

SERFF Tracking Number: HLAD-127362813 State: Arkansas  
 Filing Company: HMO Partners, Inc. d/b/a Health Advantage State Tracking Number: 49517  
 Company Tracking Number: 34-126 8/11  
 TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002C Any Size Group - HMO  
 Maintenance (HMO)  
 Product Name: Amendment  
 Project Name/Number: Ft. Smith Dialysis/34-126 8/11

## Filing at a Glance

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

Product Name: Amendment SERFF Tr Num: HLAD-127362813 State: Arkansas  
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO) SERFF Status: Closed-Approved- Closed State Tr Num: 49517  
 Sub-TOI: HOrg02G.002C Any Size Group - HMO Co Tr Num: 34-126 8/11 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Authors: Christi Kittler, Yvonne McNaughton, Rita Thatcher, Evelyn Laney Disposition Date: 08/10/2011  
 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: 34-126 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 Deemer Date:  
 State Status Changed: 08/10/2011 Submitted By: Evelyn Laney  
 Created By: Evelyn Laney  
 Corresponding Filing Tracking Number:  
 PPACA: Not PPACA-Related  
 PPACA Notes: null  
 Filing Description:  
 Attached please find form 34-126 8/11 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

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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 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

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

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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 #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	08/10/2011	50516416

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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>	Health - Actuarial Justification	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: 34-126 8/11**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/10/2011	34-126 8/11	Certificate	Amendment Amendmen t, Insert Page, Endorseme nt or Rider	Initial		49.400	34-126 8- 11Ft.Sm.Dialy sis(24- 48hrs).pdf



## AMENDMENT TO THE HEALTH ADVANTAGE EVIDENCE OF COVERAGE

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

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> See attached. <b>Attachment:</b> 34-126 8-11 Flesch Certification Form HA.pdf	Approved-Closed	08/10/2011
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not required. <b>Comments:</b>	Approved-Closed	08/10/2011
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not required. <b>Comments:</b>	Approved-Closed	08/10/2011
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> Not PPACA related. <b>Comments:</b>	Approved-Closed	08/10/2011

# Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage  
Form No. 34-126 8/11**

## 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.



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Name

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President  
Title

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August 10, 2011  
Date