

State: Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Amendment
Project Name/Number: Special Amendment/23-2659 7/12

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield
Product Name: Amendment
State: Arkansas
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form
Date Submitted: 08/06/2012
SERFF Tr Num: ARBB-128619310
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 23-2659 7/12

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
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Amendment
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General Information

Project Name: Special Amendment	Status of Filing in Domicile: Pending
Project Number: 23-2659 7/12	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: 08/07/2012	Deemer Date:
State Status Changed: 08/07/2012	Submitted By: Evelyn Laney
Created By: Evelyn Laney	
Corresponding Filing Tracking Number:	

Filing Description:

Attached please find form 23-2659 7/12 for your review and approval if indicated. This amendment modify the effective date provisions for new Employees and their dependents to be effective on the date of the event. It also modifies the termination date to be date of the event for both the Employee and Dependents that are not longer eligible for coverage. This amendment was created for the Pace Industries dental group but can be used with any dental group with these same 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 group benefit certificate to which this amendment is attached. 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

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:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00

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Per Company: No

Company	Amount	Date Processed	Transaction #
Arkansas Blue Cross and Blue Shield	\$50.00	08/06/2012	61451674

SERFF Tracking #: ARBB-128619310 State Tracking #: Company Tracking #: 23-2659 7/12

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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-128619310

State Tracking #:

Company Tracking #:

23-2659 7/12

State:

Arkansas

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Arkansas Blue Cross and Blue Shield

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Disposition

Disposition Date: 08/07/2012

Implementation Date:

Status: Approved-Closed

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
Form	Amendment	Approved-Closed	Yes

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State:

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Form Schedule

Lead Form Number: 23-2659 7/12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/07/2012	23-2659 7/12	CERA	Amendment	Initial:	40.300	23-2659 7-12VolDental(Pace).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
DENTAL GROUP BENEFIT CERTIFICATES**

AMENDMENT NO. 2659

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Provision B.3. 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 be effective at 12:01 a.m. the day after the required Waiting Period has been satisfied.

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Provision C.1.a. and b. 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, coverage for a Covered Person shall terminate if any of the following events occur:

- a. Coverage shall terminate at 12:00 midnight Central time on the date of event when:
 - i. The Covered Person ceases to be eligible as an Employee for any reason;
 - ii. This Plan terminates;
 - iii. The Employer to which the Group Policy is issued, terminates or ceases to sponsor the Plan; or
 - iv. An Employee or Dependent dies;
- b. Coverage shall terminate at 12:00 midnight Central Time on the date the event occurs when:
 - i. The Covered Person ceases to be eligible as a Dependent for any reason
 - ii. The Covered Person is a Dependent Spouse who becomes legally separated or divorced from the Employee.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield DentalBlue Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

P. Mark White

P. Mark White, President and Chief Executive Officer

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

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/07/2012
Comments:	Please see attached.		
Attachment(s):	Flesch Certification Form 23-2659 7-12.pdf		

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



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield
Amendment No. 23-2659 7/12**

**FLESCH READING EASE
CERTIFICATION**

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.3 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.

Name

Vice President
Title

August 6, 2012
Date