

SERFF Tracking Number: GARD-126251786 State: Arkansas
Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 43109
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: 8664
Project Name/Number: /

Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: 8664 SERFF Tr Num: GARD-126251786 State: ArkansasLH
TOI: H10G Group Health - Dental SERFF Status: Closed State Tr Num: 43109
Sub-TOI: H10G.000 Health - Dental Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Victoria Arama Disposition Date: 08/11/2009
Date Submitted: 08/03/2009 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 06/22/2009
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: 08/11/2009 Explanation for Other Group Market Type:
State Status Changed: 08/11/2009
Deemer Date: Corresponding Filing Tracking Number:
Filing Description:

The captioned forms are being submitted for filing and/or approval by your Department. The forms will be used with our group policy insert form GP-1 et al and with our group certificate insert form CGP-3 et al, currently on file with your Department.

Policy form GP-1-DGY2K-PLUS-09 is new, and does not replace any other form. The new form enhances access to care by indentifying dentists in those areas where Guardian's network of providers is not as robust as preferred. The

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certificate form reflects the policy form.

The captioned forms are being submitted in a final, printed state for filing purposes. In actual use they may be prepared by a word processor on a case-by-case basis. After case preparation, each page may be formatted with other approved pages so that they appear, physically as one page. Also, we reserve the right to make small format changes in the forms. However, we assure you that each block of text will always be appropriately identified by filing number, and that we will not modify text beyond the parameters specified at the time of the filing and/or approval.

Variable language is indicated and numbered to correspond with the explanations in the attached memorandum.

The new forms were approved by our domiciliary state, New York, on 6/22/09.

The forms in this submission were developed using simplified language. Each form has a Flesch reading ease test score of at least 40. The forms were computer-scored. The certification of readability scores required by your jurisdiction is attached.

A filing fee for the appropriate amount is being sent via EFT.

Your early consideration of this submission will be greatly appreciated.

Company and Contact

Filing Contact Information

Victoria Arama, State Filing Support
Coordinator

7 Hanover Square (212) 598-7971 [Phone]
New York, NY 10004 (212) 919-3339[FAX]

Filing Company Information

The Guardian Life Insurance Company of CoCode: 64246 State of Domicile: New York
America
7 Hanover Square Group Code: 429 Company Type: Life
New York, NY 10004 Group Name: State ID Number:

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(212) 598-8704 ext. [Phone]

FEIN Number: 13-5123390

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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: \$20 x 2 forms = \$40.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Life Insurance Company of America	\$40.00	08/03/2009	29589829

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	08/11/2009	08/11/2009

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Disposition

Disposition Date: 08/11/2009

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	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Var. memo.	Approved-Closed	Yes
Supporting Document	Fee form	Approved-Closed	Yes
Form	(Guardian Plus) Services Program	Approved-Closed	Yes
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Form Schedule

Lead Form Number: GP-1-DGY2K-PLUS-09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GP-1-DGY2K-PLUS-09	Policy/Cont	(Guardian Plus) ract/Fratern Services Program al	Initial		0	GP-1-DGY2K-PLUS-09.pdf
		Certificate:	Amendmen				
		t, Insert	Page,				
		Endorseme	nt or Rider				
Approved-Closed	CGP-3-DGY2K-PLUS-09	Certificate	(Guardian Plus) Amendmen Services Program t, Insert	Initial		0	CGP-3-DGY2K-PLUS-09.pdf
		Page,	Endorseme				
		nt or Rider					

[¹ Guardian Plus] Services Program

If a *covered person* receives dental services from a [¹ Guardian Plus] provider in accordance with the terms of this program, the *covered person* may receive additional benefits.

A [¹ Guardian Plus] provider is a *non-preferred provider* who is listed in our online directory of [¹ Guardian Plus] Providers at [³ www.guardianlife.com.]

The [¹ Guardian Plus] *provider* must be listed in the Directory of [¹ Guardian Plus] Providers on the date the *covered services* are provided. [¹ Guardian Plus] providers may be removed from the list without prior notice at Guardian's discretion.

To be covered under this program, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services under [² Preventive Services, Basic Services or Major Services]. [² Cosmetic services, Orthodontic services and services for the treatment of TMJ] are not eligible for reimbursement under this program. Coinsurance amounts and charges for non-covered services are not eligible for reimbursement.

If the *covered person* submits a claim for *covered services* from a [¹ Guardian Plus] provider, we will reimburse the *covered person* or the [¹ Guardian Plus] provider on the same basis as we would have had the *covered person* used the services of any other *non-preferred provider*. And, if a [¹ Guardian Plus] claim is filed, Guardian may reimburse the *covered person* an additional amount. The additional amount will be calculated by multiplying the billed charges, not to exceed 200 percent of the reasonable and customary charges for the particular *covered service* in the geographic area, by the applicable *payment rate* for services furnished by a *non-preferred provider* less the amount Guardian initially paid.

A [¹ Guardian Plus] *claim* is a claim submitted by a *covered person* for any amount that the [¹ Guardian Plus] provider balance bills for *covered services* after the initially paid claim, excluding coinsurance and deductibles. To submit a [¹ Guardian Plus] *claim*, the *covered person* should send: (1) a copy of the [¹ Guardian Plus] provider's bill for the balance of amounts that exceed reasonable and customary charges for covered services; and (2) a copy of the Explanation of Benefits for the initially paid claim to the address shown on his or her Explanation of Benefits.

Subject to all the terms of this program and of this *plan*, any amounts paid to the [¹ Guardian Plus] provider or to the *covered person* under this program will count towards the *covered person's* non-PPO *benefit year payment limits*. *Covered charges* will count toward the *covered person's* non-PPO deductible.

[¹ Guardian Plus] Services Program

If *you* receive dental services from a [¹Guardian Plus] provider in accordance with the terms of this program, *you* may receive additional benefits.

A [¹Guardian Plus] provider is a *non-preferred provider* who is listed in the online directory of [¹Guardian Plus] Providers at [³ www.guardianlife.com.]

The [¹Guardian Plus] provider must be listed in the Directory of [¹Guardian Plus] Providers on the date the *covered services* are provided. [¹Guardian Plus] providers may be removed from the list without prior notice at Guardian's discretion.

To be covered under this program, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services under [²Preventive Services, Basic Services or Major Services]. [² Cosmetic services, Orthodontic services and services for the treatment of TMJ] are not eligible for reimbursement under this program. Coinsurance amounts and charges for non-covered services are not eligible for reimbursement.

If *you* submit a claim for *covered services* from a [¹Guardian Plus] provider, we will reimburse *you* or the [¹Guardian Plus] provider on the same basis as we would have had *you* used the services of any other *non-preferred provider*. And, if a [¹Guardian Plus] claim is filed, Guardian may reimburse *you* an additional amount. The additional amount will be calculated by multiplying the billed charges, not to exceed 200 percent of the reasonable and customary charges for the particular *covered service* in the geographic area, by the applicable *payment rate* for services furnished by a *non-preferred provider* less the amount Guardian initially paid.

A [¹Guardian Plus] claim is a claim you submit for any amount that the [¹Guardian Plus] provider balance bills for *covered services* after the initially paid claim, excluding coinsurance and deductibles. To submit a [¹Guardian Plus] claim, *you* should send: (1) a copy of the [¹Guardian Plus] provider's bill for the balance of amounts that exceed reasonable and customary charges for covered services and (2) a copy of the Explanation of Benefits for the initially paid claim to the address shown on *your* Explanation of Benefits.

Subject to all the terms of this program and of this *plan*, any amounts paid to the [¹Guardian Plus] provider or to *you* under this program will count towards *your* non-PPO *benefit year payment limits*. *Covered charges* will count toward *your* Non-PPO deductible.

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Supporting Document Schedules

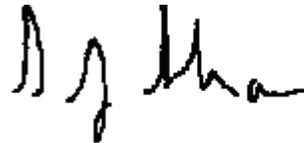
<p> Satisfied -Name: Flesch Certification Comments: Attachment: Cert. of read. 40.pdf </p>	<p> Review Status: Approved-Closed 08/11/2009 </p>
<p> Bypassed -Name: Application Bypass Reason: N/A Comments: </p>	<p> Review Status: Approved-Closed 08/11/2009 </p>
<p> Satisfied -Name: Var. memo. Comments: Attachment: Variable memorandum.pdf </p>	<p> Review Status: Approved-Closed 08/11/2009 </p>
<p> Satisfied -Name: Fee form Comments: Attachment: AR fee form.pdf </p>	<p> Review Status: Approved-Closed 08/11/2009 </p>

CERTIFICATION OF READABILITY

Form number(s): GP-1-DGY2K-PLUS-09 and CGP-3-DGY2K-PLUS-09

The undersigned individuals have carefully reviewed, and know the contents of, the filing submitted herewith, and except as qualified, do hereby certify the following:

1. The said form(s) meet the minimum reading ease requirements of your jurisdiction.
2. The captioned form(s) have a Flesch reading ease test score of at least 40 with no exemptions.
3. The said form(s) are printed in 10-point or larger type.



(Signature of Officer)



Date: 7/1/09

Group Contracts

VARIABLE MEMORANDUM
GP-1-DGY2K-PLUS-09
CGP-3-DGY2K-PLUS-09

1. We reserve the right to change the name of the program.
2. This language may be modified depending on the actual types of services covered on a particular case.
3. The website may change.



ARKANSAS INSURANCE DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock Arkansas 72204

501-686-2900

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: The Guardian Life Insurance Company of America
Company NAIC Code: 64246
Company Contact Person & Telephone #: Arlene Stone (212) 598-8690
Form Number(s): GP-1-DGY2K-PLUS-09 et al

* INSURANCE DEPARTMENT USE ONLY *
* ANALYST: AMOUNT: ROUTE SLIP: *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * x \$50 = **Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. * x \$50 = **Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * 2 x \$20 = 40 **Retaliatory

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. * x \$20 = **Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * x \$25 = **Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority.

* _____ x \$400 = _____

Filing to amend Certificate of Authority.

*** _____ x \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. §23-61-401.**