

SERFF Tracking Number: NWLC-126925633 State: Arkansas  
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 47419  
 Company Tracking Number:  
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
 Product Name: Dental Enhancement Rider  
 Project Name/Number: /

## Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Dental Enhancement Rider

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: NWLC-126925633 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47419

Co Tr Num:

Authors: Jonna Shields, LaToyia  
Martin, Robin Golden

Date Submitted: 11/30/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 12/01/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/01/2010

Deemer Date:

Submitted By: Robin Golden

Filing Description:

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced revised rider for general use and approval by the Department of Insurance (the "Department"). Upon state approval, Nationwide will begin issuing this rider. It is a general use filing allowing the product to be offered to employer groups.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Concurrently,  
being filed in Nationwide's state of domicile  
Ohio.

Market Type: Group

Group Market Size: Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 12/01/2010

Created By: Robin Golden

Corresponding Filing Tracking Number:

The above referenced rider replaces form NSHDTL 2400-Enhancement Rider. The form was approved in your state on 09/08/2010 under SERFF Tracking Number NWLC-126741778. Nationwide revised the rider to include the Frequency

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Limitation for the Oral Cancer Screening.

**Other Information**

Nationwide certifies that, to the best of its knowledge and belief, the forms submitted comply with all of the laws and regulations of your state.

The filing does not contain any unusual or potentially controversial items from normal entity or industry standards. The company's domicile state is Ohio which, is being filed concurrently.

If you have questions regarding this filing, please contact me at golden1@nationwide.com, (614) 677-3870 or via SERFF.

**Company and Contact**

**Filing Contact Information**

Robin Golden, Sr. Compliance Analyst golden1@nationwide.com  
 5525 Parkcenter Circle 614-854-5106 [Phone]  
 CO-01-30  
 Dublin, OH 43017

**Filing Company Information**

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio  
 5525 Parkcenter Circle Group Code: 140 Company Type:  
 Dublin, OH 43017 Group Name: State ID Number:  
 (614) 854-3375 ext. [Phone] FEIN Number: 31-4156830

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	11/30/2010	42451729

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/01/2010	12/01/2010

*SERFF Tracking Number:*      *NWLC-126925633*                      *State:*                      *Arkansas*  
*Filing Company:*              *Nationwide Life Insurance Company*              *State Tracking Number:*      *47419*  
*Company Tracking Number:*  
*TOI:*                      *H10G Group Health - Dental*                      *Sub-TOI:*                      *H10G.000 Health - Dental*  
*Product Name:*              *Dental Enhancement Rider*  
*Project Name/Number:*      /

## **Disposition**

Disposition Date: 12/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWLC-126925633

State: Arkansas

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Enhancement Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: NSHTL 2400-Enhancement Rider-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/01/2010	NSHDTL 2400- Enhancem ent Rider-1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Enhancement Rider	Revised	Replaced Form #: NSHDTL 2400- Enhancement Rider Previous Filing #: NWLC-126741778	61.500	NSHDTL 2400- Enhancement Rider-1.pdf

**Dental Enhancement Rider**

**NATIONWIDE LIFE INSURANCE COMPANY  
Columbus, Ohio**

Issues this rider to

THE INSURED REFERRED TO ON THE COVER PAGE OF THE POLICY TO WHICH THIS RIDER IS ATTACHED AND MADE A PART THEREOF

[The effective date of this rider is the effective date of the policy to which this rider is attached.]

[Effective Date: \_\_\_\_\_]

[Policy Number: \_\_\_\_\_]

[Employer: \_\_\_\_\_]

The Policy is amended as described below. All other terms remain unchanged. Subject to the Benefits and Limitations in the Policy, this Rider provides the following benefit(s).

**The Schedule of Benefits is amended as follows:**

**Frequency Limitations**

[8. Limited to Participants age 40 or older.]

**Oral Cancer Screening**

**COVERED PROCEDURES**

	<b>Procedure Class</b>	<b>Frequency Limitation</b>	<b>Waiting Period [Months]</b>
<b>Diagnostic and Preventive</b> [Oral Cancer Screening]	[A]	[b, 8]	[0-36]

**Plan Year Benefit Maximum**

[Plan Year Benefit Maximum: [Applies to Procedure Classes: [A, B, C, D]

**Deductible Waiver**

If a Covered Person, while insured under this Policy, received at least one [Oral Exam [and, or] Prophylaxis (routine cleaning)] [Covered Class A Procedure] performed in the prior Plan Year, the In-Network [and Out-of-Network] Deductible will be waived for Covered Class A Procedures incurred during the next Plan Year.

**Maternity Benefit**

[Additional Benefits during pregnancy:

When a Covered Person is pregnant, We will provide additional Benefits to help promote oral health during the pregnancy while the Covered Person is insured under this Certificate. The additional services each [12 month period, Plan Year]include: [1, 2] additional Oral Exam[s] and [either] [1,2] additional Prophylaxis procedure[s](routine cleaning[s]) [and, or] [1,2] additional Periodontal Scaling and Root Planning procedure[s] per quadrant. [ Benefits are subject to the [Deductible][, Percentage of Covered Expenses][and] [ Plan Year Benefit Maximum] as shown in the Schedule of Benefits.] [Confirmation of the pregnancy must be provided by the Covered Person or Dentist when the claim is submitted.]]

**The Definition section of the Certificate of Coverage is amended as follows**

**Oral Cancer Screening**

Oral Cancer Screening: An adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.

**The Coverage Provisions section of the Certificate of Coverage is amended as follows**

**How does a Deductible affect a Covered Person's Benefits?**

[This Plan includes a deductible carryover provision. Any amount you pay toward Your Deductible for a Covered Procedure incurred during the last three months of the Calendar Year will be applied to Your Deductible for the next Calendar Year.]



President

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	12/01/2010
<b>Comments:</b>			
<b>Attachment:</b>			
Readability Cert - Enhancement Rider.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	12/01/2010
<b>Bypass Reason:</b>	The Application was approved in your state on 03/19/2009 under SERFF Tracking Number NWLC-125991575. Application form NSHDTL-NC-2300		

**Comments:**

CERTIFICATION OF COMPLIANCE WITH  
INSURANCE POLICY SIMPLIFICATION REQUIREMENTS

Name and Address of Insurer:

**Nationwide Life Insurance Company**  
**One Nationwide Plaza**  
**Columbus, OH 43215**  
**Mail Code: MR-05-10**

Policy/Certificate Form Number(s):  
NSHDTL 2400-Enhancement Rider-1

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with the Flesch reading ease score and the other requirements set forth in the Insurance Policy Language Simplification Act of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Tom DeNoma". The signature is fluid and cursive, with a large loop at the beginning.

Tom DeNoma  
AVP, Special Risks

Date: **November 30, 2010**