

SERFF Tracking Number: HLAD-127073928 State: Arkansas  
Filing Company: HMO Partners, Inc. d/b/a Health Advantage State Tracking Number: 48220  
Company Tracking Number: 34-121 3/11  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001B Any Size Group - POS  
Product Name: Evidence of Coverage  
Project Name/Number: Amendment/34-121 3/11

## Filing at a Glance

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

Product Name: Evidence of Coverage

SERFF Tr Num: HLAD-127073928 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-  
Closed State Tr Num: 48220

Sub-TOI: H16G.001B Any Size Group - POS

Co Tr Num: 34-121 3/11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

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

Disposition Date: 03/14/2011

Date Submitted: 03/10/2011

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: 34-121 3/11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas is the  
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: 03/14/2011

State Status Changed: 03/14/2011

Deemer Date:

Created By: Christi Kittler

Submitted By: Christi Kittler

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find form 34-121 3/11 for your review and approval if indicated.

The form amends the definition of Full-Time Employment to require 24 hours per week and 48 weeks per year. This amendment may be used with any Evidence of Coverage previously approved by your department.

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. 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 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

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

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	03/10/2011	45455785

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/14/2011	03/14/2011

*SERFF Tracking Number:*      *HLAD-127073928*                      *State:*                      *Arkansas*  
*Filing Company:*              *HMO Partners, Inc. d/b/a Health Advantage*      *State Tracking Number:*      *48220*  
*Company Tracking Number:*      *34-121 3/11*  
*TOI:*                      *H16G Group Health - Major Medical*              *Sub-TOI:*                      *H16G.001B Any Size Group - POS*  
*Product Name:*              *Evidence of Coverage*  
*Project Name/Number:*      *Amendment/34-121 3/11*

## **Disposition**

Disposition Date: 03/14/2011

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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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: 34-121

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 03/14/2011	34-121 3/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		49.400	34-121 3- 11.pdf



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

**GLOSSARY OF TERMS**, Full-Time Employment is hereby amended to read as follows.

1. on a permanent and active basis;
2. for compensation; and
3. for at least twenty-four (24) hours per week and forty-eight (48) weeks per 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.

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David F. Bridges, President  
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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> See attached. <b>Attachment:</b> Flesch Score for 34-121 3-11.pdf	Approved-Closed	03/14/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not needed. <b>Comments:</b>	Approved-Closed	03/14/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> Not PPACA related. <b>Comments:</b>	Approved-Closed	03/14/2011

# Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

Re: HMO Partners, Inc. d/b/a Health Advantage  
Form Nos. 34-121 3-11

## FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 49.4 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.

*Dail Bruljen*

\_\_\_\_\_  
Name

\_\_\_\_\_  
President

Title

\_\_\_\_\_  
March 10, 2011

Date



## AMENDMENT TO THE HEALTH ADVANTAGE EVIDENCE OF COVERAGE

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

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