

SERFF Tracking Number: SNLF-126340289 State: Arkansas
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 43759
Company Tracking Number: DENTAL NETWORK LAYERING '09 - SLOC
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental
Project Name/Number: Dental Network Layering '09/

Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Group Dental

SERFF Tr Num: SNLF-126340289 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 43759

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: DENTAL NETWORK State Status: Approved-Closed
LAYERING '09 - SLOC

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Lori Chilcote, Linda
Murphy, Frank Jancura

Disposition Date: 10/14/2009

Date Submitted: 10/12/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Dental Network Layering '09

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: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 10/14/2009

Explanation for Other Group Market Type:

State Status Changed: 10/14/2009

Deemer Date:

Created By: Lori Chilcote

Submitted By: Lori Chilcote

Corresponding Filing Tracking Number:

Filing Description:

October12, 2009

Mr. Jay Bradford

Commissioner of Insurance

Department of Insurance

1200 West Third Street

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Little Rock, AR 72201-1904

RE: SUN LIFE ASSURANCE COMPANY OF CANADA
NAIC #: 80802; FEIN: 38-1082080
Group Dental Certificate Form: GC-A-AR DEN DISC (09)
Dental PPO Network Layering

Dear Commissioner Donelon:

We are submitting the certificate form identified above for review and approval for use by Sun Life Assurance Company of Canada. This form replaces GC-A-AR DEN DISC (07) previously approved by your Department on August 16, 2008 under file number 39833.

The major difference is our use of an additional PPO dental network as well as our intent to provide a "layering" arrangement with our previously approved dental PPO network. Sun Life Assurance Company of Canada (SLOC) has access to the Dentemax network, as an affiliated company, through the agreement between Health Care Exchange, Ltd (dba DenteMax) of Southfield Michigan and Sun Life and Health Insurance Company (U.S.). Your Department approved our use of the DenteMax network on August 16, 2008.

Sun Life Assurance Company of Canada (SLOC) has access to the CONNECTION Dental Network, as an affiliated company, through the agreement between Government Employees Hospital Association, Inc. (GEHA) of Lee's Summit, MO and Sun Life and Health Insurance Company (U.S.). The CONNECTION Dental Network develops and maintains dental provider networks and has received Health Network Accreditation from URAC. SLOC will not be entering into direct contracts with providers. The contracts will be between GEHA and the providers.

Under the "layering" arrangement, our insureds would have access to both the DenteMax and CONNECTION Dental networks. This means that if an insured's dentist is in either the DenteMax or Connection Dental network, the insured would receive PPO level benefits. The insured's identification card would indicate both networks. Additionally, when an employer chooses the "layered" network, provider directories (both on-line and paper) would include dentists from both networks.

The [bracketed] and/or underscored material is intended to be illustrative and variable to accommodate the requirements of the individual policyholders. Text in [[double brackets]] may be included or deleted in their entirety depending upon plan design. Language may be changed to reflect benefits mandated by your state laws or regulations or federal legislation.

Enclosed are the applicable state required fees, transmittal forms, and certifications.

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We request the Department's approval of this certificate form as well as our use of this additional PPO network and "layering" arrangement. If you have any questions or comments regarding this submission, please contact me by telephone at (860) 737-2035 or via email at stacy.amos@sunlife.com.

Sincerely,

Stacy L. Amos
 Senior Compliance Consultant

Company and Contact

Filing Contact Information

Stacy Amos, Compliance Consultant
 175 Addison Road
 P.O. Box 725
 Windsor, CT 06095-0725

Stacy.Amos@sunlife.com
 860-737-2035 [Phone]
 860-737-6598 [FAX]

Filing Company Information

Sun Life Assurance Company of Canada
 175 Addison Road
 Windsor, CT 06095
 (860) 737-1000 ext. [Phone]

CoCode: 80802
 Group Code: 549
 Group Name:
 FEIN Number: 38-1082080

State of Domicile: Michigan
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 form x \$20 = \$20
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$20.00	10/12/2009	31221424

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/14/2009	10/14/2009

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Disposition

Disposition Date: 10/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	DENTAL QA 06-08 AG	Approved-Closed	Yes
Form	Disclosure	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	GC-A-AR	Certificate	Disclosure	Initial		53.600	GC-A-AR
Closed	DEN DISC	Amendmen					DEN DISC
10/14/2009	(09)	t, Insert					(09).pdf
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		Endorseme					
		nt or Rider					

Disclosure of Information Group Dental Plan

[The following document provides you with information regarding your Group Dental Benefits. This document is intended to clarify and to provide additional information about your plan. Your Group Certificate provides detailed provisions of coverage including any limitations or restrictions that apply. **You should read your certificate carefully.**

[[Dental PPO Network

Our Dental PPO is a group dental insurance program provided by us that utilizes a nationwide network of dentists. [[DenteMax]] [[and]] [[CONNECTION Dental]] [[is]] [[are]] the dental network administrator[[s]] used by us and [[is]] [[are]] responsible for the development and management of our PPO provider networks. [[DenteMax]] [[and]] [[CONNECTION Dental]] strive[[s]] to provide the most comprehensive network[[s]] of dentists possible in all areas across the country. In order to ensure that the highest standards are met, [[DenteMax utilizes a National Committee for Quality Assurance accredited organization to conduct credentials verification]] [[and]] [[CONNECTION Dental holds URAC Accreditation for their provider networks]]. All providers have the right to participate in the [[DenteMax]] [[and]] [[CONNECTION Dental]] PPO network[[s]] provided all enrollment criteria is met and they are willing to meet the terms and conditions for participation. Key features of this plan include:

- You may receive services from a provider of your choice
- You may receive a higher level of benefits for dental services when choosing a PPO provider

Dental Emergency Treatment

In the event of a dental emergency, a covered person can seek treatment from a provider of his/her choice. Treatment for a dental emergency is paid the same as treatment for a non-emergency.

Provider Directories

You may obtain provider directories by contacting our Group Policyholder Services department (GPS) at [800-451-2513](tel:800-451-2513) or you may view the list of participating providers on our web site at <http://ebg.sunlife.com>. It is possible that a provider may have left or joined the network since the printing of the directory. In order to verify that a provider is a participant, you may contact the provider directly.]]

Financial Arrangements

Reimbursements to dental service providers are based on various factors. [[When services are provided in the PPO network, charges are on a discounted fee-for-service basis.

The provider is not given an incentive or bonus that encourages withholding service or influences referrals to specialists.]] If you desire additional information about how providers [[in the network]] are compensated, please contact us at the address or telephone number shown below.

[[Provider Contracts

PPO provider contracts do not include "gag" clauses. Contracts do not prohibit the provider from discussing available treatment options and services or from disclosing the compensation methodology to covered persons.]]

Covered Expenses

Pre-Determination of Benefits

Pre-Determination of Benefits is recommended for some services. These are described in the *Determination of Benefits* part of the certificate. We will notify you and the Dentist of the benefits payable based upon the dental treatment plan that was submitted. In determining the amount of benefits payable, consideration will be given to alternate dental treatment that will accomplish a professionally satisfactory result. If you and the Dentist agree to a more costly method of treatment, the excess amount will not be paid by us.]

[Pre-Determination of Benefits is not a guarantee of benefits under your dental plan. You or your dependent must meet the plan's eligibility requirements and services must be a covered expense for benefits to be payable. Please be sure to read your certificate carefully to ensure coverage is provided under your plan.]

Retrospective Review

Certain claims are subject to retrospective review to determine whether the supplies or services provided are essential as required by your plan. Other than expenses for which coverage is required by state law, expenses for treatment or supplies that are not essential are not covered by your plan.

Description of Benefits

The *Insurance Schedule* and *Dental Expense Benefits: Covered Expenses* parts of your Group Certificate contain information regarding benefits including benefit maximums and limitations. The *Insurance Schedule* part outlines the benefit levels for treatment [[both in and out of network]] including information about your responsibility for payment related to coinsurance, co-payments, deductibles and annual limits. If services are not covered by the plan, you are responsible for payment.

The *Dental Expense Benefits: Exclusions* part of your Group Certificate contains information about charges for which no benefits are paid. Benefits are payable for essential treatment, subject to all of the provisions of your Group Certificate.

Confidentiality of Patient Information

Dental records and other patient information will be released only upon written authorization from the insured. Such information may only be used to determine eligibility and benefits payable under the plan. All our employees take appropriate measures to safeguard the security and confidentiality of patient information.

[[Rights and Responsibilities

We are committed to treating all our enrollees in a manner that respects their rights under this contract. We expect the providers of care to treat our enrollees as they would any other patient in terms of care provided, accommodations, and timeliness of access to care.

Our Dental PPO does not solicit enrollee satisfaction information.]]

Grievance Process:

If you disagree with a claim decision made by us, within 180 calendar days of receipt of such claim decision, you, your dentist, or your representative may call or write to us at the address listed below to initiate an appeal.

Sun Life Assurance Company of Canada

Dental Claims Director

P.O. Box 81633

Wellesley Hills, MA 02481

Toll-free telephone number: 1-800-451-2513

Hours: Monday-Friday 8:00 A.M. to 6:00 P.M. ET]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch certification10-09.pdf	Approved-Closed	10/14/2009

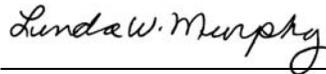
	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:	Approved-Closed	10/14/2009

	Item Status:	Status Date:
Satisfied - Item: DENTAL QA 06-08 AG Comments: Attachment: Dental QA 06-08 AG.pdf	Approved-Closed	10/14/2009

CERTIFICATION

This is to certify that the attached Form Number GC-A-AR DEN DISC (09) has achieved a Flesch Reading Ease Score of 53.6 and complies with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

SUN LIFE ASSURANCE COMPANY OF CANADA



Linda W. Murphy
Compliance Officer

October 12, 2009



Quality Assurance Program Dental

**Sun Life Financial
Employee Benefits Group**

GOALS

Both Sun Life Financial Employee Benefits Group (EBG) and our contracted vendors maintain Quality Assurance (QA) programs to help ensure the highest quality of dental care delivery to our covered persons. The goals of EBG's program are:

- Monitor the activities of EBG dental operations that affect insureds
- Monitor the activities of our dental vendors' operations that affect insureds
- Improve EBG's operational performance resulting in higher satisfaction of insureds
- Ensure compliance with state and federal laws

ORGANIZATIONAL STRUCTURE

EBG Oversight Committee (EOC)

The EBG Oversight Committee (EOC) is responsible for the dental QA program. The EOC evaluates issues, identifies trends and recommends corrective actions as necessary. The Committee meets quarterly and periodically reports the results of its activities to the Vice President – Dental Product, for presentation to the EBG Senior Leadership Team. EOC members include:

- Compliance Officer
- Dental Networks Director
- Manager, Dental TRU
- Dental Product Consultant
- Compliance Consultant
- Other representatives as needed

Quality Assurance Committee (QAC)

The Quality Assurance Committee (QAC) is responsible for continuous quality improvement of the retrospective utilization review program. QAC evaluates claim issues, identifies claims trends and emerging treatments, and recommends corrective actions. QAC holds quarterly meetings and reports its findings to EOC. QAC members include:

- Manager Dental Benefits
- Claims Administrator
- Dental Consultant(s)
- Manager, Dental TRU
- Other representatives as needed.

PROGRAM ACTIVITIES

The Committee is responsible for overseeing the QA activities of EBG as well as our vendors. EBG uses outside vendors for provider network development and maintenance. These vendors perform QA monitoring, reporting, and related activities. These activities include; credentialing and recredentialing of all providers, establishing and maintaining practice standards, the appeals processes for practitioner credentialing issues, and maintaining an understanding of and following all state and federal guidelines and regulations.

Our network vendors are required to maintain the appropriate appeals processes, make changes in the provider networks, provide appropriate correspondence of all findings to the providers, and keep records of all such activities and correspondence. Neither EBG nor its contracted vendors maintain claimant dependent information, as might be found in a DHMO, and therefore cannot accurately evaluate clinical outcomes.

EBG requires yearly reports from our vendors on QA/QI activity, credentialing and network maintenance issues. Additionally, at least every two years, the Oversight Committee reviews vendors' policies and procedures related to credentialing, recredentialing, monitoring of national and local databases (including state licensing boards), actions related to network maintenance, and internal QA and QI processes. As appropriate, we report the findings of our reviews to the vendors for appropriate action.

The EOC is also responsible for periodically assessing the EBG Retrospective Utilization Review program and for coordinating the retrospective UR program with other dental management activity, including quality assurance, credentialing, provider contracting, data reporting, grievance procedures, processes for assessing satisfaction of covered persons, and risk management. .

EBG maintains a Quality Assurance program designed to insure continuous quality improvement of the retrospective utilization review program of EBG and our contracted UR vendors. Most of the EBG derived data comes from retrospective claims reviews, appeals, and complaints. EBG also maintains a complaint database to aid in QA and QI monitoring. :

- Conducts periodic and random reviews of decisions, paying particular attention to patterns of claim denials, patterns of care outside standard guidelines, evidence of unbundling or up-coding, and clinical data suggesting reduced quality of care
- Monitors compliance with state and federal requirements for assuring confidentiality of clinical and patient information.
- Monitors call center statistics to insure adherence to established standards, and state and federal requirements
- Monitors Provider quality issues to insure adherence to established UR standards
- Monitors time service and quality statistics to insure adherence to established standards and state and federal requirements
- Monitors availability of licensed dental consultants for timely review.
- Reviews appeal and grievance determinations and adherence to P&P
- Monitors customer satisfaction
- Provides results of its findings to the Oversight Committee