

**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:** Domestic Partners Amendment  
**Project Name/Number:** Amendment/34-174 1/13

### Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage  
 Product Name: Domestic Partners Amendment  
 State: Arkansas  
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
 Sub-TOI: HOrg02G.002A Any Size Group - PPO  
 Filing Type: Form  
 Date Submitted: 12/06/2012  
 SERFF Tr Num: HLAD-128800015  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: 34-174 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: 12/06/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:  
  
 State Filing Description:

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## General Information

Project Name: Amendment	Status of Filing in Domicile: Pending
Project Number: 34-174 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:	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 12/06/2012	Deemer Date:
State Status Changed: 12/06/2012	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 34-174 1/13 for your review and approval if indicated. This amendment would allow for coverage of domestic partners, if they meet the requirements of the amendment. This coverage will only be offered to groups of 100 plus in size that request the coverage. 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 378-2967 with any questions you may have.

## Company and Contact

### Filing Contact Information

Evelyn Laney, Senior Compliance Analyst [exlaney@arkbluecross.com](mailto: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	12/06/2012	65510552

SERFF Tracking #:

HLAD-128800015

State Tracking #:

Company Tracking #:

34-174 1/13

State:

Arkansas

Filing Company:

HMO Partners, Inc. d/b/a Health Advantage

TOI/Sub-TOI:

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Product Name:

Domestic Partners Amendment

Project Name/Number:

Amendment/34-174 1/13

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/06/2012	12/06/2012

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## Disposition

Disposition Date: 12/06/2012

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

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## Form Schedule

Lead Form Number: 34-174 1/13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/06/2012	Amendment	34-174 1/13	CERA	Initial		42.600	34-174 1-13(Domestic Partners).pdf

### 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



**Health Advantage**

An Independent Licensee of the Blue Cross and Blue Shield Association

## AMENDMENT TO THE HEALTH ADVANTAGE EVIDENCE OF COVERAGE

The Health Advantage Evidences of Coverage are hereby amended to read as follows.

**ELIGIBILITY STANDARDS** is hereby amended by deleting, “NOTE: Domestic partners are not eligible for coverage as Dependents under this Evidence of Coverage.”

**GLOSSARY OF TERMS**, is hereby amended by adding the following:

**Domestic Partner** means two persons in a committed relationship, who attest by affidavit that they have met the following requirements:

1. Are legally married in another state, have legally entered into a civil union in another state, OR hold themselves out to the public and their community as partners committed to each other for life and who, but for laws to the contrary, would be married to each other and be each deemed the spouse of the other;
2. Have shared a continuous committed relationship with each other for not less than six (6) months, intend to do so indefinitely, and have no such relationship with any other person;
3. Are jointly responsible for each other’s welfare and financial obligations;
4. Reside in the same household;
5. Are not related by blood to a degree of kinship that would prevent marriage from being recognized under the laws of their state of residence;
6. Each is over age 18 years, or legal age, and are mentally and legally competent to enter into a contract; and
7. Neither is married to a third party.

**GLOSSARY OF TERMS**, is hereby amended by replacing the definition of **Spouse** with the following:

**Spouse** means an individual who is the husband or wife of an Employee as a result of a marriage that is legally recognized in the state of Arkansas. The term Spouse also includes a Domestic Partner.

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.

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

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/06/2012
Comments:	Please see attached.		
Attachment(s):	Flesch Certification Form HA, 34-174 1-13.pdf		
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/06/2012
Bypass Reason:	Not required.		
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/06/2012
Bypass Reason:	Not PPACA related.		

# Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage  
Form No. 34-174 1/13**

## FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 42.6 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.



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Name

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President  
Title

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December 6, 2012  
Date