

SERFF Tracking Number: HLAD-127290739 State: Arkansas
 Filing Company: HMO Partners, Inc. d/b/a Health Advantage State Tracking Number: 49127
 Company Tracking Number: 30-03 R10/10
 TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002C Any Size Group - HMO
 Maintenance (HMO)
 Product Name: Health Advantage Contract/Application
 Project Name/Number: Contract/Application/30-03 R10/10

Filing at a Glance

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

Product Name: Health Advantage SERFF Tr Num: HLAD-127290739 State: Arkansas

Contract/Application

TOI: HOrg02G Group Health Organizations - SERFF Status: Closed-Approved- State Tr Num: 49127
 Health Maintenance (HMO) Closed

Sub-TOI: HOrg02G.002C Any Size Group - Co Tr Num: 30-03 R10/10 State Status: Approved-Closed
 HMO

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Christi Kittler, Yvonne

Disposition Date: 07/07/2011

McNaughton, Rita Thatcher, Evelyn

Laney

Date Submitted: 06/23/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Contract/Application

Status of Filing in Domicile: Pending

Project Number: 30-03 R10/10

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: Resubmission

Previous Filing Number: 30-03 9/06

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 07/07/2011

State Status Changed: 07/07/2011

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

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Attached please find form 30-03 R10/10 for your review and approval if indicated.

This form was amended to delete the Lifetime Maximum from the Contract/Application.

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 378-2165 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

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
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| HMO Partners, Inc. d/b/a Health Advantage | \$50.00 | 06/23/2011 | 49054853 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 07/07/2011 | 07/07/2011 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Rosalind Minor | 06/24/2011 | 06/24/2011 | Christi Kittler | 07/06/2011 | 07/06/2011 |

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Disposition

Disposition Date: 07/07/2011

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 (revised) | Contract/Application | Approved-Closed | Yes |
| Form | Contract/Application | Replaced | Yes |

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/24/2011

Submitted Date 06/24/2011

Respond By Date

Dear Evelyn Laney,

This will acknowledge receipt of the captioned filing.

Objection 1

- Contract/Application, 30-03 R10/10 (Form)

Comment:

The Contract/Application must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulletin 7-97.

Thank you for your cooperation in this matter.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 07/06/2011
 Submitted Date 07/06/2011

Dear Rosalind Minor,

Comments:

Please see attached correction of form.

Response 1

Comments: We have added the fraud statement as outlined under ACA 23-66-503.

Related Objection 1

Applies To:

- Contract/Application, 30-03 R10/10 (Form)

Comment:

The Contract/Application must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulletin 7-97.

Thank you for your cooperation in this matter.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific | Readability Score | Attach Document |
|----------------------|--------------|--------------|-----------------------------|---------|------------------|-------------------|-----------------------|
| Contract/Application | 30-03 R10/10 | | Application/Enrollment Form | Revised | 30-03 9/0642.800 | | CONV 30-03 R10-10.pdf |

Previous Version

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Form Schedule

Lead Form Number: 30-03 R0/10

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|-----------------|--|---------|--|-------------|-----------------------|
| Approved-Closed 07/07/2011 | 30-03 R10/10 | Application/Contract/Application Enrollment Form | Revised | Replaced Form #: 30-03 R10/10 Previous Filing #: 30-03 9/06 | 42.800 | CONV 30-03 R10-10.pdf |

Health Advantage



HEALTH ADVANTAGE CONVERSION CONTRACT

*In order for this contract to be executed, all information must be completed.
Contracts with incomplete information will be returned.*

Health Advantage agrees to provide health care coverage to the Subscriber and their covered Dependents, for the benefits set forth in the Evidence of Coverage, attached to and incorporated as part of this Conversion Contract, in accordance with the terms, provisions and limitations of this Contract. In return, the Subscriber agrees to make monthly premium payments to Health Advantage on behalf of Subscriber and eligible dependents.

SUBSCRIBER INFORMATION

This Conversion Contract has been entered into by:

(Name of Subscriber)

(Address)

(City, State, Zip)

CONVERSION CONTRACT EFFECTIVE DATE AND TERM.

This contract shall become effective as of 12:01 a.m., Central time on _____.
This contract is renewable month to month, by payment of the monthly premium. This contract is subject to termination according to its terms.

AMENDMENT

Benefits are subject to change upon 30 days written notice to the Subscriber. Any such amendment or premium change must be signed by an officer of Health Advantage.

Change in Premium Rates

Health Advantage reserves the right to establish a revised schedule of premium payments on each renewal date of this Evidence of Coverage upon 30 days written notice to the Subscriber.

NOTICE OF ADDITIONS, CHANGES AND/OR TERMINATION

The Subscriber agrees to notify Health Advantage in writing, of additions, changes, and/or termination of eligible dependents for each month, on or before the first day of the month of coverage following the month in which such addition, change or termination occurs.

SUBSCRIBER ELIGIBILITY CERTIFICATION

1. Name and address of last Employer _____
2. Date last employed _____ or last day of health care coverage _____
3. Are you presently employed? No Yes: Employer Name _____
4. Does your Employer offer a group health plan?
 No Yes: Plan name _____ (If yes, complete the following information:)
 - Are you eligible for coverage through this plan?
 Yes No: Reason _____
 - Were you denied coverage?
 No Yes: Reason _____
 - The plan offered has preexisting exclusion period: None Months
5. Is your spouse presently employed? No Yes: Employer Name _____
6. Does your spouse's Employer offer a group health plan?
 No Yes: Plan name _____ (If yes, complete the following information:)
 - Are you eligible for coverage through your spouse's group health plan?
 Yes No: Reason _____
 - Were you denied coverage?
 No Yes: Reason _____
 - The plan offered has preexisting exclusion period: None Months
7. Are you or your spouse eligible for health coverage under COBRA laws? No Yes
8. Are you or your spouse eligible for Medicare? No Yes
Medicare eligible (name) _____ Medicare # _____

TERMINATION

The Subscriber may terminate this Contract upon mailing or delivering written notice to Health Advantage at least 30 days prior to the termination date. In such event, termination shall become effective as of 12:01 a.m., on the termination date. In addition to the conditions set out

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|-----------------|--------------|
| Satisfied - Item: Flesch Certification Comments: See attached. Attachment: Flesch Certification Form HA 30-03 R10-10.pdf | Approved-Closed | 07/07/2011 |
| Satisfied - Item: Application Comments: See attached. Attachment: CONV 30-03 R10-10.pdf | Approved-Closed | 07/07/2011 |
| Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not needed. Comments: | Approved-Closed | 07/07/2011 |
| Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not PPACA related. Comments: | Approved-Closed | 07/07/2011 |

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage
Form No. 30-03 R10/10**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 42.8 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

June 23, 2011
Date

Health Advantage



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 Yes No: Reason _____
 - Were you denied coverage?
 No Yes: Reason _____
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5. Is your spouse presently employed? No Yes: Employer Name _____
6. Does your spouse's Employer offer a group health plan?
 No Yes: Plan name _____ (If yes, complete the following information:)
 - Are you eligible for coverage through your spouse's group health plan?
 Yes No: Reason _____
 - Were you denied coverage?
 No Yes: Reason _____
 - The plan offered has preexisting exclusion period: None Months
7. Are you or your spouse eligible for health coverage under COBRA laws? No Yes
8. Are you or your spouse eligible for Medicare? No Yes
Medicare eligible (name) _____ Medicare # _____

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|----------------|----------|----------------------|------------------------------|---------------------------------------|
| 06/23/2011 | Form | Contract/Application | 07/06/2011 | CONV 30-03 R10-10.pdf (Superseded) |

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