

SERFF Tracking Number: HUMA-126385591 State: Arkansas
Filing Company: Humana Dental Insurance Company State Tracking Number: 44090
Company Tracking Number: AR-09-02 DEN PPO
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: AR-09-02 DEN PPO
Project Name/Number: AR-09-02 DEN PPO/AR-09-02 DEN PPO

Filing at a Glance

Company: Humana Dental Insurance Company

Product Name: AR-09-02 DEN PPO

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: HUMA-126385591 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44090

Co Tr Num: AR-09-02 DEN PPO State Status: Approved-Closed

Reviewers: Rosalind Minor
Disposition Date: 11/17/2009

Authors: Erin Hermsen, Paula
Konop, Tina Huettl, Christi Conrad

Date Submitted: 11/16/2009
Disposition Status: Approved-
Closed

Implementation Date Requested:

State Filing Description:

Implementation Date:

General Information

Project Name: AR-09-02 DEN PPO

Project Number: AR-09-02 DEN PPO

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/17/2009

Status of Filing in Domicile:

Date Approved in Domicile: 04/06/2005

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 11/17/2009

Created By: Christi Conrad

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Christi Conrad

Filing Description:

RE: GROUP DENTAL INSURANCE FORMS FILING

HUMANADENTAL INSURANCE COMPANY

NAIC #119-70580

Form number Description

GN-70146-HD PPO PPO Provision

Dear Sir/Madam:

SERFF Tracking Number: HUMA-126385591 State: Arkansas
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We respectfully submit for your approval the attached form.

The form included in this filing are intended for use with new employer group dental plans. We are using a previously approved contract as the base for these new plans, and that contract was approved in your state on 2/13/2009 under SERFF filing #HUMA-126032077.

To the best of our knowledge, we believe the attached form satisfies the minimum requirements of applicable Arkansas statutes and regulations.

We bypassed EFT because the General Instructions indicate that Arkansas is retaliatory and our domicillary state of Wisconsin does not have a fee.

Upon approval, please notify me via SERFF. If you have any questions regarding this filing, please contact me by phone at 1-800-558-4444, extension 3765, or via SERFF.

Sincerely,
HUMANADENTAL INSURANCE COMPANY

Christi Conrad
Specialty Benefits Compliance Specialist

Company and Contact

Filing Contact Information

Christi Conrad, Specialty Benefits Compliance Specialist cconrad@humana.com
325 Reid St. 920-337-3765 [Phone]
De Pere, WI 54115

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

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Dental Insurance Company	\$0.00	11/16/2009	
Humana Dental Insurance Company	\$20.00	11/17/2009	32100950

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/17/2009	11/17/2009

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	11/17/2009	11/17/2009	Christi Conrad	11/17/2009	11/17/2009

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Disposition

Disposition Date: 11/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-126385591</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Dental Insurance Company</i>	<i>State Tracking Number:</i>	<i>44090</i>
<i>Company Tracking Number:</i>	<i>AR-09-02 DEN PPO</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>AR-09-02 DEN PPO</i>		
<i>Project Name/Number:</i>	<i>AR-09-02 DEN PPO/AR-09-02 DEN PPO</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	PPO Provision	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/17/2009
Submitted Date 11/17/2009

Respond By Date

Dear Christi Conrad,

This will acknowledge receipt of the captioned filing.

Objection 1

- PPO Provision, GN-70146-HD PPO (Form)

Comment:

A filing fee is required on this submission. Listed below is the language from our General Instruction for ArkansasLH:

Fee Information:

Date Last Modified: 02/09/2009 02:28 PM

Is there a fee? Yes

Is this state retaliatory? Yes

EFT is: Accepted Payment is: Due at Submission

How are fees calculated?

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).

Remittance Instructions:

Checks should be payable to "Insurance Dept. Trust Fund" .

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The filing fee for this submission is \$20.00. Refer to Rule 57.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/17/2009
Submitted Date	11/17/2009

Dear Rosalind Minor,

Comments:

Response 1

Comments: My apologies. I have attached the \$20.00 for this form on the filing fees tab via EFT.

Related Objection 1

Applies To:

- PPO Provision, GN-70146-HD PPO (Form)

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The filing fee for this submission is \$20.00. Refer to Rule 57.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I want to continue to Thank you for your time and efforts in reviewing this filing.

Sincerely,

Christi Conrad, Erin Hermsen, Paula Konop, Tina Huettl

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 11/17/2009	GN-70146- HD PPO	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PPO Provision	Initial			_ P-HD GN PPO.pdf

PPO Provisions

What is a Preferred Provider Organization (PPO)?

A Preferred Provider Organization (PPO) is a network or group of *dentists* who are contracted to furnish, at negotiated fees, dental *services* for *you* under this plan.

Reasons to use a PPO provider

1. *We* negotiate fees for dental *services*. The negotiated fees lower costs for *you* when *you* use *dentists* in the PPO Network.
2. *You* may receive a better *benefit* and *your* out-of-pocket expenses are lowered.
3. *You* have a wide variety of *dentists* in the PPO to help *you* with *your* dental care needs.

You have the freedom to choose the *dentist* of *your* choice. However, *you* will receive *maximum benefits* by seeing a PPO Network *dentist*. If *you* visit a non-participating PPO *dentist*, *you* may be billed for any *expense incurred* that exceeds *our reimbursement limits*.

How to select a provider

A list of participating *dentists* in *your* PPO is available on *our* Web site and is updated daily. If *you* do not have Internet access, *dentist* lists are available by calling *us*. *Our* telephone number and Web site address are listed on the back of *your* dental identification card.

If *you* are traveling or need *emergency* care and are unable to access care from a PPO *dentist*, *benefits* will be paid at the out-of-network level.



Gerald L. Ganoni
President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Certification of Compliance HDIC 11-09.pdf	Approved-Closed	11/17/2009

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Attachment: AR-Application 11-09.pdf	Approved-Closed	11/17/2009

TO: State of Arkansas
Office of the Commissioner of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

GN-70146-HD PPO

PPO Provision

CERTIFICATION OF COMPLIANCE
Arkansas Rule and Regulation 19

I, Gerald L. Ganoni, an officer of HumanaDental Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



Gerald L. Ganoni, President

__11-16-2009_____
Date

Individual responsible for this filing:

Christi Conrad
Human Insurance Company
Green Bay, WI 54344
Telephone 1-800-558-4444, Ext.3765
E-mail: cconrad@humana.com

Application- Forms previously used with approval date

GN-70146-HD 1/09	Approved 2/13/2009
GN-70146-HD TAB 1/09	Approved 2/13/2009
GN-70146-HD SCP 1/09	Approved 2/13/2009
GN-70146-HD SCI 1/09	Approved 2/13/2009
GN-70146-HD BEN 1/09	Approved 2/13/2009
GN-70146-HD LE 1/09	Approved 2/13/2009
GN-70146-HD PAY 1/09	Approved 2/13/2009
GN-70146-HD EE 1/09	Approved 2/13/2009
GN-70146-HD TER 1/09	Approved 2/13/2009
GN-70146-HD DEF 1/09	Approved 2/13/2009
GN-70146-HD ORTHO 1/09	Approved 2/13/2009
GN-70146-HD Implant 1/09	Approved 2/13/2009
GN-70146-HD Roll	Approved 2/13/2009
GN-70146-HD OE 1/09	Approved 2/13/2009