

**State:** Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO  
**Product Name:** SBC GMC Amendments  
**Project Name/Number:** Amendments/23-2654, 23-2655, 23-2656 8/12

### Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield  
 Product Name: SBC GMC Amendments  
 State: Arkansas  
 TOI: H16G Group Health - Major Medical  
 Sub-TOI: H16G.001A Any Size Group - PPO  
 Filing Type: Form  
 Date Submitted: 08/06/2012  
 SERFF Tr Num: ARBB-128619113  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: 23-2654, 23-2655, 23-2656 8/12  
  
 Implementation: On Approval  
 Date Requested:  
 Author(s): zSERFFStaff zIndustrySupportCL, Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney  
 Reviewer(s): Rosalind Minor (primary)  
 Disposition Date: 08/07/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:  
  
 State Filing Description:

**State:** Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield  
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## General Information

Project Name: Amendments	Status of Filing in Domicile:
Project Number: 23-2654, 23-2655, 23-2656 8/12	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
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 08/07/2012	Deemer Date:
State Status Changed: 08/07/2012	Submitted By: Evelyn Laney
Created By: Evelyn Laney	
Corresponding Filing Tracking Number:	

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

PPACA Notes: null

### Filing Description:

Enclosed please find the above referenced forms for your review and approval if indicated. These are new forms and not intended to replace any previously approved forms.

Amendment form numbers 23-2654, 23-2655, and 23-2656 8/12 inserts a new provision into all of our preferred provider organization policies to describe the distribution requirements of the Summary of Benefits and Coverage (SBCs) as mandated by the Affordable Care Act. All other provisions of the Affordable Care Act have been previously implemented in accordance with filing 23-2564 and 23-2565 approved by your department on August 13, 2010. These amendments merely outline when we will send out SBC's to the group policyholders and then the responsibilities of the group policyholders to distribute them to the employees and their covered dependents.

These amendments will be used for both grandfathered and non-grandfathered groups.

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 is incorporated in the policy.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the policy attached.

## 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]

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**Filing Company Information**

Arkansas Blue Cross and Blue Shield	CoCode: 83470	State of Domicile: Arkansas
601 S. Gaines Street	Group Code:	Company Type:
Little Rock, AR 72201	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0226428	

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$150.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Arkansas Blue Cross and Blue Shield	\$150.00	08/06/2012	61449916

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/07/2012	08/07/2012

SERFF Tracking #:

ARBB-128619113

State Tracking #:

Company Tracking #:

23-2654, 23-2655, 23-2656 8/12

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## Disposition

Disposition Date: 08/07/2012  
 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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

State: Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

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## Form Schedule

### Lead Form Number: 23-2654 8/12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/07/2012	23-2654 8/12	CERA	Amendment	Initial:	40.800	23-2654 8-12 GMC3.pdf
2	Approved-Closed 08/07/2012	23-2655 8/12	CERA	Amendment	Initial:	40.800	23-2655 8-12 GMC7.pdf
3	Approved-Closed 08/07/2012	23-2656 8/12	CERA	Amendment	Initial:	40.800	23-2656 8-12 GMC9 and 16.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



**AMENDMENT NO. 2654  
Form No. GMC-3**

**DEFINITIONS** is hereby amended to add the following new provision.

**Special Enrollment Period** means a thirty (30) day period during which time an Employee or Employee's Dependent may enroll in the Plan, after his or her initial Waiting Period (Eligibility Period or Eligibility Date) or Open Enrollment Period 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 an Employee'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 an Employee, Employee's Spouse or Employee's new Dependent Child (i) after the Employee marries; (ii) after a Employee's Child is born or (iii) an Employee adopts a Child or has a Child placed with the Employee for adoption.

**GENERAL PROVISIONS** is hereby amended to add the following new provision. All remaining provisions are hereby re-alphabetized to correlate with the change.

M. Summary of Benefits and Coverage

1. The Company shall provide the Policyholder with Summaries of Benefits and Coverage (SBCs) mandated by federal law.
2. It is the obligation of the Policyholder to distribute the SBCs to:
  - a. Employees or Dependents enrolling in the Plan along with other written enrollment materials;
  - b. Employees or Dependents on the first date they are eligible to enroll in the Plan if no written enrollment materials are distributed;
  - c. Newly enrolled Employees and Dependents upon the first date of their coverage if there were changes to the SBC distributed in accordance with subsections M.2.a. or M.2.b.;
  - d. Employees or Dependents enrolling in the Plan during a Special Enrollment Period no later than ninety (90) days after such enrollment;
  - e. Covered Persons when the Policyholder receives the annual renewal application material from the Company;
  - f. A Covered Person within seven (7) business days after the Covered Person requests the SBC.
3. In making the distributions required by Subsection M.2., the Policyholder understands and agrees:
  - a. If an Employee and Dependent reside at the same address, distribution of the SBC to the Employee shall also constitute distribution to the Dependent.
  - b. If a Dependent resides at a different address than the Employee, required distributions of the SBC to the Dependent must be made to the Dependent's address.
  - c. If the Plan provides multiple benefit packages, e.g. alternative Benefit Certificates, the Policyholder need only provide an SBC for the benefit package for which the Covered Person is enrolled upon the annual renewal of the Plan.
  - d. However, if the Plan provides multiple benefit packages, if a Covered Person requests a SBC for a package in which he or she is not enrolled, the Policyholder will provide such SBC within seven (7) business days of receiving the request.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Group Master Contract. All other provisions of the Group Master Contract remain in full force and effect.

*P. Mark White*

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P. Mark White, Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
Little Rock, Arkansas 72201



**AMENDMENT NO. 2655  
Form No. GMC-7**

**DEFINITIONS** is hereby amended to add the following new provision.

Special Enrollment Period means a thirty (30) day period during which time an Employee may enroll in the Plan, after his or her initial Waiting Period (Eligibility Period or Eligibility Date) or Open Enrollment Period and not be a Late Enrollee. A Special Enrollment Period occurs (i) after an Employee'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.

**GENERAL PROVISIONS** is hereby amended to add the following new provision. All remaining provisions are hereby re-alphabetized to correlate with the change.

M. Summary of Benefits and Coverage

1. The Company shall provide the Policyholder with Summaries of Benefits and Coverage (SBCs) mandated by federal law.
2. It is the obligation of the Policyholder to distribute the SBCs to:
  - a. Employees enrolling in the Plan along with other written enrollment materials;
  - b. Employees on the first date they are eligible to enroll in the Plan if no written enrollment materials are distributed;
  - c. Newly enrolled Employees upon the first date of their coverage if there were changes to the SBC distributed in accordance with subsections M.2.a. or M.2.b.;
  - d. Employees enrolling in the Plan during a Special Enrollment Period no later than ninety (90) days after such enrollment;
  - e. Covered Persons when the Policyholder receives the annual renewal application material from the Company;
  - f. A Covered Person within seven (7) business days after the Covered Person requests the SBC.
3. In making the distributions required by Subsection M.2., the Policyholder understands and agrees:
  - a. If the Plan provides multiple benefit packages, e.g. alternative Benefit Certificates, the Policyholder need only provide an SBC for the benefit package for which the Covered Person is enrolled upon the annual renewal of the Plan.
  - b. However, if the Plan provides multiple benefit packages, if a Covered Person requests a SBC for a package in which he or she is not enrolled, the Policyholder will provide such SBC within seven (7) business days of receiving the request.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Group Master Contract. All other provisions of the Group Master Contract remain in full force and effect.

*P. Mark White*

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P. Mark White, Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
Little Rock, Arkansas 72201



**AMENDMENT NO. 2656  
Form No. GMC-9, GMC-16**

**DEFINITIONS**, “Dependent” is hereby amended to read as follows.

Dependent means only the following persons who are not otherwise eligible as Employees:

1. an Employee’s Spouse;
2. an Employee's Child less than the age specified in the Benefit Certificate;
3. unmarried Child who is incapable of self support because of mental retardation or physical disability, provided 1.) such Child is or was under the limiting age of dependency stated in Subsections 2. above at the time of application for coverage in the Plan or 2.) if not under such limiting age, has had continuous health plan coverage, i.e. no break in coverage greater than 63 days, at the time of application for coverage in the Plan.

**DEFINITIONS**, “Stepchild” is hereby amended to read as follows.

Stepchild means a natural or adopted Child of the Spouse of the Employee.

**DEFINITIONS** is hereby amended to add the following new provision.

**Special Enrollment Period** means a thirty (30) day period during which time an Employee or Employee's Dependent may enroll in the Plan, after his or her initial Waiting Period (Eligibility Period or Eligibility Date) or Open Enrollment Period 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 an Employee'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 an Employee, Employee's Spouse or Employee's new Dependent Child (i) after the Employee marries; (ii) after a Employee's Child is born or (iii) an Employee adopts a Child or has a Child placed with the Employee for adoption.

**EMPLOYEE AND DEPENDENT COVERAGE**, A.2.c. and d. are hereby amended to read as follows.

- c. Child less than the age specified in the Benefit Certificate;
- d. unmarried Child who is incapable of self support because of mental retardation or physical disability, provided 1.) such Child is or was under the limiting age of dependency stated in Subsection 2. above at the time of application for coverage in the Plan or 2.) if not under such limiting age, has had continuous health plan coverage, i.e. no break in coverage greater than 63 days, at the time of application for coverage in the Plan.

**EMPLOYEE AND DEPENDENT COVERAGE**, “Student Coverage, Conditions and Verifications” is hereby deleted in its entirety. All remaining Subsections are hereby renumbered to correlate with the change.

**EMPLOYEE AND DEPENDENT COVERAGE, Effective Date of Coverage, "Initial Enrollment of New Employees"** is hereby amended to read as follows.

**Initial Enrollment of New Employees.** If the Company receives a new Employee's enrollment application within thirty (30) days of the date the Employee is first eligible for coverage, the Employee's coverage will become effective 12:01 a.m. in accordance with the Benefit Certificate provisions concerning addition of new employees.

**EMPLOYEE AND DEPENDENT COVERAGE, Effective Date of Coverage, "Initial Effective Date for Newly Acquired Dependents"** Subsections a. and e. are hereby amended to read as follows.

- a. **Spouse.** When an Employee marries and wishes to have the Employee's Spouse covered, the Employee shall submit an application or change form within 30 days of the date of marriage. The effective date will be assigned in accordance with the Benefit Certificate provisions concerning addition of a Spouse. If an Employee 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 Enrollment. See Subsection B.4, above.

**In order to document coverage provided by this Subsection B.7.a., Policyholder shall obtain and maintain a copy of the marriage certificate and make this document available to the Company upon request.**

- e. **Other Dependents.** An on-line application for enrollment received by the Company within 30 days of the date that any other dependent first qualifies as an eligible Dependent will result in coverage for such dependent will be assigned in accordance with the Benefit Certificate provisions concerning addition of other dependents. Such Dependent will not be a Late Enrollee. If the Employee 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 Enrollment. See Subsection B.4, above.

**EMPLOYEE AND DEPENDENT COVERAGE, "Termination of Coverage," C.1.** is hereby amended to read as follows.

**Termination of Coverage.** Coverage is subject to all terms and conditions of the Plan, and coverage will terminate under certain conditions described in various other places throughout this document. If coverage is not terminated under any other provision of this document or in accordance with any other provisions as outlined in the Benefit Certificate, coverage for a Covered Person shall terminate if any of the following events occur:

**GENERAL PROVISIONS** is hereby amended to add the following new provision. All remaining provisions are hereby re-alphabetized to correlate with the change.

M. Summary of Benefits and Coverage

1. The Company shall provide the Policyholder with Summaries of Benefits and Coverage (SBCs) mandated by federal law.
2. It is the obligation of the Policyholder to distribute the SBCs to:
  - a. Employees or Dependents enrolling in the Plan along with other written enrollment materials;
  - b. Employees or Dependents on the first date they are eligible to enroll in the Plan if no written enrollment materials are distributed;
  - c. Newly enrolled Employees and Dependents upon the first date of their coverage if there were changes to the SBC distributed in accordance with subsections M.2.a. or M.2.b.;
  - d. Employees or Dependents enrolling in the Plan during a Special Enrollment Period no later than ninety (90) days after such enrollment;
  - e. Covered Persons when the Policyholder receives the annual renewal application material from the Company;
  - f. A Covered Person within seven (7) business days after the Covered Person requests the SBC.

3. In making the distributions required by Subsection M.2., the Policyholder understands and agrees:
  - a. If an Employee and Dependent reside at the same address, distribution of the SBC to the Employee shall also constitute distribution to the Dependent.
  - b. If a Dependent resides at a different address than the Employee, required distributions of the SBC to the Dependent must be made to the Dependent's address.
  - c. If the Plan provides multiple benefit packages, e.g. alternative Benefit Certificates, the Policyholder need only provide an SBC for the benefit package for which the Covered Person is enrolled upon the annual renewal of the Plan.
  - d. However, if the Plan provides multiple benefit packages, if a Covered Person requests a SBC for a package in which he or she is not enrolled, the Policyholder will provide such SBC within seven (7) business days of receiving the request.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Group Master Contract. All other provisions of the Group Master Contract remain in full force and effect.



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P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
Little Rock, Arkansas 72201

**SERFF Tracking #:**

ARBB-128619113

**State Tracking #:****Company Tracking #:**

23-2654, 23-2655, 23-2656 8/12

**State:**

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Amendments/23-2654, 23-2655, 23-2656 8/12

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	08/07/2012
Comments:	Please see attached.		
Attachment(s):	Flesch Certification Forms 23-2654,23-2655,23-2656 8-12.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Application	Approved-Closed	08/07/2012
Bypass Reason:	Not required.		
Comments:			

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/07/2012
Bypass Reason:	PPACA was approved on August 13, 2010. Therefore should not be necessary to attach form.		
Comments:			



# Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield  
Amendment Nos. 23-2654,23-2655,23-2656 8/12**

## FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.8 and comply 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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Vice President  
Title

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August 6, 2012  
Date