## Filing at a Glance

Company: The Guardian Life Insurance Company of America

| | | |
|---|---|---|
| Product Name: 9155 | SERFF Tr Num: GARD-126881729 | State: Arkansas |
| TOI: H10G Group Health - Dental | SERFF Status: Closed-Approved-Closed | State Tr Num: 47170 |
| Sub-TOI: H10G.000 Health - Dental | Co Tr Num: | State Status: Approved-Closed |
| Filing Type: Form | | Reviewer(s): Rosalind Minor |
| | Authors: Victoria Arama, Marilyn Young | Disposition Date: 12/16/2010 |
| | Date Submitted: 10/29/2010 | 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: 9155 | 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: 12/16/2010 | Explanation for Other Group Market Type: |
| | State Status Changed: 12/16/2010 |
| Deemer Date: | Created By: Marilyn Young |
| Submitted By: Marilyn Young | Corresponding Filing Tracking Number: |

Filing Description:

Re: Group Accident and Health Policy and Certificate Insert Forms GP-1-DGY2K-CC-10 and CGP-3-DGY2K-CC-10.

NAIC# 64246

NAIC Group Code# 429

Dear Sir:

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-CC-10 and CGP-3-DGY2K-CC-10 is new, and does not replace any other form. The new form provides for an additional dental benefit reimbursement option. 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 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 September 9, 2010.

The forms in this submission were developed using simplified language. Each form has a Flesch reading ease test score of at least 50. The forms were computer-scored. The certification of readability scores required by your jurisdiction is attached.

Your early consideration of this submission will be greatly appreciated.

Sincerely,


Marilyn Young
Contract Coordinator
Group Contracts and Regulatory Affairs
Ph:(212) 598-8762
Fax:(212) 919-3339
E-mail: Marilyn_Young@glic.com


## Company and Contact

**Filing Contact Information**


Marilyn Young, Contract Analyst
7 Hanover Square
19 H
New York, NY 10004

Marilyn_Young@glic.com
212-598-8762 [Phone]
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: | $40.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---|---|---|
| The Guardian Life Insurance Company of America | $40.00 | 10/29/2010 | 41319146 |
| The Guardian Life Insurance Company of America | $60.00 | 10/29/2010 | 41327497 |

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *GARD-126881729* | *State:* | *Arkansas* |
| *Filing Company:* | *The Guardian Life Insurance Company of America* | *State Tracking Number:* | *47170* |
| *Company Tracking Number:* | | | |
| *TOI:* | *H10G Group Health - Dental* | *Sub-TOI:* | *H10G.000 Health - Dental* |
| *Product Name:* | *9155* | | |
| *Project Name/Number:* | */9155* | | |

# Correspondence Summary

### Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| Approved-Closed | Rosalind Minor | 12/16/2010 | 12/16/2010 |

### 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 | 10/29/2010 | 10/29/2010 | Victoria Arama | 12/13/2010 | 12/13/2010 |

## Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|---|---|---|---|---|
| Supporting Document | variable Memorandum | Marilyn Young | 10/29/2010 | 10/29/2010 |

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *GARD-126881729* | *State:* | *Arkansas* |
| *Filing Company:* | *The Guardian Life Insurance Company of America* | *State Tracking Number:* | *47170* |
| *Company Tracking Number:* | | | |
| *TOI:* | *H10G Group Health - Dental* | *Sub-TOI:* | *H10G.000 Health - Dental* |
| *Product Name:* | *9155* | | |
| *Project Name/Number:* | */9155* | | |

# Disposition

Disposition Date: 12/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *GARD-126881729* | *State:* | *Arkansas* |
| *Filing Company:* | *The Guardian Life Insurance Company of America* | *State Tracking Number:* | *47170* |
| *Company Tracking Number:* | | | |
| *TOI:* | *H10G Group Health - Dental* | *Sub-TOI:* | *H10G.000 Health - Dental* |
| *Product Name:* | *9155* | | |
| *Project Name/Number:* | */9155* | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Flesch Certification | Approved-Closed | No |
| **Supporting Document** | Application | Approved-Closed | No |
| **Supporting Document** | variable Memorandum | Approved-Closed | No |
| **Form** | Covered Charges | Approved-Closed | No |
| **Form** | Covered Charges | Approved-Closed | No |

# Objection Letter

| | |
|---|---|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 10/29/2010 |
| Submitted Date | 10/29/2010 |
| Respond By Date | |

Dear Marilyn Young,

This will acknowledge receipt of the captioned filing.

Objection 1

- Covered Charges, GP-1-DGY2K-CC-10 (Form)
- Covered Charges, CGP-3-DGY2K-CC-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

# Response Letter

| | |
|---|---|
| Response Letter Status | Submitted to State |
| Response Letter Date | 12/13/2010 |
| Submitted Date | 12/13/2010 |

Dear Rosalind Minor,

**Comments:**
An additional fee of $60 making the total $100 was submitted on 10/29/10. We just realized that we never responded to the objection. Sorry for any inconvenience that this may have caused you. Thank you.

## Response 1

Comments: An additional fee of $60 making the total $100 was submitted on 10/29/10

**Related Objection 1**

Applies To:

- Covered Charges, GP-1-DGY2K-CC-10 (Form)
- Covered Charges, CGP-3-DGY2K-CC-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,
Marilyn Young, Victoria Arama

**Amendment Letter**

Submitted Date: 10/29/2010

**Comments:**

Varaiable Memorandum was left out by accident. Please continue to review this filing, sorry for the inconvenience. Thank you

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: variable Memorandum**

Comment:

Variable Memorandum.pdf

# Form Schedule

**Lead Form Number: GP-1-DGY2K-CC-10**

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---|---|---|---|---|---|---|---|
| Approved-Closed 12/16/2010 | GP-1-DGY2K-CC-10 | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Covered Charges | Initial | | | GP-1-DGY2K-CC-10.pdf |
| Approved-Closed 12/16/2010 | CGP-3-DGY2K-CC-10 | Certificate Amendment, Insert Page, Endorsement or Rider | Covered Charges | Initial | | | CGP-3-DGY2K-CC-10.pdf |

## Covered Charges

[1] **[** Covered charges are the lesser of: (a) the *provider's* actual charges; and (b) the reasonable and customary charges for the dental services named in this *plan's* List of Covered Dental Services. To be covered by this *plan*, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services. **]**

[2] **[** If a covered person uses the services of a *preferred provider,* covered charges are the charges listed in the fee schedule the *preferred provider* has agreed to accept as payment in full, for the dental services listed in this *plan's* List of Covered Dental Services.

If a *covered person* uses the services of a *non-preferred provider*, covered charges are the lesser of: (a) the *non-preferred provider's* actual charges; and (b) the reasonable and customary charges for the dental services listed in this *plan's* List of Covered Dental Services.

To be covered by this *plan*, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services. **]**

[2a] **[** If a covered person uses the services of a *preferred provider,* covered charges are the charges listed in the fee schedule the *preferred provider* has agreed to accept as payment in full, for the dental services listed in this *plan's* List of Covered Dental Services.

If a *covered person* uses the services of a *non-preferred provider*, covered charges are the lesser of: (a) the *non-preferred provider's* actual charges; and (b) the charges listed in the schedule of maximum allowable charges for the dental services listed in this *plan's* List of Covered Dental Services.

To be covered by this *plan*, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services. **]**

[3] **[** Whether a covered person uses the services of a *preferred provider or a non-preferred provider,* covered charges are the charges listed in the fee schedule the *preferred provider* has agreed to accept as payment in full, for the dental services listed in this *plan's* List of Covered Dental Services.

To be covered by this *plan*, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services. **]**

[2] **[** By reasonable, *we* mean the charge is the *dentist's* usual charge for the service furnished. By customary, *we* mean the charge made for the given dental condition isn't more than the usual charge made by most other *dentists.* But, in no event will the covered charge be greater than the [4] **[** 90th percentile of the prevailing fee data for a particular service in a geographic area **]** [5] **[** 150% of the 95th percentile of the prevailing fee data for a particular service in a geographic area **]** . **]**

*We* may use the professional review of a *dentist* to determine the appropriate benefit for a dental procedure or course of treatment.

When certain comprehensive dental procedures are performed, other less extensive procedures may be performed prior to, at the same time or at a later date. For benefit purposes under this *plan*, these less extensive procedures are considered to be part of the more comprehensive procedure. Even if the *dentist* submits separate bills, the total benefit payable for all related charges will be limited to the maximum benefit payable for the more comprehensive procedure. For example, osseous surgery includes the procedures scaling and root planing. If the scaling and root planing is performed one or two weeks prior to the ossesous surgery, we may only pay benefits for the ossesous surgery.

*We* only pay benefits for covered charges incurred by a *covered person* while he or she is insured by this *plan*. [6] **[** A covered charge for a crown, bridge or cast restoration is incurred on the date the tooth is initially prepared. A covered charge for any other *dental prosthesis* is incurred on the date the first master impression is made. A covered charge for root canal treatment is incurred on the date the pulp chamber is opened. A covered charge for *orthodontic treatment* is incurred on the date the *active orthodontic appliance* is first placed. **]** All [7] **[** other **]** covered charges are incurred on the date the services are furnished. If a service is started while a *covered person* is insured, *we'll* only pay benefits for services which are completed within [8] **[** 31 days **]** of the date his or her coverage under this *plan* ends.

[1] **[** Covered charges are the lesser of: (a) the *provider's* actual charges; and (b) the reasonable and customary charges for the dental services named in this *plan's* List of Covered Dental Services. To be covered by this *plan*, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services. **]**

[2] **[** If a covered person uses the services of a *preferred provider,* covered charges are the charges listed in the fee schedule the *preferred provider* has agreed to accept as payment in full, for the dental services listed in this *plan's* List of Covered Dental Services.

If a *covered person* uses the services of a *non-preferred provider*, covered charges are the lesser of: (a) the *non-preferred provider's* actual charges; and (b) the reasonable and customary charges for the dental services listed in this *plan's* List of Covered Dental Services.

To be covered by this *plan*, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services. **]**

[2a] **[** If a covered person uses the services of a *preferred provider,* covered charges are the charges listed in the fee schedule the *preferred provider* has agreed to accept as payment in full, for the dental services listed in this *plan's* List of Covered Dental Services.

If a *covered person* uses the services of a *non-preferred provider*, covered charges are the lesser of: (a) the *non-preferred provider's* actual charges; and (b) the charges listed in the schedule of maximum allowable charges for the dental services listed in this *plan's* List of Covered Dental Services.

To be covered by this *plan*, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services. **]**

[3] **[** Whether a covered person uses the services of a *preferred provider or a non-preferred provider,* covered charges are the charges listed in the fee schedule the *preferred provider* has agreed to accept as payment in full, for the dental services listed in this *plan's* List of Covered Dental Services.

To be covered by this *plan*, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services. **]**

[2] **[** By reasonable, *we* mean the charge is the *dentist's* usual charge for the service furnished. By customary, *we* mean the charge made for the given dental condition isn't more than the usual charge made by most other *dentists.* But, in no event will the covered charge be greater than the [4] **[** 90th percentile of the prevailing fee data for a particular service in a geographic area **]** [5] **[** 150% of the 95th percentile of the prevailing fee data for a particular service in a geographic area **]** . **]**

*We* may use the professional review of a *dentist* to determine the appropriate benefit for a dental procedure or course of treatment.

When certain comprehensive dental procedures are performed, other less extensive procedures may be performed prior to, at the same time or at a later date. For benefit purposes under this *plan*, these less extensive procedures are considered to be part of the more comprehensive procedure. Even if the *dentist* submits separate bills, the total benefit payable for all related charges will be limited to the maximum benefit payable for the more comprehensive procedure. For example, osseous surgery includes the procedures scaling and root planing. If the scaling and root planing is performed one or two weeks prior to the ossesous surgery, we may only pay benefits for the ossesous surgery.

*We* only pay benefits for covered charges incurred by a *covered person* while he or she is insured by this *plan*. [6] **[** A covered charge for a crown, bridge or cast restoration is incurred on the date the tooth is initially prepared. A covered charge for any other *dental prosthesis* is incurred on the date the first master impression is made. A covered charge for root canal treatment is incurred on the date the pulp chamber is opened. A covered charge for *orthodontic treatment* is incurred on the date the *active orthodontic appliance* is first placed. **]** All [7] **[** other **]** covered charges are incurred on the date the services are furnished. If a service is started while a *covered person* is insured, *we'll* only pay benefits for services which are completed within [8] **[** 31 days **]** of the date his or her coverage under this *plan* ends.

# Supporting Document Schedules

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Satisfied - Item:** | Flesch Certification | Approved-Closed | 12/16/2010 |

**Comments:**

**Attachment:**

Cert. of Read Grp. .pdf

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Bypassed - Item:** | Application | Approved-Closed | 12/16/2010 |

**Bypass Reason:** N/A

**Comments:**

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Satisfied - Item:** | variable Memorandum | Approved-Closed | 12/16/2010 |

**Comments:**

**Attachment:**

Variable Memorandum.pdf

**CERTIFICATION OF READABILITY**

Form number(s): GP-1-DGY2K-CC-10 and CGP-3-DGY2K-CC-10

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 50 with no exemptions.

3. The said form(s) are printed in 10-point or larger type.

_____
(Signature of Officer)

Date: 10/29/10

_____
Group Contracts

**GP-1-DGY2K-CC-10, CGP-3-DGY2K-CC-10**

1. This text will be used on non-PPO cases.

2. This text will be used on PPO cases for which in-network benefits are based on a fee schedule and out-of-network benefits are based on a usual and customary standard.

2a. This text will be used on PPO cases for which in-network benefits are based on a fee schedule and out-of-network benefits are based on a schedule of maximum allowable charges.

3. This text will be used on PPO cases for which both in-network and out-of-network benefits are based on the PPO fee schedule.

4. This text may vary. Other possible values are: (a) any percentile value, in 5% increments, within the $50^{th}$-$100^{th}$ percentile range; and (b) national mean fee for a particular service.

   This text will be deleted if the text in item 5. is used.

5. This text for both the percentage and the percentile may vary. Other possibilities for the percentage are 110%, 125%, 175% and 200%. Other possibilities for the percentile are $50^{th}$, $70^{th}$, $75^{th}$, $80^{th}$, $85^{th}$ and $95^{th}$.

   This text will be deleted if the text in item 4. is used.

6. This language may be modified depending on the actual types of services covered on a particular case. For example, the references to orthodontic treatment will be removed on cases that do not provide coverage for orthodontic treatment.

7. This text will be deleted in certain cases.

8. This is our standard value. It may vary within a range of 30-90 days.