

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: Special Amendment
Project Name/Number: Amendment/23-2685 1/13

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield
Product Name: Special Amendment
State: Arkansas
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.001A Any Size Group - PPO
Filing Type: Form
Date Submitted: 12/19/2012
SERFF Tr Num: ARBB-128820706
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 23-2685 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: 12/20/2012
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: Special Amendment
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General Information

Project Name: Amendment	Status of Filing in Domicile: Pending
Project Number: 23-2685 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: 12/20/2012	Deemer Date:
State Status Changed: 12/20/2012	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 form 23-2685 1/13 for your review and approval if indicated.

This amendment is for special continuation privileges for retired County Employees and County Officials of Mississippi County. 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 certificate 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.

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	

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Filing Fees

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	12/19/2012	65913540

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/20/2012	12/20/2012

SERFF Tracking #:

ARBB-128820706

State Tracking #:

Company Tracking #:

23-2685 1/13

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

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Amendment/23-2685 1/13

Disposition

Disposition Date: 12/20/2012

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: 23-2685 1/13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/20/2012	Amendment	23-2685 1/13	CERA	Initial		40.900	23-2685 1-13MSCty.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



Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

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

**AMENDMENT NO. 2685
SPECIAL CONTINUATION FOR RETIREES
COUNTY EMPLOYEES AND COUNTY OFFICIALS**

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Subsection 6.4 is hereby amended to add the following provision.

Special Continuation for County Employees and County Officials. In as much as the Policyholder is a county of Arkansas, the county employee and county official are eligible to continue coverage upon retirement if:

- a. The County Employee or County Official retires at age fifty-five (55) or older and is vested in the County Division of the Arkansas Public Employees' Retirement System.
- b. The County Employee or County Official twenty (20) or more years of credited service in the County Division of the Arkansas Public Employees' Retirement System.
- c. The County Employee or County Official may elect to continue coverage in the employee health benefit plan with the same level and type of coverage the Employee had prior to retirement.
- d. Coverage will be in effect until the end of the month preceding their Medicare eligibility.
- e. The County Employee or County Official will be responsible for one hundred percent (100%) of the premium cost.

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 Group Benefit Certificate 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-128820706

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

23-2685 1/13

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/20/2012
Comments:	Please see attached.		
Attachment(s):	Flesch Certification Form 23-2685 1-13.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/20/2012
Bypass Reason:	Not required.		

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/20/2012
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 No. 23-2685 1/13**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.9 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

December 19, 2012
Date