

SERFF Tracking Number: STAR-126483059 State: Arkansas
 Filing Company: Starmount Life Insurance Company State Tracking Number: 44739
 Company Tracking Number:
 TOI: H10I Individual Health - Dental Sub-TOI: H10I.000 Health - Dental
 Product Name: Individual Dental 2009 (revisions)
 Project Name/Number: /

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Individual Dental 2009
(revisions)

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental
Filing Type: Form

SERFF Tr Num: STAR-126483059 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44739

Co Tr Num:

Author: Natka Varisco

Date Submitted: 02/02/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 02/08/2010

Disposition Status: Approved-
Closed

Implementation Date Requested:

State Filing Description:

Implementation Date:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/08/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 01/29/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/08/2010

Created By: Natka Varisco

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Natka Varisco

Filing Description:

We are pleased to file the above referenced forms in Arkansas. This is a replacement filing and is being filed without an illustration. These forms are to be used with the previously approved individual dental care policy. The forms were filed and approved on SERFF under STAR-126385934 and approved on November 19, 2009. This product has not been marketed yet. After we originally filed the forms we noticed that the application and schedule were missing the Plan Option and Waiting Period selection.

We have made the following corrections:

SERFF Tracking Number: STAR-126483059 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 44739
Company Tracking Number:
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: Individual Dental 2009 (revisions)
Project Name/Number: /

APPLICATION-IDN-2009 Application:

1. The application has a few minor visual changes at the top of the first page (ex. Logos and basic instructions).
2. The other changes are to help clarify for the applicant what choices they have when choosing a dental plan. We have added a "Select Plan Option" to go along with the "Waiting Period Option" that was originally submitted as a change to the approved application.
3. We have also added a space on the bottom of the second page for the agent to print their name on the application in case their signature is difficult to read.

IDN-2009-SCP:

1. Enclosed Waiting Period Column. When we added the additional waiting period to the schedule we inadvertently failed to close in the right side of the column.

These are the only changes made to these forms. We would like to substitute these corrected forms.

I also need to amend my original filing description that was submitted under the "General Description" section of SERFF. The following statement should replace the previously submitted version:

"We are pleased to file the above referenced forms in Arkansas. This is a new filing and is being filed without an illustration. This policy is an individual dental care policy. The individual dental plan will be marketed as standalone coverage to individuals in the worksite environment or outside the worksite environment, through the internet, individual mailers and to seniors through bank mailers or other affinity marketing, such as associations. The riders submitted will be marketed as a package with the base dental plan."

Please contact me if you have any questions at 225-400-9219 or by email at natkav@starmountlife.com.

Company and Contact

Filing Contact Information

Natka Varisco, compliance specialist natkav@starmountlife.com
7800 Office Park Blvd. 225-926-2888 [Phone] 219 [Ext]
Baton Rouge, LA 70809 225-610-1419 [FAX]

Filing Company Information

Starmount Life Insurance Company CoCode: 68985 State of Domicile: Louisiana
7800 Office Park Boulevard Group Code: 68985 Company Type:

SERFF Tracking Number: STAR-126483059 *State:* Arkansas
Filing Company: Starmount Life Insurance Company *State Tracking Number:* 44739
Company Tracking Number:
TOI: H101 Individual Health - Dental *Sub-TOI:* H101.000 Health - Dental
Product Name: Individual Dental 2009 (revisions)
Project Name/Number: /
 Baton Rouge, LA 70809 *Group Name:* *State ID Number:*
 (225) 926-2888 ext. [Phone] *FEIN Number:* 72-0977315

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	02/02/2010	33935069

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/08/2010	02/08/2010

SERFF Tracking Number: STAR-126483059 State: Arkansas
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Disposition

Disposition Date: 02/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STAR-126483059 State: Arkansas
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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
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Schedule of Procedures	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/08/2010	IDN-2009 Application	Application/Enrollment Form	Application	Initial		50.600	IDN-2009 Application _rev 1-26- 10__Gen_.pdf
Approved-Closed 02/08/2010	IDN-2009- SCP	Other	Schedule of Procedures	Initial		50.200	IDN-2009- SCP_2__1- 27-10- GEN_.pdf

Administered by:



For Individuals
Dental & Vision Insurance Application

- 1. Please be sure to read all information fully and sign where indicated on back.
2. Send no money. Once approved, your policy and ID card will be mailed or emailed to you.

Underwritten by: Starmount Life Insurance Company

[8485 Goodwood Boulevard, PO Box 98100 • Baton Rouge, LA 70898-9100
Toll Free Telephone No: 1-888-729-5433]

To Be Completed by Applicant:

Applicant's Name: Last First MI DOB: MM/DD/YYYY
Applicants Address: Street or Post Office Box Apt. Number City: State: Zip
Last 4 Digits of Applicant's Social Security Number: Male Female
Name of Spouse (if to be insured): Last First MI DOB: MM/DD/YYYY
Home Telephone Number: Cell/Work Telephone Number:
E-mail address: @

Select Coverage:

- Individual Individual & Spouse Individual & Children Individual & Family

Select Plan Option: Value Standard Preferred

Select Waiting Period: 12 Month Waiting Period No Waiting Period

Indicate Method of Payment (Checking account deduction or credit card payment only):

- Deduct premium payments from my checking account automatically. (My voided check is enclosed.)
Charge future payments to Visa Mastercard

Credit Card Number: Expiration Date (MM/YY):

I want to pay: Every Month Every 3 Months Every 6 Months Every 12 Months

To Be Completed on Each Dependent Child to be Insured

*RELATIONSHIP-If Dependent is not your natural child, attach documentation of legal custody or adoption. If coverage is court ordered attach a copy of the order.

Table with 5 columns: Child's Name, Date of Birth, Gender, Relationship, Check if. Includes checkboxes for Male/Female, SON/STEPSON/DAUGHTER/STEPDAUGHTER/OTHER, Handicapped child, Full-Time Student.

Do You have any other dental insurance in force with another company? Yes No
Is this insurance intended to replace any other insurance now in force? Yes No

APPLICATION CONTINUED ON OTHER SIDE. PLEASE READ, SIGN AND DATE WHERE INDICATED.

SCHEDULE OF COVERED DENTAL PROCEDURES

SUBJECT TO THE WAITING PERIOD, POLICY YEAR DEDUCTIBLE, POLICY YEAR BENEFIT MAXIMUM, PERCENTAGE OF COVERED DENTAL EXPENSES LISTED IN THE POLICY SCHEDULE, AND THE LIMITATIONS AND EXCLUSIONS SECTION OF THE POLICY, WE WILL PAY THE FOLLOWING BENEFITS UP TO THE COVERED DENTAL EXPENSE AMOUNT WHEN A CHARGE IS INCURRED FOR A COVERED DENTAL PROCEDURE THAT OCCURS WHILE COVERAGE IS IN FORCE.

The following is a complete list of Covered Dental Procedures, applicable limitations, and Scheduled Amounts. We will not pay benefits for expenses incurred for any Procedure not listed in the Schedule of Covered Procedures.

¶ Limitations

(a) Maximum of 1 procedure per 6 months
(b) Maximum of 1 procedure per 36 months
(c) Limited to Dependent Children under age 19
(d) Maximum of 1 procedure per 12 months
(e) Maximum of 1 procedure per 12 months per provider
(f) Maximum of 1 procedure per 24 months
(g) Applications made to permanent molar teeth only
(h) Maximum of 2 procedures per arch per 24 months
(i) Maximum of 1 per 5 year period per tooth
(j) Maximum of 1 each quadrant per 12 months
(k) Maximum of 1 each quadrant per 36 months
(l) Maximum of 1 per tooth surface per tooth
(m) Subject to a yearly and lifetime maximum
(n) Maximum of 2 procedures per 12 months
(o) Replacement of existing only if in place for 36 months (for insureds over age 19) and in place for 12 months (for insureds under age 19)
(p) Not in conjunction with TMJ
(q) Benefits based on the benefit for the corresponding non-cosmetic restoration on posterior teeth.
(r) Maximum 1 time per tooth or site
(s) Maximum of 1 per lifetime
(t) Only in conjunction with listed complex oral surgery procedures and subject to review
(u) Limited to 2 oral evaluation procedures, in any combination (D0120, D0140, D0145, D0150, D0170, per 12 month period
(v) Limited to 1 bitewing x-ray procedure (D0270, D0272,

D0273, D0274) up to 4 films per 12 month period
(w) Limited to dependent children under age 16
(x) Limited to patients age 25 and older
(y) 6 months must have passed since initial placement
(z) Maximum of 1 per 7 year period when existing appliance / restoration is not serviceable.
(aa) Maximum of 1 per lifetime, per quadrant or arch
(bb) Maximum of 1 per 5 year period
(cc) Limited to patients age 16 and over
(dd) X-rays and pathology report required
(ee) Limited to 1 x-ray procedure (D0210, D0277, D0330) per 5 year period
(ff) Only for those age 40 and over who demonstrate risk factors for oral cancer and/or a suspicious lesion
(gg) not in conjunction when a completed root canal is performed by the same provider)
(hh) limited to once per site per year
(ii) premolar teeth only
(jj) maximum of 3 per quadrant in a 3 year period to address periodontal disease only
(kk) involving a minimum of 2 lower or 3 total impactions or by report. Subject to review and up to a total 1 hour maximum
(ll) maximum of 3 teeth per quadrant and after the appropriate timeframe past D4341 with pocket depths of 5-7 mm. Benefit deducted from surgery benefit in the event surgery is needed within 1 year.
(mm) In lieu of an approvable fixed bridge for a 1 tooth replacement

Procedure	Description	Limitations	Waiting Periods	Value Plan Schedule Amount	Standard Plan Schedule Amount	Preferred Plan Schedule Amount
D0120	Periodic Oral Evaluation	[(u)]	[(0,12)]	19	27	35
D0140	Limited Oral Evaluation - Problem Focused	[(u)]	[(0,12)]	29	41	53
D0145	Oral Evaluation – Patient under 3-yrs of Age	[(u)]	[(0,12)]	26	37	48
D0150	Comprehensive Oral Evaluation	[(u)]	[(0,12)]	31	44	57
D0170	Re-evaluation - Limited-Problem Focused (not post-op visit) (benefited for accidental injury monitoring only)	[(u)]	[(0,12)]	24	35	45

D0180	Comprehensive periodontal evaluation - new or established patient	[(e)]	[(0,12)]	41	58	75
D0210	Intraoral – Complete Series - FMX (including Bitewings)	[(ee)]	[(0,12)]	53	75	98
D0220	Intraoral - Periapical First Film		[(0,12)]	11	16	20
D0230	Intraoral - Periapical Each additional Film (6 or more is considered FMX)		[(0,12)]	9	13	17
D0240	Intraoral - Occlusal Film		[(0,12)]	15	22	28
D0250	Extraoral – First Film (by report)		[(0,12)]	22	31	40
D0260	Extraoral – Each Additional Film (by report)		[(0,12)]	19	27	35
D0270	Bitewing - Single Film	[(v)]	[(0,12)]	11	16	20
D0272	Bitewings – Two Films	[(v)]	[(0,12)]	17	24	31
D0273	Bitewings – Three Films	[(v)]	[(0,12)]	21	29	38
D0274	Bitewings - Four Films	[(v)]	[(0,12)]	25	35	46
D0277	Vertical Bitewings - Seven to Eight Films	[(ee)]	[(0,12)]	37	52	68
D0330	Panoramic Film	[(ee)]	[(0,12)]	43	61	79
D0431	Adjunctive Pre-diagnostic test aiding in the detection of muscosal abnormalities	[(d), (ff)]	[(0,12)]	21	30	39
D0472	Accession of Tissue, Gross Exam including report	[(hh)]	[(0,12)]	31	44	57
D0473	Accession of Tissue, Gross and Micro Exam including report	[(hh)]	[(0,12)]	70	99	128
D0474	Accession of Tissue, Gross and Micro Exam (including assessment of surgical margins) including report	[(hh)]	[(0,12)]	114	161	209
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	[(d), (ff)]	[(0,12)]	66	94	121
D1110	Prophylaxis – Adult (age 14 and above)	[(n)]	[(0,12)]	36	52	67
D1120	Prophylaxis – Child	[(n)]	[(0,12)]	26	37	48
D1203	Topical Application of Fluoride (Prophylaxis not included) - Child	[(w) (d)]	[(0,12)]	14	20	26
D1206	Topical fluoride varnish, therapeutic application of moderate to high caries risk patients	(d)	[(0,12)]	15	21	27
D1351	Sealant - per tooth	[(b) (w) (g)]	[(0,12)]	21	30	39
D1510	Space Maintainer - Fixed - Unilateral	[(w) (aa)]	[(0,12)]	132	187	242
D1515	Space Maintainer - Fixed - Bilateral	[(w) (aa)]	[(0,12)]	197	279	361
D1520	Space Maintainer - Removable - Unilateral	[(w) (aa)]	[(0,12)]	158	224	290
D1525	Space Maintainer - Removable - Bilateral	[(w) (aa)]	[(0,12)]	234	332	429
D1550	Recementation of Space Maintainer (per Space Maintainer)	[(w) (aa) (y)]	[(0,12)]	28	39	51
D1555	Removal of fixed space maintainer	[(w) (aa)]	[(0,12)]	28	39	51
D2140	Amalgam - One surface, primary or permanent	[(o) (l)]	[(0,12)]	39	56	72
D2150	Amalgam – Two surfaces, primary or permanent	[(o) (l)]	[(0,12)]	48	68	88
D2160	Amalgam - Three surfaces, primary or permanent	[(o) (l)]	[(0,12)]	58	82	106
D2161	Amalgam – Four or more surfaces, primary or permanent	[(o) (l)]	[(0,12)]	68	96	125
D2330	Resin - One surface, Anterior	[(o) (l)]	[(0,12)]	45	64	83
D2331	Resin - Two surfaces, Anterior	[(o) (l)]	[(0,12)]	55	79	102
D2332	Resin - Three surfaces, Anterior	[(o) (l)]	[(0,12)]	67	95	123
D2335	Resin - Four or more surfaces or involving incisal angle (Anterior)	[(o) (l)]	[(0,12)]	81	114	148
D2390	Resin-based composite crown, anterior	[(o) (l) (q)]	[(0,12)]	98	139	180
D2391	Resin-based composite - one surface, posterior	[(o) (l) (q)]	[(0,12)]	50	71	92
D2392	Resin-based composite - two surfaces, posterior	[(o) (l) (q)]	[(0,12)]	66	93	120
D2393	Resin-based composite - three surfaces, posterior	[(o) (l) (q)]	[(0,12)]	80	114	147
D2394	Resin-Based composite - four or more surfaces, posterior	[(o) (l) (q)]	[(0,12)]	90	128	165
D2510	Inlay - Metallic - One surface	[(z) (cc)]	[(0,12)]	90	128	165
D2520	Inlay - Metallic - Two surfaces	[(z) (cc)]	[(0,12)]	122	172	223
D2530	Inlay - Metallic - Three or more surfaces	[(z) (cc)]	[(0,12)]	152	215	279
D2542	Onlay-Metallic-Two Surfaces	[(z) (cc)]	[(0,12)]	163	231	299
D2543	Onlay-Metallic-Three surfaces	[(z) (cc)]	[(0,12)]	171	242	314
D2544	Onlay-Metallic-Four or more surfaces	[(z) (cc)]	[(0,12)]	177	251	325
D2610	Inlay – Porcelain/Ceramic - One surface	[(z) (cc) (q)]	[(0,12)]	126	179	231
D2620	Inlay – Porcelain/Ceramic - Two surfaces	[(z) (cc) (q)]	[(0,12)]	148	210	272
D2630	Inlay – Porcelain/Ceramic - Three or more surfaces	[(z) (cc) (q)]	[(0,12)]	158	224	290

D2642	Onlay - Porcelain/Ceramic - Two surfaces	[(z) (cc) (q)]	[(0,12)]	168	238	309
D2643	Onlay - Porcelain/Ceramic - Three surfaces	[(z) (cc) (q)]	[(0,12)]	171	242	314
D2644	Onlay - Porcelain/Ceramic - Four or more surfaces	[(z) (cc) (q)]	[(0,12)]	177	251	325
D2650	Inlay - Resin-Based Composite - One surface	[(z) (cc) (q)]	[(0,12)]	68	96	124
D2651	Inlay - Resin-Based Composite - Two surfaces	[(z) (cc) (q)]	[(0,12)]	117	166	215
D2652	Inlay - Resin-Based Composite - Three or more surfaces	[(z) (cc) (q)]	[(0,12)]	126	179	231
D2662	Onlay - Resin-Based Composite - Two surfaces	[(z) (cc) (q)]	[(0,12)]	132	187	243
D2663	Onlay - Resin-Based Composite - Three surfaces	[(z) (cc) (q)]	[(0,12)]	153	217	281
D2664	Onlay - Resin-Based Composite - Four or more surfaces	[(z) (cc) (q)]	[(0,12)]	158	223	289
D2710	Crown - Resin (Indirect)	[(z) (cc) (q)]	[(0,12)]	65	92	119
D2720	Crown - Resin with High Noble Metal	[(z) (cc) (q)]	[(0,12)]	167	236	305
D2721	Crown - Resin with Predominantly Base Metal	[(z) (cc) (q)]	[(0,12)]	135	192	248
D2722	Crown - Resin with Noble Metal	[(z) (cc) (q)]	[(0,12)]	135	191	248
D2740	Crown - Porcelain/Ceramic Substrate	[(z) (cc) (q)]	[(0,12)]	178	252	326
D2750	Crown - Porcelain Fused to High Noble Metal	[(z) (cc) (q)]	[(0,12)]	167	237	306
D2751	Crown - Porcelain Fused to Predominantly Base Metal	[(z) (cc) (q)]	[(0,12)]	149	211	274
D2752	Crown - Porcelain Fused to Noble Metal	[(z) (cc) (q)]	[(0,12)]	158	223	289
D2780	Crown-3/4 Cast High Noble metal	[(z) (cc) (q)]	[(0,12)]	176	249	322
D2781	Crown - 3/4 Cast High predominantly Base Metal	[(z) (cc)]	[(0,12)]	54	77	99
D2782	Crown - 3/4 Cast Noble Metal	[(z) (cc) (q)]	[(0,12)]	171	242	314
D2783	Crown - 3/4 Cast Porcelain/Ceramic	[(z) (cc) (q)]	[(0,12)]	177	250	324
D2790	Crown - Full Cast High Noble Metal	[(z) (cc)]	[(0,12)]	163	231	299
D2791	Crown - Full Cast Predominantly Base Metal	[(z) (cc)]	[(0,12)]	158	223	289
D2792	Crown - Full Cast Noble Metal	[(z) (cc)]	[(0,12)]	166	235	304
D2910	Recement Inlay	[(y)]	[(0,12)]	15	22	28
D2920	Recement Crown	[(y)]	[(0,12)]	15	21	27
D2930	Prefabricated Stainless Steel Crown - Primary tooth	[(z) (w)]	[(0,12)]	39	55	71
D2931	Prefabricated Stainless Steel Crown - Permanent tooth	[(z) (w)]	[(0,12)]	44	62	80
D2932	Prefabricated Resin Crown	[(z) (w)]	[(0,12)]	46	65	83
D2950	Core Buildup, including any pins	[(z)]	[(0,12)]	39	56	72
D2951	Pin Retention - per tooth, in addition to restoration	[(z)]	[(0,12)]	7	10	13
D2952	Cast Post and Core in addition to Crown	[(z)]	[(0,12)]	59	83	108
D2954	Prefabricated Post and Core in addition to Crown	[(z)]	[(0,12)]	50	70	91
D2980	Crown repair, by report	[(z) (cc)]	[(0,12)]	33	47	91
D3220	Therapeutic Pulpotomy (excluding final restoration)	[(r) (gg)]	[(0,12)]	26	37	48
D3221	Gross Pulpal Debridement, Primary and Permanent	[(r) (gg)]	[(0,12)]	28	39	50
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary tooth (excluding final rest	[(r)]	[(0,12)]	36	51	66
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary tooth (excluding final rest	[(r)]	[(0,12)]	37	52	68
D3310	Anterior (excluding final restoration)	[(r)]	[(0,12)]	114	162	209
D3320	Bicuspid (excluding final restoration)	[(r)]	[(0,12)]	134	190	247
D3330	Molar (excluding final restoration)	[(r)]	[(0,12)]	171	242	313
D3332	Incomplete Endodontic Therapy (inoperable or fractured tooth)	[(r)]	[(0,12)]	59	83	107
D3333	Internal Root Repair of Perforation Defects	[(r)]	[(0,12)]	45	64	83
D3346	Retreatment of previous Root Canal Therapy – Anterior (at least 6 months after previous root Canal Therapy)	[(r)]	[(0,12)]	131	186	241
D3347	Retreatment of previous Root Canal Therapy – Bicuspid (at least 6 months after previous root Canal Therapy)	[(r)]	[(0,12)]	151	214	278
D3348	Retreatment of previous Root Canal Therapy – Molar (at least 6 months after previous root Canal Therapy)	[(r)]	[(0,12)]	188	266	344
D3351	Apexification/Recalcification - Initial Visit (apical closure/calcific repair of perforations, root resorption, etc.)	[r]	[(0,12)]	50	70	91
D3352	Apexification/Recalcification - interim medication replacement	[r]	[(0,12)]	29	41	53
D3353	Apexification/Recalcification - Final Visit (includes completed root canal therapy)	[r]	[(0,12)]	81	115	149

D3410	Apicoectomy/Periradicular Surgery - Anterior	[r]	[(0,12)]	133	189	245
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (first root)	[r]	[(0,12)]	144	204	264
D3425	Apicoectomy/Periradicular Surgery - Molar (first root)	[r]	[(0,12)]	158	223	289
D3426	Apicoectomy/Periradicular Surgery (each additional root)	[r]	[(0,12)]	50	70	91
D3430	Retrograde Filling - per root	[r]	[(0,12)]	36	51	66
D3450	Root Amputation - per root	[r]	[(0,12)]	81	115	149
D3920	Hemisection (including any root removal), not including Root Canal Therapy	[(s)]	[(0,12)]	59	83	108
D4210	Gingivectomy or Gingivoplasty - per quadrant	[(k)]	[(0,12)]	89	125	162
D4211	Gingivectomy or Gingivoplasty, per tooth	[(k)]	[(0,12)]	35	49	64
D4240	Gingival Flap Procedure, including Root Planing - per quadrant	[(k)]	[(0,12)]	113	159	206
D4241	Gingival Flap Procedure, including Root Planing - one to three teeth per quadrant	[(k)]	[(0,12)]	83	117	151
D4249	Clinical Crown Lengthening - Hard Tissue	[(r)]	[(0,12)]	135	191	248
D4260	Osseous Surgery (including Flap Entry and Closure) - per quadrant	[(k)]	[(0,12)]	170	241	312
D4261	Osseous Surgery (including Flap Entry and Closure) - one to three teeth, per quadrant	[(k)]	[(0,12)]	149	211	273
D4263	Bone Replacement Graft - first site in quadrant	[(r)]	[(0,12)]	72	102	132
D4264	Bone Replacement Graft - each additional site in quadrant	[(r)]	[(0,12)]	45	64	83
D4265	Biologic materials to aid in soft and osseous tissue regeneration	[(r)]	[(0,12)]	66	93	120
D4270	Pedicle Soft Tissue Graft Procedure	[(k)]	[(0,12)]	137	194	251
D4271	Free Soft Tissue Graft Procedure (including Donor Site Surgery)	[(k)]	[(0,12)]	149	210	272
D4273	Subepithelial Connective Tissue Graft Procedure (including Donor Site Surgery)	[(k)]	[(0,12)]	171	242	314
D4274	Distal or Proximal Wedge Procedure (when not performed in conjunction with Surgical procedures in the same area)	[(k)]	[(0,12)]	81	115	149
D4275	Soft tissue allograft	[(k)]	[(0,12)]	140	198	256
D4276	Combined connective tissue and double pedicle graft	[(k)]	[(0,12)]	176	249	322
D4341	Periodontal Scaling and Root Planing, per quadrant	[(k)]	[(0,12)]	38	54	70
D4342	Periodontal Scaling and Root Planing - one to three teeth, per quadrant	[(k)]	[(0,12)]	25	36	46
D4381	Localized delivery of chemo agents	[(k) (ll)]	[(0,12)]	9	12	16
D4910	Periodontal Maintenance Procedures (following active therapy and in lieu of a D1110)	[(n)]	[(0,12)]	22	31	40
D5110	Complete Denture - Maxillary	[(z)]	[(0,12)]	189	268	347
D5120	Complete Denture - Mandibular	[(z)]	[(0,12)]	189	268	347
D5130	Immediate Denture - Maxillary	[(z)]	[(0,12)]	210	297	384
D5140	Immediate Denture - Mandibular	[(z)]	[(0,12)]	210	297	384
D5211	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	[(z)]	[(0,12)]	150	213	276
D5212	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	[(z)]	[(0,12)]	166	235	304
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (inclu	[(z)]	[(0,12)]	214	303	393
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (incl	[(z)]	[(0,12)]	214	303	393
D5281	Removable Unilateral Partial Denture - One piece cast Metal (including clasps and teeth)	[(z)]	[(0,12)]	122	172	223
D5410	Adjust Complete Denture - Maxillary	[(d) (y)]	[(0,12)]	12	17	21
D5411	Adjust Complete Denture - Mandibular	[(d) (y)]	[(0,12)]	12	17	21
D5421	Adjust Partial Denture - Maxillary	[(d) (y)]	[(0,12)]	12	17	22
D5422	Adjust Partial Denture - Mandibular	[(d) (y)]	[(0,12)]	12	17	21
D5510	Repair broken Complete Denture Base	[(d) (y)]	[(0,12)]	27	38	49
D5520	Replace missing or broken teeth - Complete Denture (each tooth)	[(d) (y)]	[(0,12)]	23	32	41
D5610	Repair Resin Denture Base	[(d) (y)]	[(0,12)]	26	37	48
D5620	Repair Cast Framework	[(d) (y)]	[(0,12)]	32	45	58
D5630	Repair or Replace Broken Clasp	[(d) (y)]	[(0,12)]	32	45	58

D5640	Replace broken teeth - per tooth	[(d) (y)]	[(0,12)]	23	33	43
D5650	Add tooth to existing Partial Denture	[(d) (y)]	[(0,12)]	28	40	51
D5660	Add Clasp to existing Partial Denture	[(d) (y)]	[(0,12)]	32	46	59
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[(z)]	[(0,12)]	86	121	157
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[(z)]	[(0,12)]	90	128	165
D5710	Rebase Complete Maxillary Denture	[(f) (y)]	[(0,12)]	72	102	132
D5711	Rebase Complete Mandibular Denture	[(f) (y)]	[(0,12)]	72	102	132
D5720	Rebase Maxillary Partial Denture	[(f) (y)]	[(0,12)]	72	102	132
D5721	Rebase Mandibular Partial Denture	[(f) (y)]	[(0,12)]	72	102	132
D5730	Reline Complete Maxillary Denture (chair side)	[(f) (y)]	[(0,12)]	48	68	87
D5731	Reline Complete Mandibular Denture (chair side)	[(f) (y)]	[(0,12)]	46	65	84
D5740	Reline Maxillary Partial Denture (chair side)	[(f) (y)]	[(0,12)]	45	64	83
D5741	Reline mandibular Partial Denture (chair side)	[(f) (y)]	[(0,12)]	45	64	83
D5750	Reline Complete Maxillary Denture (laboratory)	[(f) (y)]	[(0,12)]	63	89	116
D5751	Reline Complete Mandibular Denture (laboratory)	[(f) (y)]	[(0,12)]	63	89	116
D5760	Reline Maxillary Partial Denture (laboratory)	[(f) (y)]	[(0,12)]	63	89	116
D5761	Reline Mandibular Partial Denture (laboratory)	[(f) (y)]	[(0,12)]	63	89	116
D5810	Interim complete denture (maxillary)	[(s)]	[(0,12)]	99	140	182
D5811	Interim complete denture (mandibular)	[(s)]	[(0,12)]	101	144	186
D5820	Interim partial denture (maxillary)	[(s)]	[(0,12)]	82	116	150
D5821	Interim partial denture (mandibular)	[(s)]	[(0,12)]	87	124	160
D5850	Tissue Conditioning, Maxillary	[(f) (y)]	[(0,12)]	23	32	41
D5851	Tissue Conditioning, Mandibular	[(f) (y)]	[(0,12)]	23	32	41
D6058	Abutment supported porcelain/ceramic crown	[(z) (cc) (mm) (q)]	[(0,12)]	223	315	408
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	219	311	402
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	[(z) (cc) (mm) (q)]	[(0,12)]	198	281	363
D6061	Abutment supported porcelain fused to metal crown (noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	207	293	380
D6062	Abutment supported cast metal crown (high noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	216	306	396
D6063	Abutment supported cast metal crown (predominantly base metal)	[(z) (cc) (mm) (mm)]	[(0,12)]	189	267	346
D6064	Abutment supported cast metal crown (noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	243	344	446
D6065	Implant supported porcelain/ceramic crown	[(z) (cc) (mm) (q)]	[(0,12)]	234	332	429
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	234	332	429
D6067	Implant supported metal crown (titanium, titanium all, high noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	233	330	427
D6068	Abutment supported retainer of porcelain/ceramic FPD	[(z) (cc) (mm) (q)]	[(0,12)]	202	286	370
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	216	306	396
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	[(z) (cc) (mm) (q)]	[(0,12)]	214	303	393
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	216	306	396
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	186	264	342
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)	[(z) (cc) (mm) (mm)]	[(0,12)]	198	281	363
D6074	Abutment supported retainer for cast metal FPD (noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	202	286	370

D6075	Implant supported retainer for ceramic FPD	[(z) (cc) (mm) (q)]	[(0,12)]	216	306	396
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy or high noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	225	319	413
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal)	[(z) (cc) (mm) (q)]	[(0,12)]	176	249	322
D6092	Recement of implant/abutment supported crown	[(d)]	[(0,12)]	16	23	30
D6093	Recement of implant/abutment supported fixed partial denture	[(d)]	[(0,12)]	23	32	41
D6210	Pontic - Cast High Noble Metal	[(z) (cc) (q)]	[(0,12)]	158	223	289
D6211	Pontic - Cast Predominantly Base Metal	[(z) (cc)]	[(0,12)]	146	207	267
D6212	Pontic - Cast Noble Metal	[(z) (cc) (q)]	[(0,12)]	161	228	295
D6240	Pontic - Porcelain fused to High Noble Metal	[(z) (cc) (q)]	[(0,12)]	163	232	300
D6241	Pontic - Porcelain fused to Predominantly Base Metal	[(z) (cc) (q)]	[(0,12)]	146	207	268
D6242	Pontic - Porcelain fused to Noble Metal	[(z) (cc) (q)]	[(0,12)]	156	222	287
D6245	Pontic - Porcelain/Ceramic	[(z) (cc) (q)]	[(0,12)]	176	250	323
D6250	Pontic - Resin with High Noble Metal	[(z) (cc) (q)]	[(0,12)]	162	230	297
D6251	Pontic - Resin with Predominantly Base Metal	[(z) (cc) (q)]	[(0,12)]	144	204	264
D6252	Pontic - Resin with Noble Metal	[(z) (cc) (q)]	[(0,12)]	153	217	281
D6545	Retainer - Cast Metal for Resin Fixed Prosthesis	[(z) (cc) (q)]	[(0,12)]	72	102	132
D6548	Retainer - Porcelain/Ceramic (resin bonded fixed prosthesis)	[(z) (cc) (q)]	[(0,12)]	86	121	157
D6600	Inlay – porcelain/ceramic, two surfaces	[(z) (cc) (q)]	[(0,12)]	135	191	248
D6601	Inlay – Porcelain/ceramic, three or more surfaces	[(z) (cc) (q)]	[(0,12)]	171	242	314
D6602	Inlay - cast high noble metal, two surfaces	[(z) (cc) (q)]	[(0,12)]	126	179	231
D6603	Inlay - cast high noble metal, three or more surfaces	[(z) (cc) (q)]	[(0,12)]	144	204	264
D6604	Inlay - cast predominantly base metal, two surfaces	[(z) (cc)]	[(0,12)]	117	166	215
D6605	Inlay - cast predominantly base metal, three or more surfaces	[(z) (cc)]	[(0,12)]	162	230	297
D6606	Inlay - cast noble metal, two surfaces	[(z) (cc) (q)]	[(0,12)]	125	177	229
D6607	Inlay - cast noble metal, three or more surfaces	[(z) (cc) (q)]	[(0,12)]	161	228	295
D6608	Onlay - porcelain/ceramic, two surfaces	[(z) (cc) (q)]	[(0,12)]	161	229	296
D6609	Onlay - porcelain/ceramic, three or more surfaces	[(z) (cc) (q)]	[(0,12)]	171	242	314
D6610	Onlay - cast high noble metal, two surfaces	[(z) (cc) (q)]	[(0,12)]	144	204	264
D6611	Onlay - cast high noble metal, three or more surfaces	[(z) (cc) (q)]	[(0,12)]	171	242	214
D6612	Onlay - cast predominantly base metal, two surfaces	[(z) (cc)]	[(0,12)]	135	191	247
D6613	Onlay - cast predominantly base metal, three or more surfaces	[(z) (cc)]	[(0,12)]	170	241	312
D6614	Onlay - cast noble metal, two surfaces	[(z) (cc) (q)]	[(0,12)]	138	196	254
D6615	Onlay - cast noble metal, three or more surfaces	[(z) (cc) (q)]	[(0,12)]	173	245	317
D6720	Crown - Resin with High Noble Metal	[(z) (cc) (q)]	[(0,12)]	162	230	297
D6721	Crown - Resin with Predominantly Base Metal	[(z) (cc)]	[(0,12)]	148	209	271
D6722	Crown - Resin with Noble Metal	[(z) (cc) (q)]	[(0,12)]	149	212	274
D6740	Crown - Porcelain/Ceramic	[(z) (cc) (q)]	[(0,12)]	178	252	326
D6750	Crown - Porcelain fused to High Noble Metal	[(z) (cc) (q)]	[(0,12)]	166	235	304
D6751	Crown - Porcelain fused to Predominantly Base Metal	[(z) (cc)]	[(0,12)]	149	210	272
D6752	Crown - Porcelain fused to Noble Metal	[(z) (cc) (q)]	[(0,12)]	158	223	289
D6780	Crown - 3/4 Cast High Noble Metal	[(z) (cc) (q)]	[(0,12)]	162	230	297
D6781	Crown - 3/4 Cast Predominately Based Metal	[(z) (cc)]	[(0,12)]	153	217	281
D6782	Crown - 3/4 Cast Noble Metal	[(z) (cc) (q)]	[(0,12)]	164	232	300
D6783	Crown - 3/4 Porcelain/Ceramic	[(z) (cc) (q)]	[(0,12)]	180	255	330
D6790	Crown - Full Cast High Noble Metal	[(z) (cc) (q)]	[(0,12)]	161	228	295
D6791	Crown - Full Cast Predominantly Base Metal	[(z) (cc)]	[(0,12)]	149	210	272
D6792	Crown - Full Cast Noble Metal	[(z) (cc) (q)]	[(0,12)]	162	230	297
D6930	Recement Fixed Partial Denture	[(d) (y)]	[(0,12)]	22	31	40
D6940	Stress breaker	[(z) (cc)]	[(0,12)]	45	64	83
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	[(z) (cc)]	[(0,12)]	57	81	105
D6972	Prefabricated post and core + retainer	[(z) (cc)]	[(0,12)]	48	68	87
D6980	Fixed partial denture repair, by report	[(j) (y)]	[(0,12)]	36	51	66

D7111	Coronal remnants - deciduous tooth	[r]	[(0,12)]	34	48	63
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[r]	[(0,12)]	44	62	81
D7210	Surgical Removal of Erupted tooth requiring elevation of Mucoperiosteal Flap	[r]	[(0,12)]	41	57	74
D7220	Removal of Impacted tooth - Soft Tissue	[r]	[(0,12)]	49	70	90
D7230	Removal of Impacted tooth - Partially Bony	[r]	[(0,12)]	63	89	116
D7240	Removal of Impacted tooth - Completely Bony	[r]	[(0,12)]	72	102	132
D7241	Removal of Impacted tooth - Completely Bony, with unusual surgical complications	[r]	[(0,12)]	86	121	157
D7250	Surgical Removal of Residual tooth roots (cutting procedure)	[r]	[(0,12)]	45	63	82
D7260	Oroantral Fistula Closure	[r]	[(0,12)]	161	228	295
D7261	Primary closure of a sinus perforation	[r]	[(0,12)]	108	153	198
D7270	Tooth Reimplantation and/or stabilization of Accidentally Evulsed or Displaced	[(s)]	[(0,12)]	70	99	129
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	[r]	[(0,12)]	99	140	182
D7280	Surgical access of an unerupted tooth	[r]	[(0,12)]	81	115	149
D7281	Surgical Exposure of Impacted or Unerupted tooth to Aid Eruption	[(s)]	[(0,12)]	81	115	149
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[r]	[(0,12)]	41	57	74
D7285	Biopsy of Oral Tissue - Hard (bone, tooth)	[(dd)]	[(0,12)]	79	112	145
D7286	Biopsy of Oral Tissue - Soft (all others)	[(dd)]	[(0,12)]	54	77	100
D7287	Cytology sample collection		[(0,12)]	23	32	41
D7310	Alveoloplasty in conjunction with Extractions - per quadrant	[(aa)]	[(0,12)]	39	55	71
D7320	Alveoloplasty not in conjunction with Extractions - per quadrant	[(aa)]	[(0,12)]	54	77	100
D7340	Vestibuloplasty - Ridge Extension (secondary Epithelialization)	[(s)]	[(0,12)]	153	217	281
D7410	Radical Excision - Lesion Diameter up to 1.25 Cm	[(dd)]	[(0,12)]	68	96	124
D7411	Excision of benign lesion greater than 1.25 cm	[(dd)]	[(0,12)]	108	153	198
D7412	Excision of benign lesion, complicated	[(dd)]	[(0,12)]	171	242	314
D7413	Excision of malignant lesion up to 1.25 cm	[(dd)]	[(0,12)]	94	133	172
D7414	Excision of malignant lesion greater than 1.25 cm	[(dd)]	[(0,12)]	163	231	299
D7440	Excision of Malignant Tumor-Lesion Diameter up to 1.25 Cm	[(dd)]	[(0,12)]	179	254	328
D7441	Excision of Malignant Tumor - Lesion Diameter greater than 1.25 Cm	[(dd)]	[(0,12)]	180	255	330
D7450	Removal of Odontogenic Cyst or Tumor - Lesion Diameter up to 1.25 Cm	[(dd)]	[(0,12)]	81	115	149
D7451	Removal of Odontogenic Cyst or Tumor - Lesion Diameter greater than 1.25 Cm	[(dd)]	[(0,12)]	135	191	248
D7460	Removal of Nonodontogenic Cyst or Tumor - Lesion Diameter up to 1.25 Cm	[(dd)]	[(0,12)]	80	113	146
D7461	Removal of Nonodontogenic Cyst or Tumor - Lesion Diameter greater than 1.25 Cm	[(dd)]	[(0,12)]	119	169	218
D7465	Destruction of lesion(s) by physical or chemical method, by report		[(0,12)]	45	64	83
D7471	Removal of Exostosis - per site (up to maximum of 3 sites)	[(s)]	[(0,12)]	90	128	165
D7472	Removal of torus palatinus (up to 1 site)	[(s)]	[(0,12)]	117	165	214
D7473	Removal of torus mandibularis (up to 2 sites)	[(s)]	[(0,12)]	100	142	183
D7485	Surgical reduction of osseous tuberosity	[(s)]	[(0,12)]	82	117	151
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue		[(0,12)]	33	47	61
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	[(dd)]	[(0,12)]	113	159	206
D7530	Removal of Foreign Body, Skin, or Subcutaneous Alveolar Tissue	[(s)]	[(0,12)]	45	64	83
D7540	Removal of reaction-producing foreign bodies – musculoskeletal system	[(s)]	[(0,12)]	68	96	124
D7550	Partial Osteotomy/Sequestrectomy	[(s)]	[(0,12)]	48	68	87
D7560	Maxillary Sinusotomy	[(s)]	[(0,12)]	216	306	396
D7910	Suture of Recent Small Wounds to 5 Cm (not associated with periodontal or oral surgery procedure)		[(0,12)]	27	38	50
D7960	Frenulectomy (Frenectomy or Frenotomy) - separate procedure	[(aa)]	[(0,12)]	65	92	119

D7970	Excision of Hyperplastic Tissue - per arch		[(0,12)]	59	83	107
D7972	Surgical reduction of fibrous	[(s)]	[(0,12)]	54	77	99
D7980	Sialolithotomy		[(0,12)]	86	122	158
D7983	Closure of salivary fistula		[(0,12)]	217	308	399
D8210	Removable appliance therapy (for harmful habit control only)	[(s)]	[(0,12)]	84	119	154
D8220	Fixed appliance therapy (for harmful habit control only)	[(s)]	[(0,12)]	84	119	154
D9110	Palliative (emergency) treatment of dental pain - minor procedure	[(d)]	[(0,12)]	16	23	29
D9120	Fixed partial denture sectioning	[(s)]	[(0,12)]	18	26	33
D9220	General Anesthesia - first 30 minutes	[(t) (kk)]	[(0,12)]	61	86	111
D9221	General Anesthesia - each additional 15 minutes	[(t) (kk)]	[(0,12)]	23	33	42
D9241	IV Sedation/Analgesia - first 30 mins	[(t) (kk)]	[(0,12)]	57	80	104
D9242	IV Sedation/Analgesia - each additional 15 minutes	[(t) (kk)]	[(0,12)]	19	27	35
D9440	Office Visit - after regularly scheduled hours	[(d) (dd)]	[(0,12)]	21	30	39
D9911	-Application of desensitizing resin for cervical and/or root surface, per tooth	[(x) (d)]	[(0,12)]	8	11	15
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	[(dd) (d) (p)]	[(0,12)]	13	18	23

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SERFF Tracking Number: STAR-126483059 State: Arkansas
 Filing Company: Starmount Life Insurance Company State Tracking Number: 44739
 Company Tracking Number:
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: Individual Dental 2009 (revisions)
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	02/08/2010
Comments:		
Attachment: Flesch Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	02/08/2010
Bypass Reason: Revised application attached under form schedule.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	02/08/2010
Bypass Reason: Rates charged have not changed.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	02/08/2010
Bypass Reason: Outline of Coverage has not changed.		
Comments:		

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
IDN-2009 Application	339	68	12	50.6
IDN2009-SCP	143	4	9	50.2

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: 2/2/2010