

State: Arkansas **Filing Company:** HMO Partners, Inc. d/b/a Health Advantage
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002B Any Size Group - POS
Product Name: Optional Amendment
Project Name/Number: Amendment/34-180 3/13

Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage
Product Name: Optional Amendment
State: Arkansas
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.002B Any Size Group - POS
Filing Type: Form
Date Submitted: 01/25/2013
SERFF Tr Num: HLAD-128867131
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 34-180 3/13

Implementation: 03/01/2013
Date Requested:
Author(s): Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/25/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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General Information

Project Name: Amendment	Status of Filing in Domicile: Pending
Project Number: 34-180 3/13	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: 01/25/2013	Deemer Date:
State Status Changed: 01/25/2013	Submitted By: Evelyn Laney
Created By: Evelyn Laney	
Corresponding Filing Tracking Number:	
PPACA: Not PPACA-Related	
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:

Attached please find amendment 34-180 3/13 for your review and approval if indicated. This is an optional amendment and its purpose is to provide first dollar coverage for preventive medications, only. 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 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

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

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Fee Explanation: \$50.00

Per Company: No

Company	Amount	Date Processed	Transaction #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	01/25/2013	66875119

SERFF Tracking #:

HLAD-128867131

State Tracking #:

Company Tracking #:

34-180 3/13

State:

Arkansas

Filing Company:

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

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002B Any Size Group - POS

Product Name:

Optional Amendment

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Amendment/34-180 3/13

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/25/2013	01/25/2013

SERFF Tracking #:

HLAD-128867131

State Tracking #:

Company Tracking #:

34-180 3/13

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Disposition

Disposition Date: 01/25/2013

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	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: 34-180 3/13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/25/2013	Amendment	34-180 3/13	CERA	Initial		40.300	34-180 3-13GenAmend.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

HSA Preventive RX

The following Health Advantage HSA Evidences of Coverage are hereby amended.

Evidence of Coverage, HSA Open Access Plan, Form #: 31-06

Evidence of Coverage, HSA Open Access Plan with Preexisting, Form #31-07

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Medications" Subsection 1.c. - Retail Pharmacy (Drug Store) is hereby amended to add the following new subsection.

Preventive Medications. Coverage is provided for Preventive Medications when prescribed by a Physician. Preventive Medications are not subject to any Deductible or Coinsurance requirements set out in the Schedule of Benefits.

GLOSSARY OF TERMS is hereby amended to add the following new Subsection. All remaining Subsections are hereby renumbered to correlate with the change.

Preventive Medications are those Prescription Medications prescribed to a Member to prevent the occurrence of a disease or condition for those individuals with risk factors, or to prevent the recurrence of a disease or condition for those who have recovered, and do not include Prescription Medications used to treat an existing illness, injury or condition.

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	Approved-Closed	01/25/2013
Comments:	Please see attached.		
Attachment(s):	Flesch Certification Form HA, 34-180 3-13.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/25/2013
Bypass Reason:	Not required.		

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	01/25/2013
Bypass Reason:	Not required.		

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	01/25/2013
Bypass Reason:	Not PPACA related.		

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage
Form No. 34-180 3/13**

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.

Dail Brulje

Name

President

Title

January 25, 2013

Date