

SERFF Tracking Number: QUAC-128397504 State: Arkansas
Filing Company: QCA Health Plan, Inc. State Tracking Number:
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001B Any Size Group - POS
Product Name: POS
Project Name/Number: /

Filing at a Glance

Company: QCA Health Plan, Inc.

Product Name: POS

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001B Any Size Group - POS

Filing Type: Form

SERFF Tr Num: QUAC-128397504 State: Arkansas

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

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Jim Couch, Niki Thomas

Disposition Date: 05/23/2012

Date Submitted: 05/23/2012

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:

Group Market Type:

Filing Status Changed: 05/23/2012

State Status Changed: 05/23/2012

Created By: Niki Thomas

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

POS Carryover and Credit Rider

State Narrative:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Niki Thomas

Company and Contact

Filing Contact Information

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Jim Couch, VP of Compliance jim.couch@qualchoice.com
 12615 Chenal Parkway, Suite 300 501-228-7111 [Phone] 5118 [Ext]
 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

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 50 a form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
QCA Health Plan, Inc.	\$150.00	05/23/2012	59360955

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/23/2012	05/23/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Letter	Note To Reviewer	Niki Thomas	05/23/2012	05/23/2012

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Disposition

Disposition Date: 05/23/2012

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	New Non-HDHP	Approved-Closed	Yes
Form	Renewing Non-HDHP	Approved-Closed	Yes
Form	POS HDHP Credit Rider	Approved-Closed	Yes

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Note To Reviewer

Created By:

Niki Thomas on 05/23/2012 08:28 AM

Last Edited By:

Rosalind Minor

Submitted On:

05/23/2012 12:03 PM

Subject:

Filing Letter

Comments:

May 23, 2012

Ms. Rosalind Minor
Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, AR 72201

RE: POS Carryover and Credit Riders

Dear Ms. Minor:

Attached, are the following QCA Health Plan, Inc. Documents:

1. QCA POS (10-1-10) HDHP Credit Rider;
2. QCA POS (10-1-10) Renewing Non-HDHP Carryover Rider; and
3. QCA POS (10-1-10) New Non-HDHP Carryover and Credit Rider

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

Sincerely,

J. Nicole Thomas

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/23/2012	QCA POS (10-1-10)	Policy/Cont ract/Fratern al	New Non-HDHP Certificate: Carryover and Credit Rider	Initial			POS New Non-HDHP Deductible and Credit Rider.pdf
Approved-Closed 05/23/2012	QCA POS (10-1-10)	Policy/Cont ract/Fratern al	Renewing Non- HDHP Certificate: Carryover Rider	Initial			POS Renewing Non-HDHP Carryover Rider.pdf
Approved-Closed 05/23/2012	QCA POS (10-1-10)	Policy/Cont ract/Fratern al	POS HDHP Credit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			POS HDHP Credit Rider.pdf

RIDER TO QUALCHOICE EVIDENCE OF COVERAGE
(FORM # QCA POS (10-1-10)) FOR
DEDUCTIBLE CARRYOVER AND CREDIT BENEFITS

For Those Plans Electing Deductible Carryover Benefits

This rider (the “Deductible Carryover and Credit Benefits Rider”) amends the QCA Health Plan, Inc. Evidence of Coverage (Form # QCA POS (10-1-10)) (the “Certificate”) and the Benefits Summary issued to the Enrollee and is therefore part of the Group Master Contract that is a legal document between QCA Health Plan, Inc. and your Employer Group. Unless otherwise stated herein, this Deductible Carryover and Credit Benefits Rider is subject to all terms, conditions, exclusions and limitations set forth in the Certificate, the Benefits Summary and the Group Master Contract.

We have capitalized certain words in this Deductible Carryover and Credit Benefits Rider. Those words have special meanings and, unless defined otherwise in this Deductible Carryover and Credit Benefits Rider, are defined in Section 13, “Definitions”, of the Certificate.

For purposes of this Deductible Carryover and Credit Benefits Rider, QCA Health Plan, Inc. (“QualChoice”) is referred to as “us”, “we” or “our”, and “you” or “your” means the Certificate Holder, i.e., the Employee.

The existing Section 2.4 shall be replaced in its entirety with the following:

2.4 Cost Sharing Requirements

You must share in the cost of your Covered Services through Co-payments, Coinsurance, and Deductibles, or combinations of these Cost Sharing Amounts. Consult your Benefits Summary to determine the amounts of your payments under these Cost Sharing Amounts. A Network Provider may bill you directly for Co-payments, Coinsurance and Deductible amounts, but may not bill you for the difference between his or her customary charge and the Maximum Allowable Payment. An Out-of-Network Provider may bill you directly for all applicable Co-payments, Coinsurance and Deductible amounts, plus any difference between the total amount of billed charges for services and the Maximum Allowable Payments. **These additional charges could amount to thousands of dollars in additional out-of-pocket expenses for which you are responsible.**

1. **Deductible:** The Deductible is a certain fixed dollar amount per Calendar Year, per person as set forth in your Benefits Summary. Deductible amounts incurred in the last quarter of a Calendar Year will carry over to the next Calendar Year.
2. **Credit:** When an Employer Group replaces its existing group health plan coverage with QualChoice, an Enrollee who was covered under that prior plan coverage immediately prior to the Employer Group’s effective date with QualChoice is eligible for a credit of the deductible that was met by the Enrollee under that prior plan coverage that would have been applied had the Employer Group continued with that prior group health plan coverage. Documentation of this deductible credit must be submitted by the Enrollee to QualChoice within forty-five (45) days of the Employer Group’s effective date with QualChoice in order for the Enrollee to have the benefit of this Deductible Credit.

3. **Co-payment:** A Co-payment is a fixed dollar amount you must pay each time you receive a Covered Service to which a Co-payment applies. Co-payment amounts do not apply to the satisfaction of the Deductible amounts or Out-of-Pocket Limits for each Enrollee or family. Please see your Benefits Summary for a list of those Benefits to which Co-payments apply.
4. **Coinsurance:** Coinsurance is a fixed percentage of Maximum Allowable Charge for the cost of Covered Services you must pay. Coinsurance payments are in addition to Deductibles or Co-payments. Your Benefits Summary contains your Coinsurance percentage applicable to specific Benefits. You are responsible for paying the amount of the applicable Coinsurance for the Covered Services provided to you.
5. **Limits on Your Out-of-Pocket Payments:** The Enrollee will no longer have to pay Coinsurance for the remainder of the Calendar Year after the Enrollee has met the Out-of-Pocket Limit during the Calendar Year. Your Benefits Summary lists your Out-of-Pocket Limit for Coinsurance. Co-Insurance is the only amount that will apply towards your Out-of-Pocket Limit. Co-payments, Deductibles, or charges in excess of the Maximum Allowable Payment are your responsibility and do not count toward meeting the Out-of-Pocket Limit. Once your Out-of-Pocket Limit has been satisfied, you will still be responsible for charges in excess of our Maximum Allowable Charge for services provided by an Out-of-Network Provider.

RIDER TO QUALCHOICE EVIDENCE OF COVERAGE (FORM # QCA POS (10-1-10)) FOR DEDUCTIBLE CARRYOVER BENEFITS

For Those Plans Electing Deductible Carryover Benefits

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1. **Deductible:** The Deductible is a certain fixed dollar amount per Calendar Year, per person as set forth in your Benefits Summary. Deductible amounts incurred in the last quarter of a Calendar Year will carry over to the next Calendar Year.
2. **Credit:** Intentionally Left Blank
3. **Co-payment:** A Co-payment is a fixed dollar amount you must pay each time you receive a Covered Service to which a Co-payment applies. Co-payment amounts do not apply to the satisfaction of the Deductible amounts or Out-of-Pocket Limits for each Enrollee or family. Please see your Benefits Summary for a list of those Benefits to which Co-payments apply.
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	05/23/2012
Comments:			
Attachment:			
Flesch Letter.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	05/23/2012
Bypass Reason:	The application for this product has previously been filed and approved.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	05/23/2012
Bypass Reason:	Teh PPACA Uniform Compliance Summary applicable to this filing has previously been filed and approved.		
Comments:			

VIA SERFF

May 23, 2012

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

RE: POS Carryover and Credit Rider

Dear Ms. Minor:

This certifies that the associated riders do not meet the minimum score of forty (40) on the Flesch reading ease test as specified in Ark. Stat. Ann. § 23-80-206. 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. Thank you.

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

Sincerely yours,

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