

SERFF Tracking Number: HUMA-125727492 State: Arkansas
Filing Company: Humana Dental Insurance Company State Tracking Number: 39562
Company Tracking Number:
TOI: H10I Individual Health - Dental Sub-TOI: H10I.000 Health - Dental
Product Name: AR H1 Dental HPS- HDIC
Project Name/Number: /

Filing at a Glance

Company: Humana Dental Insurance Company

Product Name: AR H1 Dental HPS- HDIC

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Form

SERFF Tr Num: HUMA-125727492 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39562

Co Tr Num:

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Susan Ortiz, Amy Stroh,

Disposition Date: 07/09/2008

Berthena Reed, Xai Xiong

Date Submitted: 07/09/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/09/2008

State Status Changed: 07/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

HumanaOne individual dental insurance application form.

Company and Contact

Filing Contact Information

Xai Xiong, Application Project Analyst

xxiong@humana.com

SERFF Tracking Number: HUMA-125727492 State: Arkansas
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Company Tracking Number:
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: AR H1 Dental HPS- HDIC
Project Name/Number: /

2 Riverwood Place (262) 951-2633 [Phone]
Waukesha, WI 53188

Filing Company Information

Humana Dental Insurance Company CoCode: 70580 State of Domicile: Wisconsin
1100 Employer's Blvd Group Code: 119 Company Type:
Green Bay, WI 54344 Group Name: State ID Number:
(800) 558-4444 ext. [Phone] FEIN Number: 39-0714280

SERFF Tracking Number: HUMA-125727492 State: Arkansas
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Company Tracking Number:
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: AR H1 Dental HPS- HDIC
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: 1 form = \$20.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Dental Insurance Company	\$20.00	07/09/2008	21312695

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TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: AR H1 Dental HPS- HDIC
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/09/2008	07/09/2008

SERFF Tracking Number: HUMA-125727492 State: Arkansas
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Company Tracking Number:
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: AR H1 Dental HPS- HDIC
Project Name/Number: /

Disposition

Disposition Date: 07/09/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-125727492 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	HumanaOne Individual Dental Insurance Application	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	AR-71017	Application/HumanaOne	Initial		40	AR-71017-
Closed	7/2008	Enrollment Individual Dental Form Insurance Application				0708.pdf

HumanaOne Individual Dental Insurance Application

Please print clearly in ink. Complete all questions. Fill in all fields or indicate "not applicable."



Date of Dental Application: ___/___/_____

Dental Coverage Options

I choose to add dental insurance to my current medical plan for all enrolled dependents.

Dental coverage will be added to your medical plan for all medical enrolled dependents upon renewal.

Payment Authorization & Billing Information

Your dental payment authorization and billing information will remain the same as previously selected for medical coverage.

Primary Applicant/Insured Information

If child-only coverage is requested, the youngest child is the Primary Applicant/Insured. Questions must be filled out by custodial parent or legal guardian.

First name	MI	Last name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth date / /	
Home address (not PO Box)			City	State	Zip code
Social Security #		Country or State of birth			
Policyholder name if different than Primary Applicant (applicable for child-only application)					

Agreement and Signature

True and Complete Acknowledgment:

I understand, agree and represent:

- I have read this document or it has been read to me.
- The answers are true and complete.
- I have received and reviewed any state or federal required disclosures.
- If this application for coverage is accepted, coverage will be effective on the date specified by Humana on the Policy. Acceptance of premium and fees does not guarantee coverage.
- To automatic withdrawal from my specified bank account or credit card for premium payment and administrative fees if selected under the payment options section on the HumanaOne individual medical insurance application.
- Any misrepresentation on this application may be used by Humana during the first [0-2] policy years to void the contract or modify the terms of coverage. This may result in loss of coverage, modification of coverage and/or claim denial.

This document, together with any supplements, will form part of and be the basis for any Policy issued.

Any person who submits an application containing a false, incomplete or deceptive statement may be guilty of insurance fraud. If you decide not to sign this agreement, we will decline to enroll you in a dental plan or to give you dental benefits.

Primary Applicant or Legal Guardian Signature _____ Date ___/___/_____

Relationship of Legal Guardian _____

Spouse Signature _____ Date ___/___/_____ (if covered dependent)

The offering Company(ies) listed below, severally or collectively, as the content may require, are referred to in this application as "Humana".

[Dental] [products] insured by [HumanaDental Insurance Company]

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State: Arkansas

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Product Name: AR H1 Dental HPS- HDIC

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 07/09/2008
Comments:
 See Attached.
Attachment:
 AR HDIC Certificate of Readability 7-08.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 07/09/2008
Bypass Reason: The application is the form being submitted for review and approval.
Comments:

Bypassed -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 07/09/2008
Bypass Reason: Does not apply.
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 07/09/2008
Bypass Reason: Does not apply.
Comments:

Satisfied -Name: Cover Letter **Review Status:** Approved-Closed 07/09/2008
Comments:
 See Attached.
Attachment:
 AR Cover Letter HDIC 7-08.pdf

Satisfied -Name: Statement of Variability **Review Status:** Approved-Closed 07/09/2008
Comments:

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TOI: H101 Individual Health - Dental *Sub-TOI:* H101.000 Health - Dental
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See Attached.

Attachment:

Statement of Variability _12-7-07_.pdf



HUMANA DENTAL INSURANCE COMPANY

CERTIFICATION

RE: Form AR-71017 7/2008

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

Form Number(s)

Form AR-71017 7/2008

Flesch Test Reading Ease Score

40

Signed by:

A handwritten signature in black ink, appearing to read "Gerald L. Ganoni", written over a solid black horizontal line.

Gerald L. Ganoni
President

Date: July 9, 2008



June 26, 2008

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: HUMANA DENTAL INSURANCE COMPANY
Individual Insurance Application Filing
Form Numbers: AR-71017 7/2008
NAIC #70580
FEIN #39-0714280

Dear Sir or Madam:

We are enclosing the above-referenced form(s) for your review and approval. This is a new filing; the enclosed form(s) do not replace or supersede any like form(s) previously filed. These form(s) are for use in the individual market. The form(s) are being filed for general use with all approved policy series.

This application will be used to offer members with an existing medical policy the opportunity to add dental coverage if they had not previously elected to take the coverage.

Included with this submission are the following documents:

- Statement of Variability; and
- Certificate of Readability

To the best of our knowledge, we believe the attached form(s) satisfy the minimum requirements of applicable Arkansas statutes and regulations.

If you have any questions regarding this filing, please contact me by phone at (800) 289-0260, extension 2633, by fax at (920) 632-0479, or by e-mail at xxiong@humana.com.

Sincerely,

A handwritten signature in cursive script that reads "Xai Xiong".

Xai Xiong
Contract Analyst
Humana Insurance Company

Enclosures

Statement of Variability

- All bracketed numbers are variable. Numbers within a section or provision are determined by the laws of the governing jurisdiction and will be varied only within the confines of the law.
- Bracketed paragraphs vary to the extent that such paragraphs may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular provisions.
- Bracketed sections vary to the extent that such sections may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular product.
- Definitions may vary to the extent that such definition may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular provisions.
- Product information, including items which customarily vary according to the policyholder's specific plan of insurance, is bracketed.
- Additional fields may be added to an application within an existing bracketed section for the purpose of offering new products or benefits subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular sections.
- Bracketed instructional text varies to the extent that such text may be added, modified, included, omitted or transferred to another page subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular section(s) on which it intends to provide instruction.
- Bracketed demographic information varies to the extent that such information may be added, modified, included, omitted or transferred to another page subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular section(s).

We also reserve the right to amend the attached form(s) to fix any minor clerical errors that may have unintentionally gone unnoticed prior to submitting for approval, to amend the language to clarify the intent, and to make minor help text revisions as needed to clarify instructions for completion of the application, all within the confines of the law.