

**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/34-173 1/13

## 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: 12/12/2012  
SERFF Tr Num: HLAD-128807473  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 34-173 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: 12/12/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
State Filing Description:

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## General Information

Project Name: Amendment	Status of Filing in Domicile:
Project Number: 34-173 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: 12/12/2012	Deemer Date:
State Status Changed: 12/12/2012	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 34-173 1/13 for your review and approval if indicated. This amendment was modified to make the effective date, the date of the event. It was specifically written for the Gerber group, but may be used with any group with these same eligibility 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. 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](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

**State:** Arkansas **Filing Company:** HMO Partners, Inc. d/b/a Health Advantage  
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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	12/12/2012	65669161

SERFF Tracking #:

HLAD-128807473

State Tracking #:

Company Tracking #:

34-173 1/13

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

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Amendment/34-173 1/13

## Correspondence Summary

### Dispositions

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

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## Disposition

Disposition Date: 12/12/2012

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: 34-173 1/13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/12/2012	Amendment	34-173 1/13	CERA	Initial		40.500	34-173 1-13 Date Complete WP(Nestle-Gerber)).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



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

**ELIGIBILITY STANDARDS**, Subsection 6.2.3 “New Subscriber Effective Date,” is hereby amended to read as follows.

3. **New Subscriber Effective Date.** If Health Advantage receives a Subscriber’s enrollment application within thirty (30) days of the date the Subscriber is first eligible for coverage, the Subscriber’s coverage will become effective 12:01 a.m. on the date the Subscriber completes the required Waiting Period.

**ELIGIBILITY STANDARDS**, Subsection 6.2.7, a., c. and e. “Effective Date for Newly Acquired Dependents,” is hereby amended to read as follows.

7. **Effective Date for Newly Acquired Dependents.** In no event will a Subscriber’s Dependent’s coverage become effective prior to the Subscriber’s effective date. If a Subscriber acquires a new eligible Dependent after the date the Subscriber’s coverage begins, coverage for a new Dependent will become effective in accordance with the following provisions:
  - a. **Spouse.** When a Subscriber marries and wishes to have the Subscriber’s Spouse covered, the Subscriber shall submit an application or change form within 30 days of the date of marriage. The effective date will be the date of marriage and the Spouse will not be a Late Enrollee. If a Subscriber submits the application or change form after the 30-day period, coverage for the Spouse will become effective in accordance with the provisions for Late Enrollees. See Subsection 6.2.4, above.
  - c. **Court Ordered Coverage for a Child.** If a court has ordered a Subscriber to provide coverage for a Child, coverage will be effective on the date Health Advantage receives written notification and satisfactory proof of the court order. If the Subscriber fails to apply to obtain coverage for a Child, Health Advantage shall enroll the Child on the first day of the month following Health Advantage’s receipt of a written application from a custodial parent of the Child, a child support agency having a duty to collect or enforce support for the Child, or the Child, provided, however that the premium is received when due. In the event a court has ordered an employee of the Group who is not covered by the Plan to provide coverage for a child, the employee will be enrolled with the child on the date Health Advantage’s receipt of a written application from the Group, a custodial parent of the Child, a child support agency having a duty to collect or enforce support for the Child, or the Child, provided, however that the premium is received when due.
  - e. **Other Dependents.** Written application for enrollment received by Health Advantage within 30 days of the date that any other dependent first qualifies as an eligible Dependent will result in coverage for such dependent on the date that application for coverage is received by Health Advantage. Such Dependent will not be a Late Enrollee. If the Subscriber submits the application or change form after the 30 day period, coverage for the Dependent will become effective in accordance with the provisions for Late Enrollees. See Subsection 6.2.4, above.

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.

A handwritten signature in black ink that reads "David Bridges". The signature is written in a cursive style with a large initial "D".

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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	12/12/2012
Comments:	Please see attached.		
Attachment(s):	Flesch Certification Form HA, 34-173 1-13.pdf		

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

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	12/12/2012
Bypass Reason:	Not required.		

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/12/2012
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. 34-173 1/13**

## FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.7 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*

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Name

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President

Title

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December 12, 2012

Date