

SERFF Tracking Number: QUAC-127374874 State: Arkansas
Filing Company: QCA Health Plan, Inc. State Tracking Number: 49584
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005B Individual - Point-of-Service (POS)
Product Name: IQ Choice Legacy COC Amendment
Project Name/Number: IQ Choice Legacy COC Amendment/

Filing at a Glance

Company: QCA Health Plan, Inc.

Product Name: IQ Choice Legacy COC Amendment

SERFF Tr Num: QUAC-127374874 State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved-Closed State Tr Num: 49584

Sub-TOI: H16I.005B Individual - Point-of-Service (POS)

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Authors: Jim Couch, Niki Thomas

Reviewer(s): Rosalind Minor

Date Submitted: 08/17/2011

Disposition Date: 08/26/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 08/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: IQ Choice Legacy COC Amendment

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 08/26/2011

Deemer Date:

State Status Changed: 08/26/2011

Submitted By: Niki Thomas

Created By: Niki Thomas

PPACA: Not PPACA-Related

Corresponding Filing Tracking Number:

PPACA Notes: null

Filing Description:

IQ Choice Legacy COC Amendment

Company and Contact

Filing Contact Information

Jim Couch, VP of Compliance

jim.couch@qualchoice.com

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12615 Chenal Parkway, Suite 300 501-228-7111 [Phone] 5118 [Ext]
 Little Rock, AR 72211 501-707-6729 [FAX]

Filing Company Information

QCA Health Plan, Inc. CoCode: 95448 State of Domicile: Arkansas
 12615 Chenal Parkway, Suite 300 Group Code: Company Type: Health
 Maintenance Organization
 Little Rock, AR 72211 Group Name: State ID Number:
 (501) 228-7111 ext. [Phone] FEIN Number: 71-0794605

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
QCA Health Plan, Inc.	\$0.00	08/17/2011	
QCA Health Plan, Inc.	\$50.00	08/19/2011	50784475

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/26/2011	08/26/2011
Approved-Closed	Rosalind Minor	08/19/2011	08/19/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Replacement Page 1	Niki Thomas	08/24/2011	08/24/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
IQC Legacy COC Amendment	Note To Reviewer	Niki Thomas	08/17/2011	08/17/2011

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Disposition

Disposition Date: 08/26/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: QUAC-127374874 State: Arkansas
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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	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form (revised)	Replacement Page 1	Approved-Closed	Yes
Form	FIRST AMENDMENT to [IQC (10-10)] [QC_Indiv_Prod_1] (8-1-2011)	Replaced	Yes

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Disposition

Disposition Date: 08/19/2011

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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Amendment Letter

Submitted Date: 08/24/2011

Comments:

IQC Legacy COC Amendment Replacement Page 1.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
FIRST AMENDMENT to [QC_Indiv_P rod_1] (8-1-2011)	Policy/Contract Amendment, Insert Page, Endorsement or Rider	Replacement Certificate:	Initial					ICQ Legacy COC Amendment Replacement Page 1.pdf

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Note To Reviewer

Created By:

Niki Thomas on 08/17/2011 05:22 PM

Last Edited By:

Rosalind Minor

Submitted On:

08/19/2011 12:01 PM

Subject:

IQC Legacy COC Amendment

Comments:

See attached filing letter.



August 17, 2011

Ms. Rosalind Minor
Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

RE: First Amendment to Certificate of Coverage
Form #: **FIRST AMENDMENT to [IQC (10-10)] [QC_Indiv_Prod_1]
(8-1-2011)**

Dear Ms. Minor:

Enclosed, in duplicate, are the following QCA Health Plan, Inc's documents:

1. FIRST AMENDMENT to [IQC (10-10)] [QC_Indiv_Prod_1] (8-1-2011)

As discussed previously, QualChoice will provide a check for the above referenced form after submission.

Please feel free to contact me at any time should you need additional information or have any questions or comments.

Sincerely,

J. Nicole Thomas
Associate Corporate Counsel
(501) 219-5129

SERFF Tracking Number: QUAC-127374874 State: Arkansas
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Form Schedule

Lead Form Number: FIRST AMENDMENT to [IQC (10-10)] [QC_Indiv_Prod_1] (8-1-2011)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 08/26/2011	FIRST AMENDME NT to [IQC	Policy/Cont ract/Fratern al	Page 1 Initial Certificate: [QC_Indiv_ Amendmen Prod_1] (8- 1-2011)	Initial t, Insert Page, Endorseme nt or Rider			ICQ Legacy COC Amendment Replacement Page 1.pdf

FIRST AMENDMENT TO CERTIFICATE OF COVERAGE

The following QualChoice Certificates of Coverage is hereby amended:

QC_Indiv_Prod_1 (6-08)
PPACA Amendment to QC_Indiv_Prod_1 (6-08) (1-11)
IQC (10-10)

The following subsections are amended effective on the date your Certificate of Coverage is effective or renews. Eligibility for benefits is set out in the Certificate of Coverage.

Unless otherwise stated herein, this Amendment to Certificate of Coverage is subject to all terms, conditions, exclusions and limitations set forth in the Certificate and Benefits Summary. This Amendment becomes a part of the QCA Health Plan, Inc. Certificate of Coverage identified as IQC (10-10). All provisions of the Certificate of Coverage that are not contrary to the provisions of this Amendment remain in full force and effect.

COVERED MEDICAL BENEFITS, “Dental Anesthesia” is hereby amended to read as follows:

3.5 Dental – Anesthesia

QualChoice will provide benefits for anesthesia and facilities for dental procedures which would ordinarily be done under local anesthesia provided:

1. The procedure is performed in a Network Facility; and
2. The situation meets Medical Necessity criteria, and the patient is:
 - A. A Child under 7 years of age who is determined by two network dentists to be unable to undergo the procedure without general anesthesia and who cannot wait until an older age for the procedure, when undergoing the procedure without general anesthesia would be possible.
 - B. A person with a serious mental health condition that prevents use of a local anesthesia for the procedure.
 - C. A person with a serious physical condition making facility care necessary for the safe performance of dental work; or
 - D. A person with a significant behavioral problem (as certified by a Network Physician) which precludes safe performance of dental work under local anesthesia.

All network requirements, Medical Necessity determinations, and such other limitations as are applied to other Covered Services will apply. Pre-authorization is required (see Section 2.13).

COVERED MEDICAL BENEFITS, “Dental – Oral Surgery” is hereby amended to read as follows:

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 Product Name: IQ Choice Legacy COC Amendment
 Project Name/Number: IQ Choice Legacy COC Amendment/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/19/2011
Comments:			
Attachment:			
	IQC Legacy COC Amendment Flesch Letter.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	08/19/2011
Comments:	This form will use the previously submitted and approved Application identified as Form No. IQC Select (6/20110		

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	08/19/2011
Bypass Reason:	There is not rate change being requested, therefore this section is not applicable.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/19/2011
Bypass Reason:	This form is amending only amending a Certificate of Coverage.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/19/2011
Bypass Reason:	The PPACA Uniform Compliance summary would have been completed with the original documents. The changes in this Amendment do not concern PPACA.		
Comments:			

August 17, 2011

Ms. Rosalind Minor
Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

RE: QCA Health Plan, Inc. COC Amendment
Form #: FIRST AMENDMENT to [IQC (10-10)] [QC_Indiv_Prod_1] (8-1-2011)

Dear Ms. Minor:

This certifies that the FIRST AMENDMENT to [IQC (10-10)] [QC_Indiv_Prod_1] (8-1-2011) Amendment does not meet the minimum score of forty (40) on the Flesch reading ease test as specified in Ark. Stat. Ann. 23-80-206. Although the score is lower than the minimum required, it should be approved in accordance with Ark. Stat. Ann. 23-80-207 and warranted due to the nature of the policy form and necessary inclusion of medical terminology and language drafted to conform to state and federal law.

Please feel free to contact me at any time should you need additional information or have any questions or comments. Thank you.

Sincerely,

J. Nicole Thomas
Associate Corporate Counsel
Nicole.Thomas@qualchoice.com
(501) 219-5129 Vice President of Compliance

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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)
08/17/2011	Form	FIRST AMENDMENT to [IQC (10-10)] [QC_Indiv_Prod_1] (8-1-2011)	08/24/2011	ICQ Legacy COC Amendment.pdf (Superseded)

FIRST AMENDMENT TO CERTIFICATE OF COVERAGE

The following QualChoice Certificates of Coverage is hereby amended:

QC_Indiv_Prod_1 (6-08)
PPACA Amendment to QC_Indiv_Prod_1 (6-08) (1-11)
IQC (10-10)

The following subsections are amended effective on the date your Certificate of Coverage is effective or renews.

Unless otherwise stated herein, this Amendment to Certificate of Coverage is subject to all terms, conditions, exclusions and limitations set forth in the Certificate and Benefits Summary. This Amendment becomes a part of the QCA Health Plan, Inc. Certificate of Coverage identified as IQC (10-10). All provisions of the Certificate of Coverage that are not contrary to the provisions of this Amendment remain in full force and effect.

COVERED MEDICAL BENEFITS, “Dental Anesthesia” is hereby amended to read as follows:

3.5 Dental – Anesthesia

QualChoice will provide benefits for anesthesia and facilities for dental procedures which would ordinarily be done under local anesthesia provided:

1. The procedure is performed in a Network Facility; and
2. The situation meets Medical Necessity criteria, and the patient is:
 - A. A Child under 7 years of age who is determined by two network dentists to be unable to undergo the procedure without general anesthesia and who cannot wait until an older age for the procedure, when undergoing the procedure without general anesthesia would be possible.
 - B. A person with a serious mental health condition that prevents use of a local anesthesia for the procedure.
 - C. A person with a serious physical condition making facility care necessary for the safe performance of dental work; or
 - D. A person with a significant behavioral problem (as certified by a Network Physician) which precludes safe performance of dental work under local anesthesia.

All network requirements, Medical Necessity determinations, and such other limitations as are applied to other Covered Services will apply. Pre-authorization is required (see Section 2.13).

COVERED MEDICAL BENEFITS, “Dental – Oral Surgery” is hereby amended to read as follows:

3.6 Dental – Oral Surgery

FIRST AMENDMENT to [IQC (10-10)] [QC_Indiv_Prod_1] (8-1-2011) 1

QualChoice will pay only for the following non-dental oral surgical procedures:

1. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth when pathological examination is required;
2. Surgical procedures required to treat an Accidental Injury to jaws, cheeks, lips, tongue, roof and floor of the mouth. Injury to a tooth or teeth while eating is not considered an Accidental Injury; treatment of such injury will not be covered;
3. Excision of exostoses of jaws and hard palate;
4. Extraction of teeth is required because of the results from radiation or chemotherapy;
5. Frenectomy;
6. External incision and drainage of cellulitis;
7. Incision of accessory sinuses, salivary glands or ducts;
8. Certain dental services, as reflected in the Medical Policies, performed in conjunction with Medically Necessary reconstructive surgery; and
9. Dental services integral to medical services covered by the Plan.

COVERED MEDICAL BENEFITS, “Family Planning” is hereby amended to read as follows:

3.12 Family Planning Services

Coverage is provided for the following family planning services:

1. Oral contraceptives and prescription barrier methods are only covered when an Outpatient Prescription Drug Rider has been purchased through QualChoice; coverage is subject to all of the terms, conditions, limitations, and exclusions of the Prescription Drug Rider;
2. Voluntary sterilizations (vasectomies and tubal ligations) are covered except as excluded in Section 4.1; and
3. Long acting reversible contraceptives, including hormonal implantable systems and intrauterine contraceptives, are covered as a medical benefit.

Reversal of a voluntary sterilization is a specific exclusion.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS is hereby amended to read as follows:

4. NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS

Some services, treatments, medications and supplies are not covered. Others have limitations on coverage. This section describes those exclusions and limitations. QualChoice may choose in its sole discretion to eliminate or modify an exclusion or limitation if QualChoice determines that advances in medical care warrant making such a change. One or more of our optional coverage riders may cover some of these items. If your Employer Group has purchased riders,

they will be provided to you in writing. Please refer to your Benefits Summary for additional exclusions and limitations on Covered Services. QualChoice may provide very limited coverage for some services that are otherwise excluded or limited by this Section 4 strictly for preventive health purposes; where applicable, these limited coverages are identified and described in QualChoice's Preventive Health Benefit Medical Policy.

[NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Baby Formula" is hereby amended to read as follows:

6. **Formula:** Baby formula and thickening agents, even if prescribed by a physician or acquired over the counter, are not covered.]

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Electrotherapy and Electromagnetic Stimulators" and "Non-Covered Services and Exclusions from Coverage – Enhanced External Counterpulsation" are hereby deleted in their entirety, but the remaining paragraphs shall not be renumbered.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Gastric Electrical Stimulators" is hereby amended to read as follows:

- [48]. **Electrogastrography:** Electrogastrography is not covered.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – In Vitro Chemosensitivity and Chemoresistance Assays" is hereby deleted in its entirety, but the remaining paragraphs shall not be renumbered.

NON-COVERED SERVICES AND EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Maintenance Therapy" is hereby amended to read as follows:

- [70]. **Maintenance Therapy:** We will not cover maintenance therapy for chiropractic therapy, physical therapy, occupational therapy, or speech therapy.

NON-COVERED SERVICES AND EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Percutaneous Kyphoplasty" is hereby deleted in its entirety, but the remaining paragraphs shall not be renumbered.

NON-COVERED SERVICES AND EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Sleep Apnea, Portable Studies" is hereby deleted in its entirety, but the remaining paragraphs shall not be renumbered.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, “Limitations to Benefits – Lifetime Maximum” is hereby amended to read as follows:

- [12.] **Lifetime Maximum:** Consult your Benefits Summary, Medical Policies, and this Certificate for various lifetime maximum Benefits per Enrollee.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, “Limitations to Benefits” the following limitation language shall be added as follows:

- [18]. **Electrotherapy and Electromagnetic Stimulators:** All treatment using electrotherapy and electromagnetic stimulators, including services and supplies used in conjunction with such stimulators, and complications resulting from such treatment, is covered only for conditions specified in our Medical Policies.
- [19]. **Enhanced External Counterpulsation:** Enhanced external counterpulsation (EECP) is covered only for conditions specified in our Medical Policies.

ELIGIBILITY CRITERIA, “Additional Enrollment Due to Change In Circumstances” is hereby amended to read as follows:

5.5 Additional Enrollment Due to Change in Circumstances

This Subsection 5.5 explains coverage for individuals who join your family after the effective date of this Policy because of:

1. Marriage
 2. Birth
 3. Adoption, including adoption of step-children
 4. Permanent legal custody of a child
- a. Individual Only Policy – If you have an individual only Policy, that is, there are no Dependents covered by the Policy, and you want to move to a Policy that includes coverage of a Dependent, because of an addition to your family, you and your Dependent(s) are subject to approval by QualChoice based on its underwriting standards. To seek our approval of changes to your Policy, you must complete an Enrollment Application and send it to us within 30 days of the occurrence of the event.

If coverage is approved by us, the premium for the Policy will be adjusted, and the first premium payment is due on the effective date of the change in coverage. QualChoice has sole discretion in determining the effective date of the change in coverage. Until the effective date of the change in coverage, you will continue to be covered under your individual only Policy.

- b. Dependent Coverage Policy – If you have a Policy that includes coverage of a Dependent, unless you are changing your Policy due to the birth or adoption of a child, any change to your coverage under this Policy because of an addition to your family is subject to approval by QualChoice based on its underwriting standards and you must follow the steps regarding timely notification described in Subparagraph (a) above. If you want to change your Policy due to the birth or adoption of a child, the following applies:
1. **Newborn Child** – To receive coverage for your newborn child without being subject to re-approval based on QualChoice’s underwriting standards, you must complete and send us an Enrollment Application within 90 days of the child’s date of birth. If you provide this notification and you pay the appropriate premium to cover the child, coverage for your child will become effective as of the child’s date of birth. If notice is not given within the 90 day period, coverage of your child is subject to QualChoice’s approval.
 2. **Adopted Child** – To receive coverage for your adopted child without being subject to re-approval based on QualChoice’s underwriting standards, you must complete and send us an Enrollment Application within 60 days after the filing of the petition for adoption. If you provide this notification and you pay the appropriate premium to cover the child, coverage for your child will become effective as of the date the petition for adoption is filed. If notice is not given within the 60 day period, coverage of your child is subject to QualChoice’s approval.

COORDINATION OF BENEFITS, “Rules to Determine Primary and Secondary Plans” is hereby amended to add the following new Subsection. All remaining Subsections are hereby renumbered to correlate with the change.

- [8]. If an adult dependent is listed as a dependent under a parent’s and a spouse’s policy, the health plan that covered the adult dependent longer is primary and the health plan that covered the adult dependent the shorter period of time is secondary.

GENERAL PROVISIONS, “Your Medical Records” is hereby amended to read as follows:

10.4 Your Medical Records

We may need to obtain copies of your medical records from any of your treating providers. This may be necessary to properly administer your Benefits. You, or your legal representative, agree to sign an appropriate authorization for release of medical records upon our request. If you elect not to consent to the release of medical records, or if your provider fails to comply with a request for records, we may be unable to properly administer your coverage. If this occurs, we have the right to deny payment for related services.

GENERAL PROVISIONS, “Confidentiality” is hereby amended to read as follows:

10.8 Confidentiality

Medical records and other information concerning your care we receive from providers are confidential. We will use such information only to administer your coverage. We will only disclose such information as required or permitted by law and as set out in the QualChoice Notice of Privacy Practices at www.qualchoice.com. See your Notice of Privacy Practices for a more detailed description of your privacy rights and duties.

A handwritten signature in black ink that reads "Michael E. Stock".

Michael E. Stock, President & CEO
QCA Health Plan, Inc.
The QualChoice Building
12615 Chenal Parkway, Suite 300
Little Rock, AR 72211