

State: Arkansas **Filing Company:** HMO Partners, Inc. d/b/a Health Advantage
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002A Any Size Group - PPO
Product Name: Special Amendment
Project Name/Number: Amendment/34-156 9/12

Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage
 Product Name: Special Amendment
 State: Arkansas
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
 Sub-TOI: HOrg02G.002A Any Size Group - PPO
 Filing Type: Form
 Date Submitted: 10/04/2012
 SERFF Tr Num: HLAD-128714811
 SERFF Status: Closed-Approved
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: 34-156 9/12
 Implementation: 10/01/2012
 Date Requested:
 Author(s): Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney
 Reviewer(s): Donna Lambert (primary)
 Disposition Date: 10/04/2012
 Disposition Status: Approved
 Implementation Date:
 State Filing Description:

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General Information

Project Name: Amendment Status of Filing in Domicile: Pending
 Project Number: 34-156 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: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 10/04/2012 Deemer Date:
 State Status Changed: 10/04/2012 Submitted By: Evelyn Laney
 Created By: Evelyn Laney
 Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find amendment 34-156 9/12 for your review and approval if indicated.
 This amendment provides coverage for Subscribers returning from Short-Term Disability, maternity/paternity, military, Worker's Comp and Long-Term Disability after a period of six (6) months leave of absence. I was designed specifically for the Experian group but can be used with any group with these same requirements.
 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 378-2165 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

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Retaliatory? No
Fee Explanation: \$50.00
Per Company: No

Company	Amount	Date Processed	Transaction #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	10/04/2012	63419493

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/04/2012	10/04/2012

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Disposition

Disposition Date: 10/04/2012

Implementation Date:

Status: Approved

HHS Status: Not Reported

State Review: Not Reviewed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Form	Amednment	Approved	Yes

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Form Schedule

Lead Form Number: 34-156 9/12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 10/04/2012	34-156 9/12	CERA	Amednment	Initial:	40.100	34-156 9-12Experian.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



The Health Advantage Evidence of Coverage is hereby amended to read as follows.

ELIGIBILITY STANDARDS, Subsection 6.2 is hereby amended to add the following provision:

Effective Date for Subscribers Returning From Leave of Absence. Subject to all other terms, conditions, exclusions and limitations in the Plan as set forth in this Evidence of Coverage, a Subscriber who is on paid or unpaid Short-Term Disability, maternity/paternity, military or Worker's Comp leave of absence will continue group health coverage at the active Subscriber's cost until the last day of the month following a six (6) month leave.

A Subscriber who qualifies for Long-Term Disability benefits will continue group health coverage at the active Subscriber's cost until the last day of the month following six (6) months of receiving Long-Term Disability benefits, not to exceed a combined maximum of twelve (12) months of benefit continuation from the onset of the leave.

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.

David F. Bridges, Chief Executive Officer
HMO PARTNERS, INC, d/b/a/ HEALTH ADVANTAGE
P.O. Office Box 8069
Little Rock, Arkansas 72203-8069

SERFF Tracking #:

HLAD-128714811

State Tracking #:

Company Tracking #:

34-156 9/12

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	10/04/2012
Comments:	Please see attached.		
Attachment(s):	Flesch Certification Form HA, 34-156 9-12.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	10/04/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved	10/04/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved	10/04/2012
Bypass Reason:	Not PPACA related.		
Comments:			

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage
Form Nos. 34-156 9/12**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.1 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

October 4, 2012

Date