

SERFF Tracking Number: HLAD-128100784 State: Arkansas
Filing Company: HMO Partners, Inc. d/b/a Health Advantage State Tracking Number:
Company Tracking Number: 34-127 R2/12
TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002A Any Size Group - PPO
Maintenance (HMO)
Product Name: Special Amendment
Project Name/Number: Amendment/34-127 R2/12

Filing at a Glance

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

Product Name: Special Amendment SERFF Tr Num: HLAD-128100784 State: Arkansas
TOI: HOrg02G Group Health Organizations - SERFF Status: Closed-Approved- State Tr Num:
Health Maintenance (HMO) Closed
Sub-TOI: HOrg02G.002A Any Size Group - Co Tr Num: 34-127 R2/12 State Status: FEES PAID
PPO
Filing Type: Form Reviewer(s): Rosalind Minor
Disposition Date: 02/21/2012
Authors: Christi Kittler, Yvonne
McNaughton, Frank Sewall, Rita
Thatcher, Evelyn Laney
Date Submitted: 02/17/2012 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Amendment Status of Filing in Domicile: Pending
Project Number: 34-127 R2/12 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: 02/21/2012
State Status Changed: 02/17/2012 Deemer Date:
Created By: Evelyn Laney Submitted By: Evelyn Laney
Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related
PPACA Notes: null
Filing Description:
Attached please find amendment 34-127 R2/12 for your review and approval if indicated.
This amendment was modified to make the effective date, the date of the event. It was originally approved on August

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15, 2011. It was specifically written for Stephens, Inc. but may be used with any group.
 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
 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
 Retaliatory? No
 Fee Explanation: \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	02/17/2012	56457854

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/21/2012	02/21/2012

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Disposition

Disposition Date: 02/21/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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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: 34-127 R21/2

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/21/2012	34-127 R2/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Revised	Replaced Form #: 34-127 R2/12 Previous Filing #: 34-127 8/11	40.200	34-127 R2- 12Stephens- Capitol.pdf



The Health Advantage Evidence of Coverage, Form 31-01, is hereby amended to remove the Open Enrollment Period.

ELIGIBILITY STANDARDS, Subsection 6.2. is amended to read as follows.

6.2 **Effective Date of Coverage.** The following provisions outline Health Advantage's policies relative to effective dates of coverage for you and/or your dependents.

1. **Application and Effective Date.** In order for a Subscriber's coverage to take effect, the Subscriber must submit a written application for coverage for the Subscriber and any Dependents. The effective date(s) of coverage shall be determined in accordance with this Subsection 6.2 and indicated by Health Advantage on the ID card, Schedule of Benefits or letter issued to Members by Health Advantage.
2. **Subscribers and Dependents on Contract Effective Date.** Coverage under this Evidence of Coverage shall become effective on the Group Contract effective date for all Subscribers and Dependents for whom an enrollment application is completed and premium is paid during the enrollment period prior to the Group Contract effective date. Coverage, subject to all other terms, conditions, exclusions and limitations of the Plan, will be extended to an eligible Subscriber or Dependent who is an inpatient in a Hospital on the effective date. This includes any eligible employee or dependent that is confined in a Hospital or other institution.
3. **New Subscriber Effective Date.** If Health Advantage receives a Subscriber's enrollment application within ninety (90) days of the date the Subscriber is first eligible for coverage, the Subscriber's coverage will become effective 12:01 a.m. on the first day of the Contract Month following the date the Subscriber is first eligible for coverage. However, if the date the Subscriber is first eligible for coverage falls on the first day of the Contract Month, the Subscriber's coverage will become effective at 12:01 a.m. on that day.
4. **Coverage in the Case of Late Enrollment:** If a subscriber or a subscriber's dependent who is eligible for coverage does not make application for coverage in the Plan when initially eligible for coverage, the subscriber or dependent shall be classified as a Late Enrollee and cannot subsequently obtain coverage, except during a Special Enrollment Period.
5. **Open Enrollment Period:** There is no open enrollment period in this Plan.
6. **Initial Enrollment Period for Existing Dependents:** If the Subscriber has eligible Dependents on the date the Subscriber's coverage begins, the Subscriber's Dependents' coverage will begin on the Subscriber's Effective Date if:
 1. Subscriber submits a written application for Dependents' coverage within 90 days of the Subscriber's Effective Date; and
 2. The appropriate premium is timely paid.

If the Subscriber submits an application for such existing eligible Dependent(s) after 90 days of the Subscriber's effective date, the Dependent(s) shall be classified as a Late Enrollee. See Subsection 6.2.4 above.

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 ninety (90) days of the date of marriage. The effective date will be the first day following written application. If a Subscriber submits the application or change form after the ninety (90) day period, coverage for the Spouse will become effective in accordance with the provisions for Late Enrollees. See Subsection 6.2.4, above.
 - b. **Newborn Children.** Coverage for a Subscriber's newborn Child shall become effective as of the Child's date of birth if the Subscriber gives Health Advantage notice by

submitting an application or change form to Health Advantage for the Child within 90 days of the Child's date of birth and the appropriate premium to cover the newborn Child from the date of birth is paid. If the Subscriber submits the application or change form after the applicable ninety (90) day time period, coverage for the Subscriber's newborn Child 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 first day following written application provided Health Advantage receives 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 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 first day following 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.
- d. **Newly Adopted Children.** Subject to payment of all applicable premiums, coverage for a Child placed with a Subscriber for adoption or for whom the Subscriber has filed a petition for adoption, shall begin on the date the Child is placed for adoption or the date of the filing of the petition for adoption, provided an application for the Child's coverage is submitted to Health Advantage within ninety (90) days after the placement or the filing of the petition. The coverage shall begin from the moment of birth if the petition for adoption or placement for adoption occurred and the application for coverage is submitted to Health Advantage within 90 days of the Child's birth. If the Subscriber submits the application or change form after such ninety (90) day period, coverage for the adopted Child will become effective in accordance with the provisions for Late Enrollees. See Subsection 6.2.4, above. The coverage shall terminate upon the dismissal, denial, abandonment or withdrawal of the adoption, whichever occurs first.
- e. **Other Dependents.** Written application for enrollment received by Health Advantage within 90 days of the date that any other dependent first qualifies as an eligible Dependent will result in coverage for such dependent on the first day following written application. Such Dependent will not be a Late Enrollee. If the Subscriber submits the application or change form after the ninety (90) day period, coverage for the Dependent will become effective in accordance with the provisions for Late Enrollees. See Subsection 6.2.4, above.

GLOSSARY OF TERMS is hereby amended to delete "**Open Enrollment Period.**"

GLOSSARY OF TERMS "**Special Enrollment Period**" is hereby amended to read as follows.

Special Enrollment Period means a ninety (90) day period during which time a Subscriber or Subscriber's Dependent may enroll in the Plan, after his or her initial Waiting Period (Eligibility Period or Eligibility Date) and not be a Late Enrollee. Special Enrollment Periods occur in two instances:

1. **AFTER THE TERMINATION OF ANOTHER HEALTH PLAN:** A Special Enrollment Period occurs (i) after a Subscriber's or Dependent's coverage under another health plan terminated as a result of Loss of Eligibility or (ii) after the employer providing such other health Plan terminated its contributions.
2. **AFTER THE ADDITION OF A DEPENDENT:** A Special Enrollment Period occurs for a Subscriber, Subscriber's Spouse or Subscriber's new Dependent Child (i) after the Subscriber marries; (ii) after a Subscriber's Child is born or (iii) a Subscriber adopts a Child or has a Child placed with the Subscriber for adoption.

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.

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 Comments: Please see attached. Attachment: Flesch Certification Form HA, 34-127 R2-12.pdf	Approved-Closed	02/21/2012
Bypassed - Item: Application Bypass Reason: Not required. Comments:	Approved-Closed	02/21/2012
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not required. Comments:	Approved-Closed	02/21/2012
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not PPACA related. Comments:	Approved-Closed	02/21/2012

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage
Form No. 34-127 R2/12**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.2 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

Name

President
Title

February 17, 2012
Date