

SERFF Tracking Number: ARBB-127363138 State: Arkansas  
Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number: 49518  
Company Tracking Number: 23-2605 8/11  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
Product Name: Amendment  
Project Name/Number: Ft. Smith Dialysis/23-2605 8/11

## Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Amendment

SERFF Tr Num: ARBB-127363138 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49518

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

Co Tr Num: 23-2605 8/11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Christi Kittler, Yvonne

Disposition Date: 08/10/2011

McNaughton, Rita Thatcher, Evelyn

Laney

Date Submitted: 08/10/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Ft. Smith Dialysis

Status of Filing in Domicile: Pending

Project Number: 23-2605 8/11

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: 08/10/2011

State Status Changed: 08/10/2011

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 form 23-2605 8/11 for your review and approval if indicated.

This document amends the Eligibility Standards section of the dental group benefit certificate to include those who work 24 hours per week or 48 weeks per year. It was created for Ft. Smith Dialysis dental group but can be used with any dental group with these same requirements.

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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 policies to which these amendments are attached.

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

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

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	08/10/2011	50520772

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/10/2011	08/10/2011

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## **Disposition**

Disposition Date: 08/10/2011

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: 23-2605 8/11**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/10/2011	23-2605 8/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		48.300	23-2605 8-11Ft.Sm.Dialysis (24 & 48).pdf



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
ARKANSAS BLUE CROSS AND BLUE SHIELD  
DENTAL GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2605  
ALTERNATIVE ELIGIBILITY HOURS**

**DEFINITIONS**, Provison Q. is hereby amended to read as follows.

Full-Time Employment means a full-time active Employee, and like terms means a job with the Employer:

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

**ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE**, Provision A.1.a. is hereby amended to read as follows.

A. Personal Insurance

1. Employee Eligibility Date

- a. Employees who work on a full-time basis for the employer are eligible for insurance after completion of the required Waiting Period, provided they are in a class of employees who are included in the Plan. Employees shall be considered to work on a full-time basis if they customarily work at least twenty-four (24) hours per week and forty-eight (48) weeks per year.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Dental Group Benefit Certificate. All other provisions remain in full force and effect.

*P. Mark White*

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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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> See attached. <b>Attachment:</b> Flesch Certification 23-2605 8-11.pdf	Approved-Closed	08/10/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not needed. <b>Comments:</b>	Approved-Closed	08/10/2011

	<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	08/10/2011



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield  
Amendment No. 23-2605 8/11**

**FLESCH READING EASE  
CERTIFICATION**

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 48.3 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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Vice President  
Title

\_\_\_\_\_  
August 10, 2011  
Date