covered.

[SPECIFIC PLAN EXCLUSIONS is hereby amended to add the following new Subsection. All remaining Subsections are hereby renumbered to correlate with the change.

Home delivery. Services and supplies received in connection with child birth in the home are not covered regardless of the Provider. ^{3]}

[PROVIDER NETWORK AND COST SHARING PROCEDURES, Subsection 5.1.5 is hereby amended to add the following new provision.

Services Received Outside the State. Your Plan does not include PPO in-network benefits from a Provider, as defined in Subsection 9.79, located *outside* the state of Arkansas. Even if the Provider participates with the local Blue Cross and/or Blue Shield plan, ALL claims for services received outside the state of Arkansas, except for Emergency Care, are payable at the out-of-network benefit level. ^{4]}

³ This will only populate for groups with Maternity benefits.

⁴Notice will appear only if the group does not elect the BlueCard Optional Benefit Rider. This notice will not appear for groups who do elect the BlueCard rider. .

CLAIM PROCESSING AND APPEALS, “Out of Arkansas Claims,” Subsection 7.1.10 is hereby amended to read as follows.

Out-of-Arkansas Services. We have a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as “Inter-Plan Programs.” Whenever you obtain healthcare services outside of the State of Arkansas (“our service area”), the claims for these services may be processed through one of these Inter-Plan Programs, which include the BlueCard Program and may include negotiated National Account arrangements available between us and other Blue Cross and Blue Shield Licensees. Typically, when accessing care outside our service area, you will obtain care from healthcare providers that have a contractual agreement (i.e., are “participating providers”) with the local Blue Cross and/or Blue Shield Licensee in that other geographic area (“Host Blue”). In some instances, you may obtain care from nonparticipating healthcare providers. Our payment practices in both instances are described below.

a. **BlueCard® Program.**

- i. Under the BlueCard® Program, when you access covered healthcare services within the geographic area served by a Host Blue, we will remain responsible for fulfilling our contractual obligations. However, the Host Blue is responsible for contracting with and generally handling all interactions with its participating healthcare providers. Whenever you access covered healthcare services outside our service area and the claim is processed through the BlueCard Program, the amount you pay for covered healthcare services is calculated based on the lower of:
 - The billed covered charges for your covered services; or
 - The negotiated price that the Host Blue makes available to us.
- ii. Often, this “negotiated price” will be a simple discount that reflects an actual price that the Host Blue pays to your healthcare provider. Sometimes, it is an estimated price that takes into account special arrangements with your healthcare provider or provider group that may include types of settlements, incentive payments, and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of healthcare providers after taking into account the same types of transactions as with an estimated price.
- iii. Estimated pricing and average pricing, going forward, also take into account adjustments to correct for over- or underestimation of modifications of past pricing for the types of transaction modifications noted above. However, such adjustments will not affect the price we use for your claim because they will not be applied retroactively to claims already paid.
- iv. Laws in a small number of states may require the Host Blue to add a surcharge to your calculation. If any state laws mandate other liability calculation methods, including a surcharge, we would then calculate your liability for any covered healthcare services according to applicable law.

b. **Non-Participating Healthcare Providers Outside Our Service Area**

- i. When covered healthcare services are provided outside of our service area by non-participating healthcare providers, the amount you pay for such services will generally be based on either the Host Blue’s nonparticipating healthcare provider local payment or the pricing arrangements required by applicable state law. **In these situations, you may be liable for the difference between the amount that the non-participating healthcare provider bills and the payment we will make for the covered services as set forth in this paragraph.**
- ii. In certain situations, we may use other payment bases, such as billed covered charges, the payment we would make if the healthcare services had been obtained within our service area, or a special negotiated payment, as permitted under Inter-Plan Programs Policies, to determine the amount we will pay for services rendered by nonparticipating healthcare providers. In these situations, you may be liable for the difference between the amount that the non-

participating healthcare provider bills and the payment we will make for the covered services as set forth in this paragraph.

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 Group Benefit Certificate remain in full force and effect.

P. Mark White

P. Mark White, President and Chief Executive Officer

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



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. 2526

MENTAL HEALTH PARITY

**FORM NOS. 163, 164, 232, 233, 234, 235, 239, 240, 241, 242, 243, 244, 245, 246,
263, 265, 266, 267, 268, 269, 270, 271**

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Psychiatric Conditions and Substance Abuse Services is hereby amended to read as follows.

Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse). Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**
 - a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject [to the Specialty Care Physician Copayment and] to the Deductible and Coinsurance set out in the Schedule of Benefits.
 - b. Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company. See Subsection 3, below.
2. **Inpatient, Partial Hospitalization Program and Intensive Outpatient Program Health Interventions**
 - a. Coverage for Inpatient Hospitalization, Partial Hospitalization Programs or Intensive Outpatient Programs for Mental Illness or Substance Abuse Health Interventions is subject to Prior Approval from the Company. See Subsection 3 below.
 - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
 - ii. Partial Hospitalization Programs generally require the patient to receive Covered Services six to eight hours a day, five to seven days per week in a Hospital.
 - iii. Intensive Outpatient Programs generally require the patient to receive Covered Services lasting two to four hours a day, three to five days per week in a Hospital.
 - b. Coverage is subject [to the Inpatient Hospital Copayment and] to the Deductible and Coinsurance set forth in the Schedule of Benefits.
 - c. **The treating facility must be a Hospital.** See Subsection 9.42. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.
3. **Prior Approval.** Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company. To request Prior Approval, please call the "Behavioral Health"

telephone number on your ID card. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished us at the time indicates that the proposed Health Intervention meets the Primary Coverage Criteria requirements set out in Subject 2.2 and the Applications of the Primary Care Criteria set out in Subsections 2.4.1.b, e., or f. All services, including any Health Interventions for the treatment of Mental Illness or Substance Abuse receiving Prior Approval may be limited or denied if, when the claims for the Health Intervention are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or that any other basis for denial of the claim specified in this Benefit Certificate exists.**

4. The following services and treatments are not covered.
 - a. **Group Therapy.** Group therapy or group counseling at any time in any setting by any Provider is not covered. See Subsection 4.3.40
 - b. **Health and Behavior Assessment/Intervention.** Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems. See Subsection 4.3.42.
 - c. **Hypnotherapy.** Hypnotherapy is not covered for any diagnosis or medical condition. See 4.3.48.
 - d. **Marriage and Family Therapy.** Marriage and family therapy or counseling services are not covered. See Subsection 4.3 57.
 - e. **Sex Changes/Sex Therapy.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change are not covered. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment or other treatment of sexual dysfunction including Prescription Medication and sex therapy. See Subsection 4.3.82.

GLOSSARY OF TERMS, Psychiatric Conditions is hereby deleted in its entirety.

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

Mental Illness means and includes (whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin, and irrespective of cause, basis or inducement) mental disorders, mental illnesses, psychiatric illnesses, mental conditions, and psychiatric conditions. This includes, but is not limited to, psychoses, neurotic disorders, schizophrenic disorders, affective disorders, personality disorders, and psychological or behavioral abnormalities associated with transient or permanent dysfunction of the brain or related neurohormonal systems. (This is intended to include only illnesses classified on Axes I and II in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Washington, D.C.)

Substance Abuse means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.

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 Group Benefit Certificate remain in full force and effect.

P. Mark White

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 Comments: See attached. Attachment: 23-2526 R7-11,23-2592 7-11.pdf	Approved-Closed	03/31/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: not needed for an amendment Comments:	Approved-Closed	03/31/2011

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: not PPACA related Comments:	Approved-Closed	03/31/2011



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield
Amendment Nos. 23-2526 R7/11, 23-2592 7/11**

**FLESCH READING EASE
CERTIFICATION**

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.6 and comply 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 31, 2011
Date