

State: Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: Conversion Amendment
Project Name/Number: Amendment/23-2667 9/12

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield
Product Name: Conversion Amendment
State: Arkansas
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Filing Type: Form
Date Submitted: 09/28/2012
SERFF Tr Num: ARBB-128707840
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 23-2667 9/12

Implementation: 01/01/2013
Date Requested:
Author(s): Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 10/01/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: Conversion Amendment
Project Name/Number: Amendment/23-2667 9/12

General Information

Project Name: Amendment Status of Filing in Domicile: Pending
 Project Number: 23-2667 9/12 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Arkansas is state of domicile.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type: Individual
 Overall Rate Impact: Filing Status Changed: 10/01/2012
 State Status Changed: 10/01/2012
 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 23-2667 9/12 for your review and approval if indicated.

This is an early termination notice that will be used with the Conversion Policy that will be placed on all newly issued policies to alert the member that this policy may terminate on 12/31/2013, if appropriate.

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the amendment as part of the benefit certificates with which it will be used as provided by Arkansas Code Annotated §23-80-206(e).

By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates to which this amendment will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates to which this amendment is 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

Filing Fees

State: Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: Conversion Amendment
Project Name/Number: Amendment/23-2667 9/12

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 | 09/28/2012 | 63205703 |

State: Arkansas Filing Company: Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: Conversion Amendment
Project Name/Number: Amendment/23-2667 9/12

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 10/01/2012 | 10/01/2012 |

State: Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: Conversion Amendment
Project Name/Number: Amendment/23-2667 9/12

Disposition

Disposition Date: 10/01/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

| 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 | Amendment | Approved-Closed | Yes |

State: Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI: H161 Individual Health - Major Medical/H161.005A Individual - Preferred Provider (PPO)

Product Name: Conversion Amendment

Project Name/Number: Amendment/23-2667 9/12

Form Schedule

Lead Form Number: 23-2667 9/12

| Item No. | Schedule Item Status | Form Number | Form Type | Form Name | Action/ Action Specific Data | Readability Score | Attachments |
|----------|-------------------------------|--------------|-----------|-----------|------------------------------|-------------------|--------------------|
| 1 | Approved-Closed 10/01/2012 | 23-2667 9/12 | CERA | Amendment | Initial: | 40.500 | 23-2667 9-12LB.pdf |

Form Type Legend:

| | | | |
|-------------|---|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |



**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
COMPREHENSIVE MAJOR MEDICAL
INDIVIDUAL INSURANCE POLICIES**

**AMENDMENT NO. 2667
Form No. 277**

Face Page of the Policy, "GUARANTEED RENEWABLE" is hereby deleted in its entirety.

OUTLINE OF COVERAGE, "Guaranteed Renewable/Conditioned upon Residence in Arkansas" is hereby amended by adding the following:

EARLY TERMINATION NOTICE: The Company will terminate this policy and other policies of the same form at midnight Central Time on the day before the provisions of Title I Subtitles C and D of the Patient Protection and Affordable Care Act, Public Law No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152 ("PPACA") become effective; the effective date is January 1, 2014. If and when this policy is terminated in accordance with this provision, you will be offered the opportunity to select a replacement policy among policies being offered by the Company that comply with the provisions of PPACA at a premium for such policy determined without regard to your claims experience or health status.

However, the Company will not terminate this policy and other policies of the same form if (1) the appropriate regulatory authorities certify that the benefits provided by such policies, the underwriting methodology applied to such policies, the premium rating methodology for such policies and all other aspects of such policies comply with PPACA, (2) the appropriate regulatory authorities certify that such policies are exempted from PPACA, or (3) PPACA or other federal or state statutes that would require changing the benefits provided by the policies, the underwriting methodology applied to the policies, the rating methodology applicable to the policies or any other aspect of the policies do not become effective.

TERMINATION OF COVERAGE, is hereby amended by adding the following new Subsection which reads as follows:

Early Termination Notice: The Company will terminate this policy and other policies of the same form at midnight Central Time on the day before the provisions of Title I Subtitles C and D of the Patient Protection and Affordable Care Act, Public Law No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law No. 111-152 ("PPACA") become effective; the effective date is January 1, 2014. If and when this policy is terminated in accordance with this provision, you will be offered the opportunity to select a replacement policy among policies being offered by the Company that comply with the provisions of PPACA at a premium for such policy determined without regard to your claims experience or health status.

However, the Company will not terminate this policy and other policies of the same form if (1) the appropriate regulatory authorities certify that the benefits provided by such policies, the underwriting methodology applied to such policies, the premium rating methodology for such policies and all other aspects of such policies comply with PPACA, (2) the appropriate regulatory authorities certify that such policies are exempted from PPACA, or (3) PPACA or other federal or state statutes that would require changing the benefits provided by the policies, the underwriting methodology applied to the policies, the rating methodology applicable to the policies or any other aspect of the policies do not become effective.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Policy. All other provisions of the Policy remain in full force and effect.

P. Mark White

P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
601 S. Gaines Street
LITTLE ROCK, ARKANSAS 72201

SERFF Tracking #:

ARBB-128707840

State Tracking #:

Company Tracking #:

23-2667 9/12

State: Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: Conversion Amendment

Project Name/Number: Amendment/23-2667 9/12

Supporting Document Schedules

| | | Item Status: | Status Date: |
|--|----------------------|-----------------|--------------|
| Satisfied - Item: | Flesch Certification | Approved-Closed | 10/01/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| Flesch Certification Form 23-2667 9-12.pdf | | | |

| | | Item Status: | Status Date: |
|------------------|---------------|-----------------|--------------|
| Bypassed - Item: | Application | Approved-Closed | 10/01/2012 |
| Bypass Reason: | Not required. | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|------------------|----------------------------------|-----------------|--------------|
| Bypassed - Item: | Health - Actuarial Justification | Approved-Closed | 10/01/2012 |
| Bypass Reason: | Not required. | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|------------------|---------------------|-----------------|--------------|
| Bypassed - Item: | Outline of Coverage | Approved-Closed | 10/01/2012 |
| Bypass Reason: | Not required. | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|------------------|----------------------------------|-----------------|--------------|
| Bypassed - Item: | PPACA Uniform Compliance Summary | Approved-Closed | 10/01/2012 |
| Bypass Reason: | Not PPCA related. | | |
| Comments: | | | |



Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

RE: **Arkansas Blue Cross and Blue Shield
Amendment No. 23-2667 9/12**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced documents has achieved a Flesch Reading Ease Score average of 40.5 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

September 28, 2012
Date