

SERFF Tracking Number: UHLC-126822865 State: Arkansas
Filing Company: Unimerica Insurance Company State Tracking Number: 46836
Company Tracking Number: DDEPAMD.UIC.06
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental
Project Name/Number: Dependent Amd/

Filing at a Glance

Company: Unimerica Insurance Company

Product Name: Group Dental

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: UHLC-126822865 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46836

Co Tr Num: DDEPAMD.UIC.06

State Status: Approved-Closed

Authors: Jayne Jackowski, Lynn
Kaisershot

Reviewer(s): Rosalind Minor

Disposition Date: 10/04/2010

Date Submitted: 09/20/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Dependent Amd

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/04/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/04/2010

Created By: Jayne Jackowski

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jayne Jackowski

Filing Description:

We respectfully submit the proposed group dental form for your approval. This is a new form and is not intended to replace any forms previously filed with the Department.

This amendment will be used to amend the previously approved dental policy form number DPOL.UNI.06 which was approved by your office on October 4, 2007.

Although Federal Health Care Reform does not apply to group stand alone dental coverage, we are revising the Dependent Definition to create the ability to match medical coverage and cover dependents until age 26. This will also

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allow coverage of dependents past the age of 26, if a group would want that option. The definition would comply with any state mandated dependent requirements.

This amendment also creates an optional Late Enrollee provision.

These materials represent final printed format (with the exception of variable text). Once approved, this form will be used to support the issuance of our portfolio of group dental products offered in your state.

Certain provisions have been [bracketed] to indicate they are variable and other provisions have been {bracketed} to indicate they are variable by omission. You have our assurance that only variable areas will be changed and or omitted.

The names of the company officers are also [bracketed]. We request your approval of the signatures on a variable basis in the event that another officer assumes responsibility for signing our forms. If this change occurs we will notify you, but will not need to re-file the forms.

Company and Contact

Filing Contact Information

Jayne Jackowski, Senior Specialty Product Analyst	Jayne.Jackowski@eams.com
3100 AMS Blvd.	920-661-2234 [Phone]
	8002325432 [Ext]
Green Bay, WI 54313	920-661-9861 [FAX]

Filing Company Information

Unimerica Insurance Company	CoCode: 91529	State of Domicile: Wisconsin
PO Box 150450	Group Code: 707	Company Type: Life and Health
Hartford, CT 0606115-0450	Group Name:	State ID Number:
(860) 702-6017 ext. [Phone]	FEIN Number: 52-1996029	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unimerica Insurance Company	\$50.00	09/20/2010	39666079

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/04/2010	10/04/2010

SERFF Tracking Number: UHLC-126822865 *State:* Arkansas
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Disposition

Disposition Date: 10/04/2010

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
Form	Dependent Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: DDEPAMD.UIC.06

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 10/04/2010	DDEPAMD.UIC.06	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Dependent Amendment	Initial			Dependment Amendment DDEPAMD.UI C.06.pdf

Dependent Coverage Amendment

Unimerica Insurance Company

As described in this Amendment, the Policy is modified to provide coverage for Dependents (and add a Late Enrollee provision).

1. The Dependent Definition in the *Certificate of Coverage, Section 1: Definitions* is replaced with the following:

Remove if Dependent coverage is not provided. ¹Include if Domestic Partner coverage is provided. ²Optional Requirement ³Include if coverage is extended to grandchildren with or without legal guardianship. ⁴Modify age as needed. ⁵Remove if group does not use Full-time Student criteria or modify as applicable to the groups full-time Student criteria. ⁶Include if extended coverage requires Full-time Student status (when the definition of Full-time Student is included in Section 1.) ⁷Remove if double coverage is elected by the Enrolling Group.

{**Dependent** - (1.) the Subscriber's legal spouse. {¹All references to the spouse of a Subscriber shall include a Domestic Partner.} or (2.) a[n] [²unmarried] dependent child of the Subscriber or the Subscriber's spouse (including a natural child, stepchild, a legally adopted child, a child placed for adoption, or a child for whom legal guardianship has been awarded to the Subscriber or the Subscriber's spouse). {³The term child also includes a grandchild of either the Subscriber or the Subscriber's spouse.} [To be eligible for coverage under the Policy, a Dependent must reside within the United States.] The definition of Dependent is subject to the following conditions and limitations:

A. The term Dependent will not include any [²unmarried] dependent child [⁴ 19-35] years of age or older, except as stated in {⁵the next paragraph, or as stated in }*Section 3: Termination of Coverage, sub-section 3.2: Extended Coverage for Handicapped Children*.

{⁵B. The term Dependent will include a[n] [²unmarried] dependent child who is [⁴ 19-35] years of age or older, but less than [⁴ 19-35] years of age [⁶as defined under Full-Time Student], if evidence satisfactory to the Company of the following conditions is furnished upon request:

1. the child is not regularly employed on a full-time basis; and
2. the child is a Full-time Student; and
3. the child is primarily dependent upon the Subscriber for support and maintenance.}

The Subscriber agrees to reimburse the Company for any Dental Services provided to the child at a time when the child did not satisfy these conditions.

The term Dependent also includes a child for whom dental care coverage is required through a Qualified Medical Child Support Order or other court or administrative order. The Enrolling Group is responsible for determining if an order meets the criteria of a Qualified Medical Child Support Order.

{⁷The term Dependent does not include anyone who is also enrolled as a Subscriber, nor can anyone be a Dependent of more than one Subscriber.}

{2. The following Definition is added to the *Certificate of Coverage, Section 1: Definitions*:

¹ Add if Late Enrollee provision applies. ²Remove if Dependent coverage is not provided. ³Remove if there is no Open Enrollment. ⁴Modify days as needed.

{¹**Late Enrollee** - an Eligible Person {²or Dependent} who enrolls for coverage under the Policy at a time other than the following:

- During the Initial Eligibility Period.
- {³During an Open Enrollment Period.}

- During a special enrollment period as described in *Section 2: Enrollment and Effective Date of Coverage*.
 - Within [⁴ 31] days of the date a newly Eligible Person [²or Dependent] first becomes eligible.}
3. The following provision is added to *Certificate of Coverage, Section 2: Enrollment and Effective Date of Coverage, Section 2.1 Enrollment*:

¹ Add if Late Enrollee provision applies. ² Remove if Dependent coverage is not provided. ³ Remove services as needed. ⁴ Modify months as needed.

{¹If you {²or a Dependent} are a Late Enrollee, Dental Coverage will be subject to the following Waiting Periods:

{³Minor Restorative Services- [⁴6] month Waiting Period}

{³Endodontics- [⁴12] month Waiting Period}

{³Periodontics- [⁴12] month Waiting Period}

{³Oral Surgery- [⁴24] month Waiting Period}

{³Adjunctive Services- [⁴24] month Waiting Period}

{³Major Restorative Services- [⁴24] month Waiting Period}

{³Fixed Prosthetics- [⁴24] month Waiting Period}

{³Removable Prosthetics- [⁴24] month Waiting Period}

{³Orthodontics- [⁴24] month Waiting Period}}}

This amendment is subject to applicable terms and conditions of the Policy. All other provisions of the Policy remain unchanged.

Include Effective Date only if Amendment is to be mailed separate from the Certificate of Coverage. Do not include effective date when amendment is issued as part of the Certificate of Coverage,.

[Effective Date of this Amendment: XX/XX/2010]

UNIMERICA INSURANCE COMPANY

(Name and Title)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/04/2010
Comments:		
Attachment:		
!Readability Certification-UIC.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	10/04/2010
Bypass Reason: Not applicable-filing amendment to previously approved policy		
Comments:		

**CERTIFICATION OF COMPLIANCE
FOR
READABILITY**

<u>Form Number(s)</u> DDEPAMD.06	<u>Flesch Readability Score</u> 51.7
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I hereby certify on behalf of **Unimerica Insurance Company** that the above Flesch Scale Analysis Readability Score is accurate, based on the computer program used to calculate the scores, and comply with the readability requirements in your state.

Signature



Print Name

Jayne Jackowski

Title

Compliance Analyst

Date

September 20, 2010
