

SERFF Tracking Number: AMFA-126147027 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 42376
Company Tracking Number: 9042 REV. 05-09
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: sic-9042 Rev. 05-09 - Increased Maximum Dental Benefit
Project Name/Number: sic-9042 Rev. 05-09 - Increased Maximum Dental Benefit/9042 Rev. 05-09 - Increased Maximum Dental Benefit

Filing at a Glance

Company: Standard Insurance Company

Product Name: sic-9042 Rev. 05-09 - Increased Maximum Dental Benefit SERFF Tr Num: AMFA-126147027 State: ArkansasLH

Maximum Dental Benefit

TOI: H10G Group Health - Dental

SERFF Status: Closed

State Tr Num: 42376

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: 9042 REV. 05-09

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Janis Landon

Disposition Date: 05/19/2009

Date Submitted: 05/12/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: sic-9042 Rev. 05-09 - Increased Maximum Dental Benefit

Status of Filing in Domicile: Pending

Project Number: 9042 Rev. 05-09 - Increased Maximum Dental Benefit

Date Approved in Domicile:

Requested Filing Mode:

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, Association, Trust

Filing Status Changed: 05/19/2009

Explanation for Other Group Market Type:

State Status Changed: 05/19/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form Nos: 9042 Rev. 05-09

Enclosed for your review and approval is the above captioned form. This form will replace 9042 Rev. 02-05 recently approved by your Department. This form will be used with policy 9000 Rev. 03-08 and certificate 9021 Rev. 03-08 recently approved by your Department. The group policy is issued to the policyholders of eligible groups situated in your

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Company and Contact

Filing Contact Information

Janis Landon, Contract Analyst jlandon@ameritas.com
 5900 O Street (800) 745-1112 [Phone]
 Lincoln, NE 68501-1889 (402) 467-7956[FAX]

Filing Company Information

Standard Insurance Company CoCode: 69019 State of Domicile: Oregon
 900 SW Fifth Avenue Group Code: -99 Company Type:
 Portland, OR 97204-1235 Group Name: State ID Number:
 (800) 745-6665 ext. [Phone] FEIN Number: 93-0242990

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$20.00	05/12/2009	27816216

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/19/2009	05/19/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Increased Dental Maximum Benefit	Form	Janis Landon	05/15/2009	05/15/2009

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Disposition

Disposition Date: 05/19/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	Optionals and Variables	Approved-Closed	No
Form (<i>revised</i>)	Increased Dental Maximum Benefit	Approved-Closed	No
Form	Increased Dental Maximum Benefit	Replaced	No

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Amendment Letter

Amendment Date:
 Submitted Date: 05/15/2009

Comments:

The form has been updated to show the correct form number.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
9042 Rev. 05-09	Policy/Contr act/Fraternal Certificate: Maximum Amendment, Benefit Insert Page, Endorsement or Rider	Increased Dental	Revised			9042 Rev. 02-05	50	9042 rev 05-09.pdf

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Form Schedule

Lead Form Number: 9042 Rev. 05-09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	9042 Rev. 05-09	Policy/Contract	Increased Dental Maximum Benefit	Revised	Replaced Form #: 9042 Rev. 02-05 Previous Filing #:	50	9042 rev 05-09.pdf
			al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				

INCREASED DENTAL MAXIMUM BENEFIT

[Attached to and made a part of Group Policy Number [010-999999] issued to [ABC Company] and each Certificate of Insurance issued under such policy.

It is hereby agreed that the policy and certificate is amended by adding the Increased Maximum Benefit provision as defined below:]

Carry Over Amount Per Insured Person – Each Benefit Period	[\$125, \$250, \$400]
[PPO Bonus - Each Benefit Period	[\$50,\$100, \$150, \$200]
Benefit Threshold Per Insured Person – Each Benefit Period	[\$250, \$500, \$750]
Maximum Carry Over Amount	[\$500, \$1,000, \$1,200]

After the first Benefit Period following the effective date of this provision, the Maximum Amount for Dental Expenses Per Insured Person as shown in the Schedule of Benefits may be increased by the Carry Over Amount if:

- a) The Insured Person has submitted a claim for covered dental expenses incurred during the preceding Benefit Period; and
- b) The benefits paid for dental expenses incurred in the preceding Benefit Period did not exceed the Benefit Threshold.

[After the first Benefit Period following the effective date of this provision, the Carry Over Amount Per Insured Person may be increased by the PPO Bonus if:

- a) The insured person has submitted a claim for covered dental expenses incurred during the preceding benefit period, and
- b) At least one of the claims submitted by the insured person for dental expenses incurred during the preceding benefit period were expenses resulting from services rendered by a Participating Provider, and
- c) The benefits paid for dental expenses incurred in the preceding Benefit Period did not exceed the Benefit Threshold.]

In each succeeding Benefit Period in which the total dental expense benefits paid do not exceed the Benefit Threshold, the Insured Person will be eligible for the Carry Over Amount [and the PPO Bonus].

The Carry Over Amount [and the PPO Bonus] can be accumulated from one Benefit Period to the next up to the Maximum Carry Over amount unless:

- a) During any Benefit Period, dental expense benefits are paid in excess of the Benefit Threshold. In this instance, there will be no additional Carry Over Amount [or PPO Bonus] for that Benefit Period; or
- b) During any Benefit Period, no claims for covered dental expenses incurred during the preceding Benefit Period are submitted. In this instance, there will be no Carry Over Amount [or PPO Bonus] for that Benefit Period, and any accumulated Carry Over Amounts, [including any PPO Bonuses] from previous Benefit Periods will be forfeited.

[The Carry Over Amount [and the PPO Bonus, if applicable] accrued prior to [January 1, 2009] will apply to the Maximum Amount for Dental Expenses Per Insured Person as shown in the Schedule of Benefits if proof is furnished to us that such Carry Over Amount was incurred under the Policyholder's dental

insurance policy in force immediately prior to [January 1, 2009] except as noted below. [This proof must be furnished to us within 12 months of the Policy Effective Date and not be for a Date of Services more than 12 months prior to the date the proof is furnished.] Any qualified Carry Over Amount under a prior policy will apply toward the total Maximum Carry Over Amount under this policy. In no event will the Carry Over Amount under a prior policy plus any accumulated Carry Over Amount, if applicable, under this policy exceed the Maximum Carry Over Amount. Any future Carry Over Amounts accumulated or forfeited in subsequent Benefit Periods will be calculated as outlined above. Please note that if the first Benefit Period is for a period of less than 12 months the Carry Over Amount will be accumulated in the second Benefit Period without a claim having to be filed but the Carry Over Amount in all subsequent Benefit Periods may be forfeited as per the rules in b. above.]

[The Carry Over Amount for those Insured on [January 1, 2009] will be \$[500] and will apply to the Maximum Amount for Dental Expenses Per Insured Person as shown in the Schedule of Benefits for the remainder of the Benefit Period except as noted below. In no event will the Carry Over Amount listed here plus any accumulated Carry Over Amount, if applicable, under this policy exceed the Maximum Carry Over Amount. Any future Carry Over Amounts accumulated or forfeited in subsequent Benefit Periods will be calculated as outlined above.]

Eligibility for the Carry Over Amount [and the PPO Bonus] will be established or reestablished at the time the first claim in a Benefit Period is received for covered dental expenses incurred during that Benefit Period.

In order to properly calculate the Carry Over Amount [and/or the PPO Bonus,] claims should be submitted timely in accordance with the Proof of Loss provision found within the General Provisions. You have the right to request review of prior Carry Over Amount [or PPO Bonus] calculations. The request for review must be within 24 months from the date the Carry Over Amount [or the PPO Bonus] was established.

[This provision is effective on ***Effective Date***.

Ameritas Life Insurance Corp.

A handwritten signature in black ink that reads "JoAnn M. Martin". The signature is written in a cursive, slightly slanted style.

[JoAnn M. Martin]
President]

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Flesch Certification	Review Status: Approved-Closed	05/19/2009
Comments:		
Attachments:		
ar-readability-sic.pdf		
ar-regulation 19-certification-sic.pdf		
Satisfied -Name: Application	Review Status: Approved-Closed	05/19/2009
Comments:		
SI-08-7365 - approved 11/13/97		
Satisfied -Name: Optionals and Variables	Review Status: Approved-Closed	05/19/2009
Comments:		
Attachment:		
opts-var-9042 rev 05-09.pdf		

STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER:

This is to certify that the attached form(s) has achieved a Flesch Reading Ease Score of:

FORM NO:

FLESCH SCORE:

FORM NAME:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

SIGNATURE:

TYPED NAME:

TITLE:

DATE:

STATE OF ARKANSAS

REGULATION 19

INSURER:

This is to certify that the attached form(s) are in compliance with Rule and Regulation 19:

Form Number:

Form Name:

SIGNATURE:

TYPED NAME: _____

TITLE: _____

DATE: _____

OPTIONALS AND VARIABLES
INCREASED DENTAL MAXIMUM BENEFIT PROVISION
FORM: 9042 Rev. 05-09

General Description:

When this benefit provision is in force, each Insured Person has the opportunity to increase their Annual Maximum by a specified dollar amount (“Carry Over Amount”). In order to be eligible for the Carry Over Amount, the Insured Person must submit a claim for dental expenses incurred during the preceding Benefit Period and the benefits paid for those expenses must not exceed a certain dollar amount (“Benefit Threshold”). In addition, if the benefit plan includes a Participating Provider Option (PPO), there is an additional PPO Bonus available if the insured seeks services from a PPO provider at least once during the prior benefit period. The Carry Over Amount plus any PPO Bonus can be accumulated from one Benefit Period to the next up to a Maximum Carry Over Amount. These specified dollar amounts are defined within the rider form. These amounts are marked as variable as there are various combinations available to the policyholder dependent upon the annual maximum within the policyholder’s plan.

Optionals and Variables: As indicated by brackets []

1. The available ranges are shown in the bracketed portions of the form

Carry Over Amount Per Insured Person – Each Benefit Period	[\$125, \$250, \$400]
[PPO Bonus - Each Benefit Period]	[\$50, \$100, \$150, \$200]
Benefit Threshold Per Insured Person – Each Benefit Period	[\$250, \$500, \$750]
Maximum Carry Over Amount	[\$500, \$1,000, \$1,200]

2. PPO Bonus provisions

If the group policy and certificate includes a PPO benefit option, then the language associated with the PPO Bonus may or may not be included within this form, depending on the plan chosen.. If the underlying policy and certificate do not include a PPO benefit option, then these provisions will not be included.

3. Takeover

This is an optional benefit and may be added or not, based on what type of takeover option is selected. Only one of the two paragraphs listed in the brackets will be included.

4. Officer Name and Signature

We wish to reserve the right to change the officer name and signature should they change in the future.

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Increased Dental Maximum Benefit	05/12/2009	9042 rev 05-09.pdf

INCREASED DENTAL MAXIMUM BENEFIT

[Attached to and made a part of Group Policy Number [010-999999] issued to [ABC Company] and each Certificate of Insurance issued under such policy.

It is hereby agreed that the policy and certificate is amended by adding the Increased Maximum Benefit provision as defined below:]

Carry Over Amount Per Insured Person – Each Benefit Period	[\$125, \$250, \$400]
[PPO Bonus - Each Benefit Period	[\$50,\$100, \$150, \$200]
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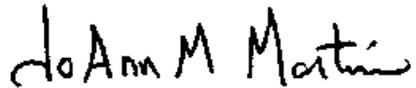
[The Carry Over Amount for those Insured on [January 1, 2009] will be \$[500] and will apply to the Maximum Amount for Dental Expenses Per Insured Person as shown in the Schedule of Benefits for the remainder of the Benefit Period except as noted below. In no event will the Carry Over Amount listed here plus any accumulated Carry Over Amount, if applicable, under this policy exceed the Maximum Carry Over Amount. Any future Carry Over Amounts accumulated or forfeited in subsequent Benefit Periods will be calculated as outlined above.]

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[This provision is effective on ***Effective Date***.

Ameritas Life Insurance Corp.

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[JoAnn M. Martin]
President]