

SERFF Tracking Number: QUAC-128082124 State: Arkansas  
Filing Company: QCA Health Plan, Inc. State Tracking Number:  
Company Tracking Number:  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005B Individual - Point-of-Service (POS)  
Product Name: IQChoice Select  
Project Name/Number: /

## Filing at a Glance

Company: QCA Health Plan, Inc.

Product Name: IQChoice Select

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005B Individual - Point-of-Service (POS)

Filing Type: Form

SERFF Tr Num: QUAC-128082124 State: Arkansas

SERFF Status: Closed-Approved-Closed  
State Tr Num:

Co Tr Num:

State Status: Approved-Closed

Authors: Jim Couch, Niki Thomas

Date Submitted: 02/08/2012

Reviewer(s): Rosalind Minor

Disposition Date: 02/09/2012

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/09/2012

State Status Changed: 02/09/2012

Created By: Niki Thomas

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Niki Thomas

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

IQChoice Select Amendment

## Company and Contact

### Filing Contact Information

Jim Couch, VP of Compliance

12615 Chenal Parkway, Suite 300

jim.couch@qualchoice.com

501-228-7111 [Phone] 5118 [Ext]

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Little Rock, AR 72211 501-707-6729 [FAX]

**Filing Company Information**

QCA Health Plan, Inc. CoCode: 95448 State of Domicile: Arkansas  
 12615 Chenal Parkway, Suite 300 Group Code: Company Type: Health  
 Maintenance Organization  
 Little Rock, AR 72211 Group Name: State ID Number:  
 (501) 228-7111 ext. [Phone] FEIN Number: 71-0794605

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 form at \$50 a form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
QCA Health Plan, Inc.	\$50.00	02/08/2012	56196418

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/09/2012	02/09/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Letter	Note To Reviewer	Niki Thomas	02/08/2012	02/08/2012

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## Disposition

Disposition Date: 02/09/2012

Implementation Date:

Status: Approved-Closed

HHS Status: Not Reported

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	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	IQChoice Select Amendment	Approved-Closed	Yes

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**Note To Reviewer**

**Created By:**

Niki Thomas on 02/08/2012 04:03 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

02/09/2012 01:24 PM

**Subject:**

Filing Letter

**Comments:**

Please find the attached filing letter and a redlined version of the filed changes.



February 8, 2012

Arkansas Department of Insurance  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: IQ Choice Select Amendment

To Whom it May Concern:

Please find attached to this filing, the following QCA Health Plan, Inc. documents:

1. AMENDMENT(2) to IQCSelect (2011)

Please feel free to contact me at any time should you need additional information or have any questions or comments.

Sincerely,

J. Nicole Thomas  
Associate Corporate Counsel  
(501) 219-5129

## 5.6. Termination of Coverage

Subject to the Policy Holder meeting all eligibility requirements in this Policy, the Policy Holder's coverage begins upon the Effective Date of this Policy as reflected in the Benefit Summary and will end on the date that the Policy is terminated by its terms.

An Enrollee's coverage under this Policy will terminate in certain circumstances. We describe these circumstances below.

1. **Default in Payment of Premiums:** Premiums are due on or before the first day of each month of Coverage under this Policy by the method described in your Enrollment Application. A grace period of thirty-one (31) days from that due date (the "Grace Period") will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force. Failure to make premium payments to us in accordance before the end of the Grace Period shall terminate Benefits for all Enrollees under this Policy. Coverage under this Policy will be terminated retroactive to the last day of the month for which premium payment was received.
2. **Becoming Eligible for Medicare:** When an Enrollee becomes eligible for Medicare, that Enrollee is no longer eligible to coverage under this Policy and should notify us immediately.
3. **On Death:** Coverage for the Policy Holder and the Policy Holder's covered Dependents under this Policy will automatically terminate on the date of the Policy Holder's death. All premiums paid for coverage beyond the date of the Policy Holder's death will be refunded following our receipt of proof of death. Coverage for the Policy Holder's covered Dependents under this Policy will automatically terminate on the date of that Dependent's death.
4. **Termination of Your Marriage:** If the Policy Holder becomes divorced, legally separated, or the marriage is annulled, the coverage of the Policy Holder's spouse will automatically terminate on the date of the divorce, legal separation, or annulment due to that former spouse no longer meeting the eligibility requirements set out in this Policy.
5. **Termination of Coverage of A Dependent Child:** The coverage of a Dependent child under this Policy will terminate automatically on the earliest of the following dates on which the child:
  - A. No longer meets the limiting age eligibility requirements; or
  - B. For children incapable of self-support (an Incapacitated Child), on the date the child becomes capable of self-support.
6. **Our Option to Terminate This Policy:** We may terminate this Policy for any of the following reasons:
  - A. We rescind an Enrollee's coverage for material misrepresentation or fraud committed by the Enrollee in connection with any Claim filed under this Policy;
  - B. We may terminate an Enrollee's coverage upon 30 days advance written notice to an Enrollee if he or she persistently fails to cooperate in good faith with the administration of coverage under this Policy or persistently refuses to comply with treatment plans prescribed by a physician and approved by us;
  - C. We may terminate an Enrollee's coverage for failure to pay any applicable Cost Sharing Amount required under this Policy upon 30 days advance written notice to such Enrollee unless you cure such default in payment within such 30-day period;
  - D. We may terminate an Enrollee's coverage upon 30 days advance written notice if an unauthorized person is allowed to use the Enrollee's identification card or if the Enrollee otherwise cooperates in the unauthorized use of such Enrollee's identification card or Benefits;
  - E. Each Enrollee represents all statements made in his or her Enrollment Application for coverage, and any Enrollment Applications of dependents, are true to the best of his or her knowledge and belief. If an Enrollee furnishes any misleading, deceptive, incomplete, or untrue statement, which is material to the acceptance of his or her Enrollment Application, we may rescind his or her coverage under this Policy and the coverage of his or her Dependents back to the original Effective Date;
  - F. Failure to respond to a request for recovery of overpayment in accordance with the provisions of Section 10.7;

- G. ~~We will terminate an Enrollee's coverage as ineligible under this Policy if~~ anthe Enrollee moves permanently to another state he or she is no longer eligible for coverage under this Policy. We will terminate this Policy effective as of the end of the month for which the Enrollee is no longer eligible. All premiums paid for coverage beyond the date of the Enrollee's eligibility will be refunded; ~~premium for that Enrollee has been paid;~~
- H. An Enrollee's coverage under this Policy terminates as of the date that Enrollee is no longer eligible to be an Enrollee under this Policy;
- I. We may terminate this Policy on 90 days written notice if we decide to no longer issue this particular type of health coverage.

If QualChoice terminates the coverage of an Enrollee, it will notify the Enrollee in writing of the termination date and premium payments received on account of the terminated Enrollee applicable to periods after the effective date of termination shall be refunded to the Enrollee within 30 days or in the next scheduled billing cycle.

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## Form Schedule

### Lead Form Number: AMENDMENT(2) to IQCSelect (2011)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AMENDME NT(2) to IQCSelect (2011)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	IQChoice Select	Initial			IQC Select Second Amendment.pdf

## AMENDMENT TO CERTIFICATE OF COVERAGE

The following QualChoice Certificates of Coverage is hereby amended:

IQCSelect (2011)

The following subsection is amended effective on the date your Certificate of Coverage is effective or renews. Eligibility for benefits is set out in the Certificate of Coverage.

Unless otherwise stated herein, this Amendment to Certificate of Coverage is subject to all terms, conditions, exclusions and limitations set forth in the Certificate and Benefits Summary. This Amendment becomes a part of the QCA Health Plan, Inc. Certificate of Coverage identified as IQCSelect (2011). All provisions of the Certificate of Coverage that are not contrary to the provisions of this Amendment remain in full force and effect.

**Termination of Coverage**, "Our Option to Terminate This Policy" Subsection G is hereby amended to read as follows:

- G. If an Enrollee moves permanently to another state he or she is no longer eligible for coverage under this Policy. We will terminate this Policy effective as of the end of the month for which the Enrollee is no longer eligible. All premiums paid for coverage beyond the date of the Enrollee's eligibility will be refunded;



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**Michael E. Stock, President & CEO**  
**QCA Health Plan, Inc.**  
**The QualChoice Building**  
**12615 Chenal Parkway, Suite 300**  
**Little Rock, AR 72211**

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	02/09/2012
<b>Comments:</b>			
<b>Attachment:</b>			
	IQChoice Select Amendment Flesch Letter.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	02/09/2012
<b>Bypass Reason:</b>	The application for this product has been previously submitted and approved.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	02/09/2012
<b>Bypass Reason:</b>	The Actuarial Justification for this product has been previously submitted and approved.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	02/09/2012
<b>Bypass Reason:</b>	The Outline of Coverage for this product has been previously submitted and approved.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	02/09/2012
<b>Bypass Reason:</b>	Any applicable PPACA Uniform Compliance Summary for this product has been previously filed and approved.		
<b>Comments:</b>			



February 7, 2012

Arkansas Department of Insurance  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: IQ Choice Select Amendment

To Whom it May Concern:

This certifies that the following document does not meet the minimum score of forty (40) on the Flesch reading ease test as specified in Ark. Stat. Ann. 23-80-206.

1. AMENDMENT(2) to IQCSelect (2011)

Although the score is lower than the minimum required, it should be approved in accordance with Ark. Stat. Ann. 23-80-207 and warranted due to the nature of the policy form and necessary inclusion of medical terminology and language drafted to conform to state and federal law.

Please feel free to contact me at any time should you need additional information or have any questions or comments.

Sincerely,

J. Nicole Thomas  
Associate Corporate Counsel  
[Nicole.Thomas@qualchoice.com](mailto:Nicole.Thomas@qualchoice.com)  
(501) 219-5129