

SERFF Tracking Number: HLAD-127108842 State: Arkansas
 Filing Company: HMO Partners, Inc. d/b/a Health Advantage State Tracking Number: 48379
 Company Tracking Number: 34-119 1/11
 TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002C Any Size Group - HMO
 Maintenance (HMO)
 Product Name: Special Amendment
 Project Name/Number: MEMS Amendment/34-119 1/11

Filing at a Glance

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

Product Name: Special Amendment SERFF Tr Num: HLAD-127108842 State: Arkansas
 TOI: HOrg02G Group Health Organizations - SERFF Status: Closed-Approved- State Tr Num: 48379
 Health Maintenance (HMO) Closed
 Sub-TOI: HOrg02G.002C Any Size Group - Co Tr Num: 34-119 1/11 State Status: Approved-Closed
 HMO
 Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Christi Kittler, Yvonne Disposition Date: 04/01/2011
 McNaughton, Frank Sewall, Rita
 Thatcher, Evelyn Laney
 Date Submitted: 04/01/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: MEMS Amendment Status of Filing in Domicile: Pending
 Project Number: 34-119 1/11 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: 04/01/2011 Deemer Date:
 State Status Changed: 04/01/2011 Submitted By: Christi Kittler
 Created By: Christi Kittler
 Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related
 PPACA Notes: null
 Filing Description:
 Attached please find form 34-119 1/10 for your review and approval if indicated.
 This form provides that coverage will continue for a total of 120 days after all leaves of absence have been exhausted.

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If the Subscriber has not returned to work after all leaves have been exhausted, then coverage will be terminated and subject to COBRA rights.

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 378-2967 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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	04/01/2011	46173052

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/01/2011	04/01/2011

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Disposition

Disposition Date: 04/01/2011

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	Mems Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 34-119 1/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/01/2011	34-119 1/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mems Amendment	Initial		40.300	34-119 1-11 MEMS.pdf



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE HEALTH ADVANTAGE
EVIDENCE OF COVERAGE**

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

ELIGIBILITY STANDARDS, Continuation Privileges, Subsection 6.4 is hereby amended to add the following new subsection.

Special Continuation Privileges. Subject to all other terms, conditions, exclusions and limitations in the Plan as set forth in the Evidence of Coverage, coverage in the Plan will continue up to a total of 120 days after all leaves of absence have been exhausted. When all such leaves have been exhausted, including family medical leave and any other leaves of absence, and the Subscriber has not returned to work, coverage will be terminated, subject to COBRA rights as set forth in the Plan.

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, 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

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: See attached. Attachment: Flesch Certification Form HA 34-119 1-10.pdf	Approved-Closed	04/01/2011
Bypassed - Item: Application Bypass Reason: No application needed for this amendment. Comments:	Approved-Closed	04/01/2011
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not needed. Comments:	Approved-Closed	04/01/2011
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not PPACA related. Comments:	Approved-Closed	04/01/2011

Health Advantage



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**Re: HMO Partners, Inc. d/b/a Health Advantage
Form Nos. 34-119 1/10**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.3 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

March 31, 2011
Date