

<i>SERFF Tracking Number:</i>	<i>UCIN-125638467</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Concordia Insurance Company</i>	<i>State Tracking Number:</i>	<i>38943</i>
<i>Company Tracking Number:</i>	<i>AR/UCIC/002-08</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Employer Paid and Group Direct Pay</i>		
<i>Project Name/Number:</i>	<i>Preventive Incentive Rider/AR/UCIC/002-08</i>		

## Filing at a Glance

Company: United Concordia Insurance Company

Product Name: Employer Paid and Group Direct Pay      SERFF Tr Num: UCIN-125638467      State: ArkansasLH

TOI: H10G Group Health - Dental	SERFF Status: Closed	State Tr Num: 38943
Sub-TOI: H10G.000 Health - Dental	Co Tr Num: AR/UCIC/002-08	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Michelle Shutt	Disposition Date: 05/19/2008
	Date Submitted: 05/09/2008	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Preventive Incentive Rider  
 Project Number: AR/UCIC/002-08  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed  
 Date Approved in Domicile:  
 Domicile Status Comments: This filing is state specific to Arkansas and does not apply to state of domicile.

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Market Type: Group  
 Group Market Size: Small and Large  
 Group Market Type: Employer, Association, Trust

Filing Status Changed: 05/19/2008  
 State Status Changed: 05/19/2008  
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

The Preventive Incentive Rider, R-MAX (03/08) to the Schedule of Benefits, will be issued to groups who purchase the Rider and wish to have certain services not subject to the program maximum.

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 Product Name: Employer Paid and Group Direct Pay  
 Project Name/Number: Preventive Incentive Rider/AR/UCIC/002-08

## Company and Contact

### Filing Contact Information

Michelle Shutt, Regulatory Compliance Analyst uccoicorro@ucci.com  
 4401 Deer Path Road (800) 929-0538 [Phone]  
 Harrisburg, PA 17110 (717) 260-6888[FAX]

### Filing Company Information

United Concordia Insurance Company	CoCode: 85766	State of Domicile: Arizona
4401 Deer Path Road	Group Code: 812	Company Type: LAH
Harrisburg, PA 17110	Group Name: Highmark	State ID Number:
(800) 929-0538 ext. 57225[Phone]	FEIN Number: 86-0307623	

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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Concordia Insurance Company	\$0.00	05/09/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	05/19/2008	05/19/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/13/2008	05/13/2008	Michelle Shutt	05/16/2008	05/16/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Filer	Rosalind Minor	05/13/2008	05/13/2008
Filing Fee Submission Question	Note To Reviewer	Michelle Shutt	05/13/2008	05/13/2008

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*Project Name/Number:*      *Preventive Incentive Rider/AR/UCIC/002-08*

## **Disposition**

Disposition Date: 05/19/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UCIN-125638467 State: Arkansas  
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 Project Name/Number: Preventive Incentive Rider/AR/UCIC/002-08

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variability for Preventive Incentive Rider	Approved-Closed	Yes
<b>Form</b>	Preventive Incentive Rider	Approved-Closed	Yes

SERFF Tracking Number: UCIN-125638467 State: Arkansas  
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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/13/2008  
Submitted Date 05/13/2008

Respond By Date

Dear Michelle Shutt,

This will acknowledge receipt of the captioned filing.

Objection 1

- Preventive Incentive Rider (Form)

Comment: Our Bulletin 7- 2005 states that effective October 1, 2005, the Department will commence charging fees for all SERFF Filings. Please review procedures under Bulletin 7-2005 and Rule and Regulation 57.

Normal fees are \$50.00 for each policy including all forms associated with the policy and filed with the policy. Other forms filed separately are \$20 for each form.

Fee for rates is \$50.00 for each form submitted. For pre-standard Medicare Supplement and/or closed blocks of business with combined experience, one \$50.00 fee is required.

The fee for an advertisement is \$25.00 per form.

If the domicile state fee is greater than our state, we accept the domicile state fee. ACA 23-61-708(H).

Arkansas does accept EFTs or checks. Checks should be payable to "Insurance Dept. Trust Fund" along with a copy of a SERFF document that includes the SERFF Tracking number and/or our state's tracking number

THE FILING FEE FOR THIS SUBMISSION IS \$20.00.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/16/2008

*SERFF Tracking Number:*      *UCIN-125638467*                      *State:*                      *Arkansas*  
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*Product Name:*              *Employer Paid and Group Direct Pay*  
*Project Name/Number:*      *Preventive Incentive Rider/AR/UCIC/002-08*  
  
**Submitted Date**    **05/16/2008**

SERFF Tracking Number: UCIN-125638467 State: Arkansas  
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TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: Employer Paid and Group Direct Pay  
Project Name/Number: Preventive Incentive Rider/AR/UCIC/002-08

Dear Rosalind Minor,

**Comments:**

**Response 1**

Comments: Check No. 02661898 will be overnighted to your office for delivery on Monday, May 19th. Attached with the check is a copy of the General Information Tab from our SERFF filing with the SERFF Tracking Number.

Thank you for your assistance in this matter.

Michelle Shutt

**Related Objection 1**

Applies To:

- Preventive Incentive Rider (Form)

Comment:

Our Bulletin 7- 2005 states that effective October 1, 2005, the Department will commence charging fees for all SERFF Filings. Please review procedures under Bulletin 7-2005 and Rule and Regulation 57.

Normal fees are \$50.00 for each policy including all forms associated with the policy and filed with the policy. Other forms filed separately are \$20 for each form.

Fee for rates is \$50.00 for each form submitted. For pre-standard Medicare Supplement and/or closed blocks of business with combined experience, one \$50.00 fee is required.

The fee for an advertisement is \$25.00 per form.

If the domicile state fee is greater than our state, we accept the domicile state fee. ACA 23-61-708(H).

Arkansas does accept EFTs or checks. Checks should be payable to "Insurance Dept. Trust Fund" along with a copy of a SERFF document that includes the SERFF Tracking number and/or our state's tracking number

THE FILING FEE FOR THIS SUBMISSION IS \$20.00.

**Changed Items:**

No Supporting Documents changed.

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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Michelle Shutt

*SERFF Tracking Number:*      *UCIN-125638467*                      *State:*                      *Arkansas*  
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**Note To Filer**

**Created By:**

Rosalind Minor on 05/13/2008 01:48 PM

**Subject:**

Filing Fee

**Comments:**

For future reference, an EFT can only be submitted when the filing is first submitted to our state.

Yes, please send by mail with a copy of the document to identify the submission.

Thank you.

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**Note To Reviewer**

**Created By:**

Michelle Shutt on 05/13/2008 01:40 PM

**Subject:**

Filing Fee Submission Question

**Comments:**

Should UCIC submit the filing fee by check and mail to your office with a copy of the SERFF document? I am unable to transmit the fee via EFT when I try to amend the filing. If we should mail the check, we will be able to send a check via Fed-Ex by the end of the week.

Thank you for your assistance in this matter.

Michelle Shutt

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## Form Schedule

**Lead Form Number:** R-MAX (03/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	R-MAX (03/08)	Other	Preventive Incentive Rider	Initial		68	Preventive Incentive Rider 0308.pdf

# United Concordia

## Rider to Schedule of Benefits

### {Preventive Incentive}

This Rider is effective on \_\_\_\_\_ and is attached to and made a part of the Schedule of Benefits.

Benefits for the following services shown as covered on the Schedule of Benefits will not be counted toward accumulation of the program Maximum indicated on the Schedule of Benefits:

- Exams
- Cleanings (routine prophylaxis)
- {Bitewing X-Rays} {All X-Rays}
- {Fluoride Treatments}
- {Sealants}
- {Palliative Treatment (Emergency)}
- {Space Maintainers}

*SERFF Tracking Number:*      *UCIN-125638467*                      *State:*                      *Arkansas*  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

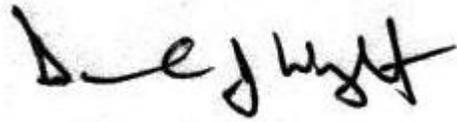
**Satisfied -Name:** Certification/Notice **Review Status:** Approved-Closed 05/19/2008  
**Comments:**  
Pursuant to ACA 23-80-206, a readability certification is attached.  
**Attachment:**  
Readability Certification.pdf

**Satisfied -Name:** Application **Review Status:** Approved-Closed 05/19/2008  
**Comments:**  
The rider will be used in conjunction with our filed and approved Schedule of Benefits, Form Numbers 9806 (07/05), 9807 (07/05), and 9808 (07/05). The Schedule of Benefits were approved on June 27, 2005.

**Satisfied -Name:** Statement of Variability for Preventive Incentive Rider **Review Status:** Approved-Closed 05/19/2008  
**Comments:**  
The attached Statement of Variability for the Preventive Incentive Rider explains the bracketed language in the form which represents variables by allowing customization for customer and market needs.  
**Attachment:**  
SOV-Prev Incentive Rider 0308.pdf

## READABILITY CERTIFICATION

I, Daniel J. Wright, Treasurer, Vice President and Controller of United Concordia Insurance Company do hereby certify and affirm that the attached R-MAX (03/08) rates 68.2 on the Flesch Reading Ease Test Scale, meeting the minimum Flesch Score of 40 required by the state of Arkansas cited as ACA 23-80-206.



Date: May 7, 2008

Signature: \_\_\_\_\_

Daniel J. Wright  
Treasurer, Vice President and Controller

## **United Concordia**

### **STATEMENT OF VARIABILITY – R-MAX (03/08)**

This statement of variability applies to **R-MAX (03/08)**. This form is attached following this statement. The numbering of the variable statements below corresponds to the indicated numbers on the keyed form attached.

1. This bracketing allows alteration of the name of the benefit rider to meet specific customer requests or market needs.
2. The effective date of the rider is inserted into this blank.
3. This bracketing allows removal of any of the listed services from the rider. If x-rays are among the services to be included on the rider, either Bitewing X-Rays or All X-Rays will be listed, but not both.

# United Concordia

## Rider to Schedule of Benefits

① {Preventive Incentive} ①

This Rider is effective on \_\_\_\_\_ ② and is attached to and made a part of the Schedule of Benefits.

Benefits for the following services shown as covered on the Schedule of Benefits will not be counted toward accumulation of the program Maximum indicated on the Schedule of Benefits:

- Exams
  - Cleanings (routine prophylaxis)
  - {Bitewing X-Rays} {All X-Rays}
  - {Fluoride Treatments}
  - {Sealants}
  - {Palliative Treatment (Emergency)}
  - {Space Maintainers}
- 
- The diagram consists of two circled numbers '3'. The left '3' has two arrows pointing to the items '{Fluoride Treatments}' and '{Sealants}'. The right '3' has two arrows pointing to the items '{Bitewing X-Rays} {All X-Rays}' and '{Palliative Treatment (Emergency)}'.