

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: Bank Draft Amendment
Project Name/Number: Amendment/23-2693 1/13

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield
Product Name: Bank Draft Amendment
State: Arkansas
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.001A Any Size Group - PPO
Filing Type: Form
Date Submitted: 12/17/2012
SERFF Tr Num: ARBB-128814817
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 23-2693 1/13

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: 12/17/2012
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: Bank Draft Amendment
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General Information

Project Name: Amendment	Status of Filing in Domicile: Pending
Project Number: 23-2693 1/13	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: 12/17/2012	Deemer Date:
State Status Changed: 12/17/2012	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 amendment 23-2693 1/13 for your review and approval if indicated. This amendment provides that under "Payment of Premium" that payment shall be automatically drafted the first day of the Policy Month or if the Policy Month falls on a weekend or a holiday, the draft will occur the next business day. 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 certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates. I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificate 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
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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	12/17/2012	65806031

SERFF Tracking #:

ARBB-128814817

State Tracking #:

Company Tracking #:

23-2693 1/13

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:

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Amendment/23-2693 1/13

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/17/2012	12/17/2012

SERFF Tracking #:

ARBB-128814817

State Tracking #:

Company Tracking #:

23-2693 1/13

State:

Arkansas

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Amendment/23-2693 1/13

Disposition

Disposition Date: 12/17/2012

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

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Form Schedule

Lead Form Number: 23-2693 1/13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/17/2012	Amendment	23-2693 1/13	CERA	Initial		40.400	23-2693 1-13BankDraftGMC.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 NO. 2693

**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
GROUP MASTER POLICY**

In consideration of Arkansas Blue Cross and Blue Shield reinstating the Group Policy issued to _____ hereinafter referred to as “the Policyholder,” effective on _____, the Policyholder agrees to this amendment.

The Group Policy is amended as follows:

Definitions – Grace Period

The definition of “Grace Period” reads as follows:

Grace Period means the period of consecutive days beginning with any premium due date after the first which shall be allowed for payment of premium. **There is no Grace Period provided under this contract.**

Covenants of the Policyholder – Payment of Premium

The provision entitled “Payment of Premium” reads as follows:

Payment of Premium

The Company will automatically draft the premium for covered Employees and Dependents on the first day of the Policy Month. If the first day of the Policy Month falls on a Saturday, Sunday or a legal holiday, the draft will occur the next business day.

General Provisions – Grace Period

The provision entitled “Grace Period” reads as follows:

Grace Period

Any premium for this insurance which is not paid on or before the date it becomes due is in default. **There is no Grace Period provided under this contract.**

General Provisions – Termination of This Policy

This provision entitled “Termination of This Policy” reads as follows:

Termination of This Policy

The Policyholder may terminate this Policy on any premium due date by giving the Company written notice of termination in advance of the premium due date. Any premiums paid beyond the requested termination date shall be refunded.

The Company may terminate this Policy on any premium due date if:

1. the percentage of eligible Employees of Policyholder covered by the Policy becomes less than the percentage of Employee participation specified in the Application, or if the number of insured Employees falls below the minimum number of insured Employees specified in the Application;

2. the Employer fails to contribute the agreed upon share of the premiums specified in the Application; or
3. the Employer performs an act or practice that constitutes fraud or makes an intentional misrepresentation of a material fact under the terms of the coverage.

The Company may terminate this Policy upon giving the Employer 90 days notice, in the event the Company discontinues issuing this Policy form in the State of Arkansas. In such event the Company shall offer the Employer the option to purchase any other group health insurance coverage currently being offered by the Company in Arkansas.

When the Policy terminates, the Policyholder is liable to the Company for payment of all premiums which are due but unpaid at the time of termination.

Automatic Termination of Non-Payment of Premium

If any premium payment is not made in advance as specified in this amendment, this Policy shall automatically terminate as of the last day of the Policy Month for which premium has been paid. Termination shall occur automatically and without notice, and such automatic termination shall not be waived or modified by any oral or written statement of any Company employee or agent, including but not limited to any premium invoice or delinquency or reinstatement letters received from the Company. Waiver of termination or a decision by the Company to reinstate this Policy following any automatic termination shall occur only upon such terms and conditions as the Company in its discretion may require, and shall further require the signature of the President or a Senior Vice President of the Company on a letter specifically referencing such waiver or reinstatement after the automatic termination. Waiver or reinstatement in any one or more instances shall not constitute precedent as to any subsequent instance, nor obligate the Company with respect to any subsequent instance.

It is the duty of the Policyholder, and not the Company, to notify all affected Covered Persons that the Policy and their coverage is terminated. However, the Company will provide notices to any Employee or other Covered Person of the status of premium payments, coverage or the lack of coverage under this Policy or the Plan.

If this Policy terminates because the Policyholder has failed to pay the premium, the Policyholder shall not be eligible to reapply for another Policy with the Company for a period of six months from the date this Policy terminated.

This Amendment shall become part of the Group Policy, and all provisions of the Group Policy not in conflict herewith remain in full force and effect.



P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
601 S. Gaines Street
Little Rock, Arkansas 72201

IN WITNESS WHEREOF, the Policyholder indicates its acceptance of this amendment by causing it to be executed by a duly authorized officer.

Type or write full and accurate legal name of the Policyholder

BY: _____
(Signature)

(Print Name)

(Title)

(Date)

SERFF Tracking #:

ARBB-128814817

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

23-2693 1/13

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

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Amendment/23-2693 1/13

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/17/2012
Comments:	Please see attached.		
Attachment(s):	Flesh Certification Form 23-2693 1-13.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/17/2012
Bypass Reason:	Not required.		

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/17/2012
Bypass Reason:	Not PPACA realted.		



Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

RE: **Arkansas Blue Cross and Blue Shield
Amendment Nos. 23-2693 1/13**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.4 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.

Name

Vice President
Title

December 17, 2012
Date