

**State:** Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO  
**Product Name:** Preventive Health Amendments  
**Project Name/Number:** Amendments/23-2564, 23-2567 R1/13

## Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield  
Product Name: Preventive Health Amendments  
State: Arkansas  
TOI: H16G Group Health - Major Medical  
Sub-TOI: H16G.001A Any Size Group - PPO  
Filing Type: Form  
Date Submitted: 12/04/2012  
SERFF Tr Num: ARBB-128795559  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 23-2564, 23-2567 R1/13  
  
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: 12/05/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO  
**Product Name:** Preventive Health Amendments  
**Project Name/Number:** Amendments/23-2564, 23-2567 R1/13

## General Information

Project Name: Amendments Status of Filing in Domicile: Pending  
 Project Number: 23-2564, 23-2567 R1/13 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: 12/05/2012 Deemer Date:  
 State Status Changed: 12/05/2012 Submitted By: Evelyn Laney  
 Created By: Evelyn Laney  
 Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

### Filing Description:

Attached please find forms 23-2564 and 23-2567 R1/13 for your review and approval if indicated.

The provisions in the preventive health amendments are being modified surrounding influenza vaccinations to clarify that coverage is subject to the Plans allowance for intradermally administered (shots) influenza vaccinations without thimerasol. Thimerasol a mercury-containing organic compound that has been widely used as a preservative in many vaccines since the 1930s. This does not represent a change in benefit but a clarification only.

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 rider 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]

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**Filing Company Information**

Arkansas Blue Cross and Blue Shield  
601 S. Gaines Street  
Little Rock, AR 72201  
(501) 378-2967 ext. [Phone]

CoCode: 83470  
Group Code:  
Group Name:  
FEIN Number: 71-0226428

State of Domicile: Arkansas  
Company Type:  
State ID Number: N/A

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**Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:

State: Arkansas Filing Company: Arkansas Blue Cross and Blue Shield  
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/05/2012	12/05/2012

SERFF Tracking #:

ARBB-128795559

State Tracking #:

Company Tracking #:

23-2564, 23-2567 R1/13

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

Product Name:

Preventive Health Amendments

Project Name/Number:

Amendments/23-2564, 23-2567 R1/13

## Disposition

Disposition Date: 12/05/2012

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

State: Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

Product Name: Preventive Health Amendments

Project Name/Number: Amendments/23-2564, 23-2567 R1/13

## Form Schedule

Lead Form Number: 23-2564 R1/13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
						Previous Filing Number:			
1	Approved-Closed 12/05/2012	Amendment	23-2564 R1/13	CERA	Revised	Previous Filing Number:	23-2564 R1/12	40.500	23-2564 R1-13 Preventive Health Services OP Hospital rev cmk.pdf
						Replaced Form Number:	23-2564 R1/13		
2	Approved-Closed 12/05/2012	Amendment	23-2567 R1/13	CERA	Revised	Previous Filing Number:	23-2567 R1/12	40.500	23-2567 R1-13 Preventive Health Services OP Hospital rev cmk - CMM.pdf
						Replaced Form Number:	23-2567 R1/13		

### Form Type Legend:

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



**AMENDMENT TO THE  
ARKANSAS BLUE CROSS AND BLUE SHIELD  
COMPREHENSIVE MAJOR MEDICAL  
GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2564  
PREVENTIVE HEALTH SERVICES**

**TABLE OF CONTENTS**, is hereby amended to add the following new Subsection in 3.0 BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN.

**Preventive Health Services**

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN**, Children's Preventive Services is hereby amended to read as follows.

**Children's Preventive Services.** Subject to all terms, conditions, exclusions and limitations of the Plan set forth in this Benefit Certificate, coverage is provided for children's preventive health care services for eligible Dependents from birth through age eighteen (18), subject to the following limitations:

1. Covered services are limited to age appropriate medical history; physical examination, including routine tests and procedures to detect abnormalities or malfunctions of bodily systems and parts; developmental assessment; anticipatory guidance, including visual evaluation, hearing evaluation, dental inspection for children under two years of age and nutritional assessment; appropriate immunizations; and laboratory tests.
2. Coverage is limited to not more than twenty (20) visits. A covered visit is one occurring during one of the following intervals: at birth; within two (2) weeks after birth; within two (2) weeks preceding or following the date the eligible Dependent reaches the following ages: two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, and eighteen (18) months; or within one (1) month preceding or following the date the eligible Dependent reaches the following ages: two (2) years, three (3) years, four (4) years, five (5) years, and six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years.
3. Coverage for any visit is limited to services provided by or under the supervision of a Physician.
4. The Company will pay one hundred percent (100%) of Allowable Charges for children's preventive health care services, or the amounts established by the Arkansas Insurance Commissioner as the reimbursement levels for these services, whichever is greater. However, intradermally administered influenza vaccination(s) and enhanced immunogenicity are subject to the maximum benefit the Plan allows for intramuscular injectable influenza vaccine without thimerosal per Covered Person per Calendar Year.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Prostate Cancer Screenings** is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Miscellaneous Health Interventions**, “Adult Immunizations” and “Colorectal Cancer Examinations and Laboratory Tests” are hereby deleted in their entirety. All remaining subsections are hereby renumbered to correlate with the change.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN** is hereby amended to add the following new Subsection.

**Preventive Health Services.** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate (with the exception of Subsection 2.2.1), the Company will pay one hundred percent (100%) of the Allowable Charges for the routine preventive health services listed below when provided by a Primary Care Physician or an advanced practice nurse or physician’s assistant who provides primary medical care in the areas of general practice, pediatrics, family practice, internal medicine or obstetrics/gynecology, which are performed in the Primary Care Physician’s office. Coverage is also provided for certain preventive health services listed below when performed in an Outpatient Hospital or Ambulatory Surgery Center setting when the service cannot be performed in an office by a Primary Care Physician. However, for services received by Non-Preferred Provider Physicians, the Company will pay eighty percent (80%) subject to the appropriate Deductible.

1. evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force but not for the related treatment of disease; and
2. routine immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and
3. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4. with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this subsection; and
5. the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.

**SPECIFIC PLAN EXCLUSIONS** is hereby amended to delete Subsections “Preventive Medicine Counseling” and “Screening Test.” All remaining Subsections are renumbered to correlate with the change.

**GLOSSARY OF TERMS** is hereby amended to add the following new Subsection. All remaining Subsections are renumbered to correlate with the change.

**Primary Care Physician** means a Preferred Provider Physician who provides primary medical care in one of these medical specialties: General Practice, Pediatrics, Family Practice, Obstetrics/Gynecology or Internal Medicine. This also includes advanced practice nurses or physician’s assistants who provide primary medical care in these medical specialties and are performed in the Primary Care Physician’s office.

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



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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



**AMENDMENT TO THE  
ARKANSAS BLUE CROSS AND BLUE SHIELD  
COMPREHENSIVE MAJOR MEDICAL  
GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2567  
PREVENTIVE HEALTH SERVICES**

**TABLE OF CONTENTS**, is hereby amended to add the following new Subsection in 3.0 BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN.

**Preventive Health Services**

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN**, Children's Preventive Services is hereby amended to read as follows.

**Children's Preventive Services.** Subject to all terms, conditions, exclusions and limitations of the Plan set forth in this Benefit Certificate, coverage is provided for children's preventive health care services for eligible Dependents from birth through age eighteen (18), subject to the following limitations:

1. Covered services are limited to age appropriate medical history; physical examination, including routine tests and procedures to detect abnormalities or malfunctions of bodily systems and parts; developmental assessment; anticipatory guidance, including visual evaluation, hearing evaluation, dental inspection for children under two years of age and nutritional assessment; appropriate immunizations; and laboratory tests.
2. Coverage is limited to not more than twenty (20) visits. A covered visit is one occurring during one of the following intervals: at birth; within two (2) weeks after birth; within two (2) weeks preceding or following the date the eligible Dependent reaches the following ages: two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, and eighteen (18) months; or within one (1) month preceding or following the date the eligible Dependent reaches the following ages: two (2) years, three (3) years, four (4) years, five (5) years, and six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years.
3. Coverage for any visit is limited to services provided by or under the supervision of a Physician.
4. The Company will pay one hundred percent (100%) of Allowable Charges for children's preventive health care services, or the amounts established by the Arkansas Insurance Commissioner as the reimbursement levels for these services, whichever is greater. However, intradermally administered influenza vaccination(s) and enhanced immunogenicity are subject to the maximum benefit the Plan allows for intramuscular injectable influenza vaccine without thimerosal per Covered Person per Calendar Year.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Prostate Cancer Screenings** is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Miscellaneous Health Interventions, “Adult Immunizations” and “Colorectal Cancer Examinations and Laboratory Tests”** are hereby deleted in their entirety. All remaining subsections are hereby renumbered to correlate with the change.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN** is hereby amended to add the following new Subsection.

**Preventive Health Services.** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate (with the exception of Subsection 2.2.1), the Company will pay one hundred percent (100%) of the Allowable Charges for the routine preventive health services listed below when provided by a Primary Care Physician or an advanced practice nurse or physician’s assistant who provides primary medical care in the areas of general practice, pediatrics, family practice, internal medicine or obstetrics/gynecology, which are performed in the Primary Care Physician’s office. Coverage is also provided for certain preventive health services listed below when performed in an Outpatient Hospital or Ambulatory Surgery Center setting when the service cannot be performed in an office by a Primary Care Physician. However, for services received by Non-Contracting Provider Physicians, the Company will pay eighty percent (80%) subject to the Deductible.

1. evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force but not for the related treatment of disease; and
2. routine immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and
3. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4. with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this subsection; and
5. the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.

**SPECIFIC PLAN EXCLUSIONS** is hereby amended to delete Subsections “Preventive Medicine Counseling” and “Screening Test.” All remaining Subsections are renumbered to correlate with the change.

**GLOSSARY OF TERMS** is hereby amended to add the following new Subsection. All remaining Subsections are renumbered to correlate with the change.

**Primary Care Physician** means a Contracting Provider Physician who provides primary medical care in one of these medical specialties: General Practice, Pediatrics, Family Practice, Obstetrics/Gynecology or Internal Medicine. This also includes advanced practice nurses or physician’s assistants who provide primary medical care in these medical specialties and are performed in the Primary Care Physician’s office.

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



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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

**SERFF Tracking #:**

ARBB-128795559

**State Tracking #:****Company Tracking #:**

23-2564, 23-2567 R1/13

**State:**

Arkansas

**Filing Company:**

Arkansas Blue Cross and Blue Shield

**TOI/Sub-TOI:**

H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

**Product Name:**

Preventive Health Amendments

**Project Name/Number:**

Amendments/23-2564, 23-2567 R1/13

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	12/05/2012
Comments:	Please see attached.		
Attachment(s):	Flesch Certification Form 23-2564, 23-2567 R1-13.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Application	Approved-Closed	12/05/2012
Bypass Reason:	Not required.		

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/05/2012
Bypass Reason:	Not PPACA related.		



# Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

RE: **Arkansas Blue Cross and Blue Shield**  
**Amendment Nos. 23-2564, 23-2567 R1/13**

## FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.5 and comply 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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Vice President  
Title

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December 4, 2012  
Date