

SERFF Tracking Number: GARD-126898460 State: Arkansas
 Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 47287
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: 9144
 Project Name/Number: /

Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: 9144

SERFF Tr Num: GARD-126898460 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved- Closed State Tr Num: 47287

Sub-TOI: H10G.000 Health - Dental

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Victoria Arama

Reviewer(s): Rosalind Minor

Date Submitted: 11/10/2010

Disposition Date: 11/19/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

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: 11/19/2010

Explanation for Other Group Market Type:

State Status Changed: 11/19/2010

Deemer Date:

Created By: Victoria Arama

Submitted By: Victoria Arama

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-A-DGOPT-10 is new, and does not replace any other form. The new form provides for options to the dental insurance coverage that can be elected by the planholder. The 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

SERFF Tracking Number: GARD-126898460 State: Arkansas
 Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 47287
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: 9144
 Project Name/Number: /

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 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 America CoCode: 64246 State of Domicile: New York

7 Hanover Square Group Code: 429 Company Type: Life
 New York, NY 10004 Group Name: State ID Number:
 (212) 598-8704 ext. [Phone] FEIN Number: 13-5123390

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: flat fee per form

SERFF Tracking Number: GARD-126898460 State: Arkansas
 Filing Company: The Guardian Life Insurance Company of State Tracking Number: 47287
 America
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: 9144
 Project Name/Number: /
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Life Insurance Company of America	\$50.00	11/10/2010	41756897
The Guardian Life Insurance Company of America	\$50.00	11/18/2010	42078511

SERFF Tracking Number: GARD-126898460 State: Arkansas
 Filing Company: The Guardian Life Insurance Company of State Tracking Number: 47287
 America
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: 9144
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/19/2010	11/19/2010

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	11/18/2010	11/18/2010	Victoria Arama	11/18/2010	11/18/2010

SERFF Tracking Number: GARD-126898460

State: Arkansas

Filing Company: The Guardian Life Insurance Company of
America

State Tracking Number: 47287

Company Tracking Number:

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Product Name: 9144

Project Name/Number: /

Disposition

Disposition Date: 11/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-126898460 State: Arkansas

Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 47287

Company Tracking Number:

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: 9144

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Var. memo.	Approved-Closed	Yes
Form	Policy rider	Approved-Closed	Yes
Form	Certificate amendment	Approved-Closed	Yes

SERFF Tracking Number: GARD-126898460 State: Arkansas
Filing Company: The Guardian Life Insurance Company of State Tracking Number: 47287
America
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: 9144
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/18/2010
Submitted Date 11/18/2010
Respond By Date
Dear Victoria Arama,

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy rider, GP-1-A-DGOPT-10 (Form)
- Certificate amendment, CGP-3-A-DGOPT-10 (Form)

Comment: Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

SERFF Tracking Number: GARD-126898460 State: Arkansas
Filing Company: The Guardian Life Insurance Company of State Tracking Number: 47287
America
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: 9144
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/18/2010
Submitted Date 11/18/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: Additional fee of \$50 submitted. Sorry for any inconvenience.

Related Objection 1

Applies To:

- Policy rider, GP-1-A-DGOPT-10 (Form)
- Certificate amendment, CGP-3-A-DGOPT-10 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Victoria Arama

SERFF Tracking Number: GARD-126898460 State: Arkansas
 Filing Company: The Guardian Life Insurance Company of State Tracking Number: 47287
 America
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: 9144
 Project Name/Number: /

Form Schedule

Lead Form Number: GP-1-A-DGOPT-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/19/2010	GP-1-A-DGOPT-10	Policy/Cont ract/Fratern al	Policy rider	Initial		0.000	GP-1-A-DGOPT-10 [VERSION 11.8.2010].pdf
Approved-Closed 11/19/2010	CGP-3-A-DGOPT-10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate amendment	Initial		0.000	CGP-3-A-DGOPT-10 [VERSION 11.8.2010].pdf

ATTACHED TO AND MADE PART OF GROUP INSURANCE POLICY NO. G ¹[-(99999999)]

issued by

The Guardian Life Insurance Company of America
(herein called the Insurance Company)

To

¹[**ABC Company**]

(herein called the Policyholder)

Effective ¹[99/99/99] , this rider amends the Dental Expense Insurance provisions of the Group Policy as follows:

²³ [

A. The List of Covered Dental Services is modified to provide that the following limits apply when the services shown below are provided by a ¹⁰[*preferred provider*]; but any limits set forth in the List of Covered Dental Services with respect to these services will continue to apply when provided by a ¹¹[*non-preferred provider*]:

¹⁹ [1. The Prophylaxis and Fluoride service is modified to provide that:

- Prophylaxis is limited to 2 prophylaxes (or periodontal maintenance procedures) in any 12 consecutive month period.
- Fluoride treatment, topical application is limited to 2 treatments in any 12 consecutive month period for ²⁰[*all covered persons.*]

2. The Office Visits, Evaluations and Examination service is modified to provide that office visits, oral evaluations, examinations or limited problem focused re-evaluations are limited to a total of 2 in any 12 consecutive month period.]

²¹[3. The Prophylaxis and Fluoride service is modified to provide that Fluoride treatment, topical application is limited to 1 treatment in any 6 consecutive month period for *all covered persons.*]

⁷[4. The Radiographs service is modified to provide that either, but not both of the following: (i) a full mouth series, of a least 14 films including bitewings; or (ii) a panoramic film, maxilla and mandible, with or without bitewing radiographs; are limited to one service in any 36 consecutive month period.]

²[5. The Restorative Services are modified to provide that composite resin is covered for *anterior and posterior teeth.*]

¹²[6. The Major Restorative Services and Prosthodontic Services are modified to provide that Porcelain is covered on *anterior and posterior teeth.*]

^{3A}[7. The Major Restorative Services are modified to provide that titanium or high noble metal (gold) is covered when used in a *dental prosthesis.*]]

²³ [

^{3C} [8. The Major Restorative Services are modified to provide that titanium and high noble metal (gold) is covered as noble metal.]]

^{3B} [B. The Major Restorative Services are modified to provide that titanium or high noble metal (gold) is covered when used in a *dental prosthesis* ²²[, whether such services are provided by ¹⁰[preferred provider] or a ¹¹[non-preferred provider].]]

¹³[C. The Major Restorative Services and Prosthodontic Services are modified to provide that Porcelain is covered for *anterior and posterior teeth* ²²[, whether such services are provided by ¹⁰[preferred provider] or a ¹¹[non-preferred provider].]]

⁴[D. The Alternate Treatment provision is changed to read as follows when titanium or high noble metal (gold) is used in a *dental prosthesis*.

If more than one type of service can be used to treat a dental condition, we have the right to base benefits on the least expensive service which is within the range of professionally accepted standards of dental practice as determined by us. For example, in the case of bilateral multiple adjacent missing teeth, or multiple missing teeth in both quadrants of an arch the benefit will be based on a removable partial denture. In the case of titanium or high noble metal (gold) used in a *dental prosthesis*, the benefit will be based on the noble metal benefit. In the case of a composite filling on a posterior tooth, the benefit will be based on the corresponding covered amalgam filling benefit.]

²[E. The Exclusions are modified to provide that replacing an existing *appliance or dental prosthesis* with a like or unlike *appliance or dental prosthesis* is excluded unless (1) it is at least five years old and is no longer usable and is provided by a ¹⁰[preferred provider]; or (2) it is damaged while in the *covered person's* mouth in an *injury* suffered while covered, and cannot be made serviceable.]

¹⁴[F. The Exclusions are modified so that we will not pay for any service provided solely for cosmetic reasons. This includes, but is not limited to: (1) characterization and personalization of a *dental prosthesis*; (2) bleaching of discolored teeth; and (3) odontoplasty.]

¹⁵[G. The Exclusions are modified so that we will not pay for any service provided solely for cosmetic reasons. This includes, but is not limited to: (1) characterization and personalization of a *dental prosthesis*; (2) facings on a *dental prosthesis* for any teeth posterior to the second bicuspid when the service is provided by a ¹⁰[non-preferred provider]; (3) bleaching of discolored teeth; and (4) odontoplasty.]

- ⁵[H The List of Covered Dental Services provisions are modified to provide that the following services will be covered as set forth below and will be subject to any applicable Waiting Period or Late Entrant Penalties.]
- ⁶[1. Endodontic Services are covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Endodontic Services are covered as Group III-Major Services when such services are provided by a ¹¹[*non-preferred provider*].]
- ¹⁶ [2. Dental Sealants are covered as Group I-Preventive Services when such services are provided by a ¹⁰[*preferred provider*]. Dental Sealants are covered as Group II-Basic Services when such services are provided by a ¹¹[*non-preferred provider*].]
- ⁸ [3. Radiographs (X-rays) are modified so that bitewing x-rays are covered as Group I-Preventive Services and all other radiographs (X-rays) are covered as Group II-Basic Services when such services are provided by a ¹⁰ [*preferred provider*]. Radiographs (X-rays) including bitewing x-rays, are covered as Group II-Basic Services when provided by a ¹¹[*non-preferred provider*].]
- ⁹ [4. Radiographs (X-rays) are covered as Group I-Preventive Services when such services are provided by a ¹⁰[*preferred provider*]. Radiographs (X-rays) are covered as Group II-Basic Services when provided by a ¹¹[*non-preferred provider*].]
- ⁶[5. Endodontic Services are modified to provide that root canal therapy on molar teeth will be covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Such services are covered as Group III-Major Services when provided by a ¹¹[*non-preferred provider*].]
- ⁶ [6. Periodontal Services are covered as Group II-Basic Services when such services are provided by a ¹⁰ [*preferred provider*]. Such services are covered as Group III-Major Services when provided by a ¹¹[*non-preferred provider*].]
- ⁶[7. Periodontal Surgery Services are covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Such services are covered as Group III-Major Services when provided by a ¹¹[*non-preferred provider*].]
- ⁶[8. Non Surgical Extractions, Surgical Extractions and Other Oral Surgical Procedures will be covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Non Surgical Extractions, Surgical Extractions and Other Oral Surgical Procedures are covered as Group III-Major Services when provided by a ¹¹[*non-preferred provider*].]
- ⁶[9. Non Surgical Extractions, Surgical Extractions and Other Oral Surgical Procedures will be covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Non Surgical Extractions, Surgical Extractions and Other Oral Surgical Procedures are covered as Group III-Major Services; and uncomplicated extractions are covered as Group II-Basic Services; when provided by a ¹¹[*non-preferred provider*].]

- ⁶[10. Periodontal Services are modified to provide that periodontal maintenance procedures will be covered as Group I-Preventive Services when such services are provided by a ¹⁰[preferred provider]. Such services are covered as Group II-Basic Services when provided by a ¹¹[non-preferred provider.]
- ⁶[11. Adjunctive pre-diagnostic tests that aid in the detection of mucosal abnormalities including premalignant and malignant lesions, will be covered as Group I-Preventive Services when such services are provided by a ¹⁰[preferred provider]. Such services are covered as Group II-Basic Services when provided by a ¹¹[non-preferred provider.]
- ⁶[12.-General Anesthesia Services are covered as Group II-Basic Services when such services are provided by a ¹⁰ [preferred provider]. Such services are covered as Group III-Major Services when provided by a ¹¹[non-preferred provider].]
- ¹⁷[13. Dental Sealants are covered as Group II-Basic Services ²²[, whether such services are provided by ¹⁰[preferred provider] or a ¹¹[non-preferred provide].]]

⁴[

This rider is part of this Policy. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of this Policy.

¹[Dated at _____ This _____ Day of _____

ABC Company
Full or Corporate Name of Policyholder

Witness BY: _____
Signature And Title]

The Guardian Life Insurance Company of
America



Vice President, Risk Management & Chief Actuary,
Group Insurance

CERTIFICATE AMENDMENT

This rider amends the Dental Expense Insurance provisions as follows:

²³ [

- A. The List of Covered Dental Services is modified to provide that the following limits apply when the services shown below are provided by a ¹⁰[*preferred provider*] but any limits set forth in the List of Covered Dental Services with respect to these services will continue to apply when provided by a ¹¹[*non-preferred provider*]:

¹⁹ [

1. The Prophylaxis and Fluoride service is modified to provide that:
 - Prophylaxis is limited to 2 prophylaxes or periodontal maintenance procedures) in any 12 consecutive month period; and
 - Fluoride treatment, topical application is limited to 2 treatments in any 12 consecutive month period for ²⁰[*all covered persons.*]
2. The Office Visits, Evaluations and Examination service is modified to provide that office visits, oral evaluations, examinations or limited problem focused re-evaluations are limited to a total of 2 in any 12 consecutive month period.]

²¹ [

3. The Prophylaxis and Fluoride service is modified to provide that Fluoride treatment, topical application is limited to 1 treatment in any 6 consecutive month period for all *covered persons.*]

⁷ [

4. The Radiographs service is modified to provide that either, but not both of the following: (i) a full mouth series, of a least 14 films including bitewings; or (ii) a panoramic film, maxilla and mandible, with or without bitewing radiographs; are limited to one service in any 36 consecutive month period.]]

²³ [

²[
5. The Restorative Services are modified to provide that composite resin is covered for *anterior* and *posterior teeth*.]

¹² [
6. The Major Restorative Services and Prosthodontic Services are modified to provide that Porcelain is covered on *anterior* and *posterior teeth*.]

^{3A} [

7. The Major Restorative Services are modified to provide that titanium or high noble metal (gold) is covered when used in a *dental prosthesis*.]]

^{3C} [

8. The Major Restorative Services are modified to provide that titanium and high noble metal (gold) is covered as a noble metal.]]

^{3B} [

B. The Major Restorative Services are modified to provide that titanium or high noble metal (gold) is covered when used in a *dental prosthesis* ²²[, whether such services are provided by ¹⁰[*preferred provider*] or a ¹¹[*non-preferred provider*].]]

¹³ [

C. The Major Restorative Services and Prosthodontic Services are modified to provide that Porcelain is covered for *anterior* and *posterior teeth* ²²[, whether such services are provided by ¹⁰[*preferred provider*] or a ¹¹[*non-preferred provider*].]]

⁴[

- D. The Alternate Treatment provision is changed to read as follows when titanium or high noble metal (gold) is used in a *dental prosthesis*.

If more than one type of service can be used to treat a dental condition, we have the right to base benefits on the least expensive service which is within the range of professionally accepted standards of dental practice as determined by us. For example, in the case of bilateral multiple adjacent missing teeth, or multiple missing teeth in both quadrants of an arch the benefit will be based on a removable partial denture. In the case of titanium or high noble metal (gold) used in a *dental prosthesis*, the benefit will be based on the noble metal benefit. In the case of a composite filling on a posterior tooth, the benefit will be based on the corresponding covered amalgam filling benefit.]

²[

- E. The Exclusions are modified to provide that replacing an existing *appliance* or *dental prosthesis* with a like or unlike *appliance* or *dental prosthesis* is excluded unless (1) it is at least five years old and is no longer usable and is provided by a ¹⁰[*preferred provider*]; or (2) it is damaged while in the *covered person's* mouth in an *injury* suffered while covered, and cannot be made serviceable.]

¹⁴ [

- F. The Exclusions are modified so that we will not pay for any service provided solely for cosmetic reasons. This includes, but is not limited to: (1) characterization and personalization of a *dental prosthesis*; (2) bleaching of discolored teeth; and (3) odontoplasty.]

¹⁵ [

- G. The Exclusions are modified so that we will not pay for any service provided solely for cosmetic reasons. This includes, but is not limited to: (1) characterization and personalization of a *dental prosthesis*; (2) facings on a *dental prosthesis* for any teeth posterior to the second bicuspid when the service is provided by a ¹¹[*non-preferred provider*]; (3) bleaching of discolored teeth; and (4) odontoplasty.]

⁵[

H. The List of Covered Dental Services is modified to provide that the following services will be covered as set forth below and will be subject to any applicable Waiting Period or Late Entrant Penalties.]

⁶[

⁶[1. Endodontic Services are covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Endodontic Services are covered as Group III-Major Services when such services are provided by a ¹¹[*non-preferred provider*].]

¹⁶ [

2. Dental Sealants are covered as Group I-Preventive Services when such services are provided by a ¹⁰[*preferred provider*]. Dental Sealants are covered as Group II-Basic Services when such services are provided by a ¹¹[*non-preferred provider*].]

⁸ [

3. Radiographs (X-rays) are modified so that bitewing x-rays are covered as Group I-Preventive Services and all other radiographs (X-rays) are covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Radiographs (X-rays) including bitewing x-rays, are covered as Group II-Basic Services when provided by a ¹¹[*non-preferred provider*]. ¹¹[*non-preferred provider*].]

⁹[4. Radiographs (X-rays) are covered as Group I-Preventive Services when such services are provided by a ¹⁰[*preferred provider*]. Radiographs (X-rays) are covered as Group II-Basic Services when provided by a ¹¹[*non-preferred provider*].]

⁶[5. Endodontic Services are modified to provide that root canal therapy on molar teeth will be covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Such services are covered as Group III-Major Services when provided by a ¹¹[*non-preferred provider*].]

- ⁶[6. Periodontal Services are covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Such services are covered as Group III-Major Services when provided by a ¹¹[*non-preferred provider*].]
- ⁶[7. Periodontal Surgery Services are covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Such services are covered as Group III-Major Services when provided by a ¹¹[*non-preferred provider*].]
- ⁶[8. Non Surgical Extractions, Surgical Extractions and Other Oral Surgical Procedures will be covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Non Surgical Extractions, Surgical Extractions and Other Oral Surgical Procedures are covered as Group III-Major Services when provided by a ¹¹[*non-preferred provider*].]
- ⁶[9. Non Surgical Extractions, Surgical Extractions and Other Oral Surgical Procedures will be covered as Group II-Basic Services when such services are provided by a ¹⁰[*preferred provider*]. Non Surgical Extractions, Surgical Extractions and Other Oral Surgical Procedures are covered as Group III-Major Services, and uncomplicated extractions are covered as Group II-Basic Services; when provided by a ¹¹[*non-preferred provider*].]
- ⁶[10. Periodontal Services are modified to provide that periodontal maintenance procedures will be covered as Group I-Preventive Services when such services are provided by a ¹⁰[*preferred provider*]. Such services are covered as Group II-Basic Services when provided by a ¹¹[*non-preferred provider*].]
- ⁶[11. Adjunctive pre-diagnostic tests that aid in the detection of mucosal abnormalities including premalignant and malignant lesions, will be covered as Group I-Preventive Services when such services are provided by a ¹⁰[*preferred provider*]. Such services are covered as Group II-Basic Services when provided by a ¹¹[*non-preferred provider*].]

- ⁶[12.-General Anesthesia Services are covered as Group II-Basic Services when such services are provided by a ¹⁰[preferred provider]. Such services are covered as Group III-Major Services when provided by a ¹¹[non-preferred provider].]
- ¹⁷[13.Dental Sealants are covered as Group II-Basic Services ²²[, whether such services are provided by ¹⁰[preferred provider] or a ¹¹[non-preferred provider].]]

This rider is part of this plan. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of this plan.

The Guardian Life Insurance Company
of America



Vice President, Risk Management & Chief Actuary, Group Insurance

SERFF Tracking Number: GARD-126898460 State: Arkansas
 Filing Company: The Guardian Life Insurance Company of State Tracking Number: 47287
 America
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: 9144
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/19/2010
Comments:			
Attachment:			
Read. cert. - 40.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/19/2010
Bypass Reason:	N/A		
Comments:			

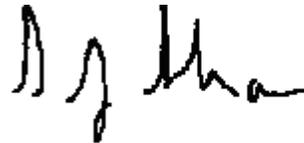
		Item Status:	Status Date:
Satisfied - Item:	Var. memo.	Approved-Closed	11/19/2010
Comments:			
Attachment:			
VARIABLE MEMORANDUM.[Version 11.8.2010].pdf			

CERTIFICATION OF READABILITY

Form number(s): GP-1-A-DGOPT-10 and CGP-3-A-DGOPT-10 et al

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: 11/10/10

Group Contracts

VARIABLE MEMORANDUM
Forms GP-1-A-DGOPT-10 AND CGP-3-A-DGOPT-10

The variable material indicated on the captioned forms corresponds with the explanations shown below.

1. The text is illustrative and may vary on a case by case basis.
2. This text will be included if elected by the Planholder.
3. This text will be included if elected by the Planholder. The text will be included if high noble metal (gold) is covered and either variable 3A or 3B will be used on a case. Variable 3C will be included if high noble (gold) is covered as a noble metal. Variable 3C will be used on a case if variable 3A or 3B are not included.
4. This text will be used if the text of variable 3 is elected by the planholder.
5. This text will be used if the services listed in the List of Covered Services varies when such services are furnished by a preferred provider.
6. This text will be included if elected by the Planholder.
7. This text will be included if elected by the Planholder. Either variable 9, 8 or 7 will be used on a particular case.
8. This text will be included if elected by the Planholder. Either variable 9, 7 or 8 will be used on a particular case.
9. This text will be included if elected by the Planholder. Either variable 7, 8 or 9 will be used on a particular case.
10. The name of the appropriate preferred provider organizations may be included, e.g. DentalGuard Preferred preferred providers.
11. Reference to the providers may be changed to reflect the category of providers; non-participating provider.
12. This text will be included if elected by the Planholder. Either variable 12. or 13. apply, but not both.
13. This text will be included if elected by the Planholder. Either variable 13. or 12. apply, but not both.
14. This text will be included if variable 13 will be used on a particular case.
15. This text will be included if variable 12 will be used on a particular case.

16. This text will be included if elected by the Planholder and either variable 16 or 17 can be included.
17. This text will be included if elected by the Planholder and either variable 17 or 16 can be included.
18. Not used.
19. This text will be included if elected by the Planholder. Either variable 19 or 21 will be used on a particular case.
20. This text may vary to reflect that fluoride treatment is for covered persons under the age 19, or any age in the range of 14 through 19 years.
21. This text will be included if elected by the Planholder. Either variable 21 or 19 will be used on a particular case.
22. This text will be deleted if the plan does not use the services of a preferred provider organization.
23. This section is deleted if none of these options are elected by the Planholder.