

SERFF Tracking Number: AGDE-126565299 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 45448
Company Tracking Number: S30658NUFIC
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: College A&S Accident and Sickness Dental Rider
Project Name/Number: [Optional] Dental Treatment Expense Rider/

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: College A&S Accident and Sickness Dental Rider SERFF Tr Num: AGDE-126565299 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved-Closed State Tr Num: 45448

Sub-TOI: H04.001 Student Co Tr Num: S30658NUFIC State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Jane Ford, Rosemary Disposition Date: 04/20/2010

Manley, Margaret Cobb, Robert

Brestowski, Veronica Bullock

Date Submitted: 04/16/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: [Optional] Dental Treatment Expense Rider

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/20/2010

Deemer Date:

Submitted By: Veronica Bullock

Filing Description:

April 16, 2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not filed as this is deregulated in PA

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Blanket

Explanation for Other Group Market Type:

State Status Changed: 04/20/2010

Created By: Robert Brestowski

Corresponding Filing Tracking Number:

Honorable Jay Bradford
Insurance Commissioner

SERFF Tracking Number: AGDE-126565299 State: Arkansas
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Arkansas Department of Insurance
Life/Health Division
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Form Filing for Student Blanket Accident and Sickness Insurance
S30658NUFIC [Optional] Dental Treatment Expense

Dear Arkansas Department of Insurance,

The above-captioned form is submitted for approval pursuant to 23-79-109. These forms will be used with our Student Blanket Accident and Sickness Insurance Policy S30494NUFIC-AR, which was approved by your Department on February 16, 2006. This form is new and is not intended to replace any existing form previously approved by your Department.

We thank you in advance for your attention to this filing. Please do not hesitate to contact our office if you have any questions

Sincerely,

Robert Brestowski
Product Analyst, Specialty Market Products
A&H Regulatory Affairs Unit
Chartis
Phone: 888-369-5369 ext. 31759
Robert.Brestowski@chartisinsurance.com

Company and Contact

Filing Contact Information

Robert Brestowski, Regulatory Affairs Analyst robert.brestowski@chartisinsurance.com
503 Carr Road 888-396-5369 [Phone] 31759 [Ext]
3rd Floor 302-830-4466 [FAX]
Wilmington, DE 19809

SERFF Tracking Number: AGDE-126565299 State: Arkansas
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 Pittsburgh, Pa.
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 Product Name: College A&S Accident and Sickness Dental Rider
 Project Name/Number: [Optional] Dental Treatment Expense Rider/

Filing Company Information

National Union Fire Insurance Company of CoCode: 19445 State of Domicile: Pennsylvania
 Pittsburgh, Pa.
 503 Carr Road Group Code: 12 Company Type:
 3rd Floor Group Name: AIG State ID Number:
 Wilmington, DE 19809 FEIN Number: 25-0687550
 (888) 396-5369 ext. 31722[Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 x 1 form = \$50.00 total
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$50.00	04/16/2010	35726591

SERFF Tracking Number: AGDE-126565299 State: Arkansas
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Product Name: College A&S Accident and Sickness Dental Rider
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/20/2010	04/20/2010

SERFF Tracking Number: AGDE-126565299 State: Arkansas
Filing Company: National Union Fire Insurance Company of State Tracking Number: 45448
Pittsburgh, Pa.
Company Tracking Number: S30658NUFIC
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: College A&S Accident and Sickness Dental Rider
Project Name/Number: [Optional] Dental Treatment Expense Rider/

Disposition

Disposition Date: 04/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Dental Rider EOV	Approved-Closed	Yes
Form	[Optional] Dental Treatment Expense Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: S30658NUFIC

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/20/2010	S30658NUFIC	Certificate	[Optional] Dental Treatment Expense Rider	Initial		50.400	S30658NUFIC.pdf
		t, Insert	Rider				
		Page,					
		Endorsement or Rider					

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Organization]

Policy Number:

[XXXXXX]

[OPTIONAL] DENTAL TREATMENT EXPENSE RIDER

This Rider is attached to and made part of the Policy [as of the Policy Effective Date shown in the Policy's Application.][effective [Month, Day, Year]. It applies only with respect to [Accidents] [or] [Sicknesses] that occur on or after that date.] It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. [Any changes in premium apply as of the effective date of this Rider.]³

[The Policy is hereby changed to delete the Dental Treatment Expense and replace it with [[Optional] Dental Treatment Expense shown in the Schedule of Benefits below.]¹

The Policy is hereby changed to add [[Optional] Dental Treatment Expense shown in the Schedule of Benefits below.]²

[[Subject to the payment of any required premium,]⁵ the terms of the Policy are hereby changed to [delete the] [add [[Optional] [Dental Treatment Expense] coverage] [and replace as shown in the Schedule of Benefits below.] [All benefits payable for the charges incurred under the [Optional] Dental Treatment Expense shall be based on the Eligible Dental Expense for the covered dental service. [Any Pre-Existing Condition limitation contained in the Policy shall not apply to [Optional] Dental Treatment Expense.] The Covered Person may obtain dental care from the dentist of his or her choice.] [[Optional] Dental Treatment Expense is to be inserted in the Schedule of Benefits following [Supplemental Medical Expense Benefit].]⁴

SECTION 1 - SCHEDULE OF BENEFITS

COVERAGE

[OPTIONAL] [DENTAL TREATMENT EXPENSE*

[Covered Percentage:

[For [Diagnostic and] Preventive Services]

[For Basic Services]

[For Primary Services]

[For Oral Examination (Preventive)]

[For X-Ray and Pathology]

[For Prophylaxis and Fluoride Applications (Preventive)]

[For Amalgam Restorations – Primary Teeth]

[For Amalgam Restorations – Permanent Teeth]

[For Synthetic Restorations]

[For Oral Surgery (Includes local anesthesia and routine post-operative care) Extractions]

[For Endodontics (excluding final restoration)]

[For Major Restorative (crowns, bridges partial and full dentures)]

[Maximum Amount [per Policy Year]

[Deductible Amount [per Policy Year]

[Co-payment Amount [per Visit]

BENEFIT AMOUNT

[100% - 50%]

[100% - 50%]

[100% - 50%]

[100% - 50%]

[100% - 50%]

[100% - 50%]

[100% - 50%]

[100% - 50%]

[100% - 50%]

[100% - 50%]

[100% - 50%]

[100% - 50%]

[\$100 - \$2500]]]

[\$0-\$500]

[\$5-\$50]

[*This coverage does not include, nor will benefits be paid for Gold Foil Restoration, Gold Fillings, Inlays, Crowns, Bridges, and Dentures, Orthodontic Services for which treatment began prior to the Effective Date.]

[In accordance with the above, the coverage description for [Optional] [Dental Treatment Expense] Coverage Description under the Sickness Expense Benefit is attached to this Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

**INSURANCE PROVISIONS CONCERNING
[[ACCIDENT] [and] [SICKNESS] EXPENSE BENEFITS**

[OPTIONAL] DENTAL TREATMENT EXPENSE *(USE W/SCHEDULE OF ELIGIBLE DENTAL EXPENSES)*

Dental Expense will be paid as follows:

When a Covered Person incurs Eligible Dental Expenses for [basic services] [preventive services] [diagnostic services] [primary services] [endodontic services] [oral surgery] [major restorative services] [restorative services other than major] dental treatment during the [Policy Year] [Calendar Year] [that are in excess of the Deductible Amount], the Company will pay [the Covered Percentage of] the Eligible Dental Expense incurred in connection with covered dental treatment based on the Schedule of Covered Dental Services below. The charges must be incurred while the Covered Person is insured for these benefits.

DEFINITIONS

“Eligible Dental Expense” means charges by a dentist, other Doctor [or dental hygienist] acting within the scope of such person’s license that is:

- (a) a dental procedure listed in the Schedule of Covered Dental Charges;
- (b) customarily used for treatment of the dental condition; and
- (c) done according to accepted standards of dental practice.

[Deductible Amount: The Deductible is an amount of covered dental charges incurred by a Covered Person for which no benefits will be paid. The Deductible Amount will apply to each Covered Person.]¹

[Policy Year Maximum: The Policy Year Maximum is the maximum amount payable for all Eligible Dental Expenses in any Policy year. The Policy Year Maximum will apply to each Covered Person.]²

BENEFITS

The benefit will be equal to the amount [determined by multiplying the Eligible Dental Expenses incurred [in excess of the Deductible Amount] by the Covered Percentage] shown in the Schedule of Benefits.

The applicable [Deductible Amount,] [Covered Percentage,] [and] [Maximum Amount] [is/are] shown in the Schedule of Benefits.

No benefits will be paid for the Eligible Expenses above under any other similar benefit provision contained in this Rider.

This provision is subject to all of the terms of this Rider.]

**INSURANCE PROVISIONS CONCERNING
[[ACCIDENT] [and] [SICKNESS] EXPENSE BENEFITS**

[OPTIONAL] DENTAL TREATMENT EXPENSE (Continued) (USE W/SCHEDULE OF ELIGIBLE DENTAL EXPENSES)

[SCHEDULE OF COVERED DENTAL SERVICES

Description	Maximum Eligible Dental Expense
Oral Examination (Preventive)	
Periodic oral exam (limited to 1 exam every 6 months) provided no other procedure is performed	[\$17.00-\$102]
Limited oral evaluation/problem focused	[\$27.00-\$250]
Comprehensive oral evaluation (limited to 1 exam per [Policy Year/Coverage Year]	[\$27.00-\$250]
Emergency Palliative treatment, per visit	[\$38.00-\$131]
X-Ray and Pathology (Except for Injuries, Covered Charge includes examination and diagnosis) (Preventive)	
Entire dental series consisting of at least 14 films, including bitewings if necessary (limited to once every 3 years)	[\$40.00-\$135]
Single film – initial	[\$7.00-\$20]
Single film- each additional	[\$7.00-\$20]
Intra-oral occlusal view, maxillary or mandibular, each (limited to once every 36 consecutive months)	[\$10.00-\$135]
Superior or inferior maxillary, extra oral, 1 film	[\$11.00-\$20]
Extraoral - each additional	[\$9.00-\$20]
Bitewing – single film (limited to once every 6 months)	[\$8.00-\$20]
Bitewing films, 2 including exam (limited to once every 6 months)	[\$12.00-\$40]
Bitewing films, 4 including exam (limited to once every 6 months)	[\$17.99-\$67]
Panorex X-ray	[\$34-\$131]
Pulp Vitality Test	[\$35-\$147]
Prophylaxis and Fluoride Applications (Preventive)	
Prophylaxis for Covered Persons age 14 or over, treatments include scaling and polishing (limited to 1 treatment every 6 months)	[\$30.00-\$102]
Prophylaxis for Covered Persons under age 14 (limited to 1 treatment every 6 months)	[\$20.00-\$76]
Topical Application of stannous fluoride excluding prophylaxis, per treatment (limited to 1 treatment per 6 consecutive months for Covered Persons under age 14)	[\$12.00-\$52]
Topical application of fluoride/adult (limited to 1 treatment per 6 consecutive months)	[\$12.00-\$52]
Sealant, per tooth	[\$16.00-\$52]
Space Maintainer	[\$50-\$144]
Amalgam Restorations – Primary Teeth	
Cavities involving 1 surface	[\$32.00-\$102]
Cavities involving 2 surfaces	[\$39.00-\$112]
Cavities involving 3 surfaces	[\$48.00-\$136]
Cavities involving 4 surfaces	[\$58.00-\$142]

**INSURANCE PROVISIONS CONCERNING
[[ACCIDENT] [and] [SICKNESS] EXPENSE BENEFITS**

[OPTIONAL] DENTAL TREATMENT EXPENSE (Continued) (USE W/SCHEDULE OF ELIGIBLE DENTAL EXPENSES)

SCHEDULE OF COVERED DENTAL SERVICES (Continued)

Description	Maximum Eligible Dental Expense
Amalgam Restorations – Permanent Teeth	
Cavities involving 1 surface	[\$35.00-\$131]
Cavities involving 2 surfaces	[\$45.00-\$157]
Cavities involving 3 surfaces	[\$56.00-\$170]
Cavities involving 4 surfaces	[\$64.00-\$183]
Sedative Filling	[\$100-\$415]
Synthetic Restorations	
Silicate cement – per restoration	[\$32.00-\$131]
Composite resin – 1 surface, anterior	[\$42.00-\$183]
Composite resin – 2 surfaces, anterior	[\$55.00-\$251]
Composite resin – 3 surfaces, anterior	[\$67.00-\$288]
Composite resin – 4 or more surfaces or involving incisal angle, anterior	[\$69.00-\$288]
Composite resin crown – anterior primary	[\$77.00-\$876]
Composite resin – 1 surface, posterior primary	[\$36.00-\$183]
Composite resin – 2 surfaces, posterior primary	[\$62.00-\$251]
Composite resin – 3 or more surfaces, posterior primary	[\$73.00-\$288]
Composite resin – 1 surface, posterior permanent	[\$50.00-\$183]
Composite resin – 2 surfaces, posterior permanent	[\$68.00-\$251]
Composite resin – 3 or more surfaces, posterior permanent	[\$85.00-\$288]
Pin retention – per tooth	[\$12.00-\$91]
Oral Surgery (Includes local anesthesia and routine post-operative care) Extractions	
Uncomplicated, single	[\$39.00-\$176]
Uncomplicated – each additional tooth	[\$35.00-\$161]
Root recovery, exposed	[\$46.00-\$301]
Removal of erupted tooth	[\$30.00-\$176]
Removal of impacted tooth – soft tissue	[\$45.00-\$320]
Removal of impacted tooth – partially bony	[\$70.00-\$435]
Removal of impacted tooth – completely bony	[\$85.00-\$599]
Removal of impacted tooth-completely bony with unusual surgical complications	[\$85.00-\$1344]
Removal of residual tooth roots	[\$30.00-\$268]
Incision and drainage of abscess	[\$45.00-\$301]
General anesthesia	[\$52.00-\$239]
Osseous Surgery per quad.	[\$1,000-\$1,800]
Periodontal scaling and root planning, per quadrant	[\$72.00-\$367]
Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	[\$50.00-\$270]
Periodontal maintenance procedures following active therapy, periodontal prophylactic	[\$53.00-\$370]

**INSURANCE PROVISIONS CONCERNING
[[ACCIDENT] [and] [SICKNESS] EXPENSE BENEFITS**

[OPTIONAL] DENTAL TREATMENT EXPENSE (Continued) (USE W/SCHEDULE OF ELIGIBLE DENTAL EXPENSES)

SCHEDULE OF COVERED DENTAL SERVICES (Continued)

Description	Maximum Eligible Dental Expense
Endodontics (excluding final restoration)	
Therapeutic pulpotomy	[\$20.00-\$144]
Root canal 1 – anterior	[\$125.00-\$804]
Root canal 2 – bicuspid	[\$135.00-\$948]
Root canal 3 – molar	[\$140.00-\$1183]
Root canal 4 – molar	[\$145.00-\$1183]
Major Restorative (crowns, bridges, partial and full dentures)	
Crowns	
Crown-Resin with High Noble Metal	[\$140-\$1036]
Crown –Porcelain fused to Predominantly Base Metal	[\$150-\$1333]
Crown-Full Cast Predominantly Base Metal	[\$140-\$1036]
Provisional Crown	[\$140-\$1,036]
Stainless Steel Crown-Primary tooth	[\$140-\$1036]
Core buildup, incl. any pins	[\$100-\$261]
Pin Retention	[\$50-\$311]
Cast Post & Core in Add to Crown	[\$60-\$118]
Dentures	
Complete Denture-Maxillary	[\$500-\$1830]
Complete Denture-Mandibular	[\$500-\$1830]
Partial denture-Resin Base(incl. clasp-rests) Maxillary	[\$500-\$1887]
Partial denture-Resin Base(incl. Clasp-rests) Mandibular	[\$500-\$1887]
Partial denture-cast metal frame w/resin base-Maxillary	[\$400-\$1281]
Partial denture-cast metal frame w/resin base-Mandibular	[\$400-\$1281]
Bridges	
Pontic-Cast Predominantly Base Metal	[\$400-\$1036]
Pontic-Porcelain Fused To Predominantly Base Metal	[\$400-\$1036]
Pontic-Porcelain/Ceramic	[\$400-\$1036]
Pontic-Resin w/Predominantly Base Metal	[\$400-\$1046]
Crown-w/Predominantly Base Metal	[\$400-\$1036]
Crown-Porcelain/Ceramic	[\$400-\$1036]
Crown-Porcelain fused to Predominantly Base Metal	[\$400-\$1036]
Crown-Full Cast Predominantly Base Metal	[\$400-\$1036]

[[Optional] DENTAL TREATMENT EXPENSE

EXCLUSIONS

The list of exclusions found in the Policy is amended by the addition of the following:

No benefits will be paid for expenses incurred for:

1. Charges for a dental service or procedure in excess of the Reasonable and Customary charge;
2. Procedures not included in the Schedule of Benefits;
3. Overdentures and associated procedures;
4. Cosmetic procedures;
5. Implants, the replacement of lost or stolen appliances, the replacement of orthodontic retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication or sealants;
6. Oral hygiene instructions, plaque control, the completion of a claim form, acid etch, broken appointments, prescription of take home fluoride, or diagnostic photographs;
7. Services not completed by the end of the month in which insurance terminates;
8. Procedures that are begun but not completed;
9. Services for which there would be no charge in the absence of insurance;
10. Expenses incurred in connection with war or any act of war, whether declared or undeclared, or condition contracted or Injury occurring while on full-time active duty in the Armed Forces of any country or combination of countries;
11. Care or treatment of a condition for which you are entitled to or eligible for benefits under any Workers' Compensation Act or similar law;
12. Orthodontic-related expenses;
13. Root canals, with respect to Dependents, and crowns, with respect to the Covered Person;
14. General anesthesia, inhalation sedation, intravenous sedation and intramuscular sedation; or
15. Treatment by a Family Member.]]¹

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Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 45448
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/20/2010
Comments:		
Attachment: Readability Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	04/20/2010
Comments: These forms will be used with our Student Blanket Accident and Sickness Insurance Policy S30494NUFIC-AR, which was approved by your Department on February 16, 2006.		

	Item Status:	Status Date:
Satisfied - Item: Dental Rider EOV	Approved-Closed	04/20/2010
Comments:		
Attachment: Dental Rider EOV.pdf		

CERTIFICATION

National Union Fire Ins. Co. of Pittsburgh, Pa. certifies that S30658NUFIC has been reviewed and complies with Arkansas Insurance Department guidelines identified in its Bulletin No. 11-83.

A handwritten signature in cursive script that reads "Susan E. Martin". The signature is written in black ink and is positioned above a horizontal line.

Susan E. Martin
Assistant Vice President

Student Blanket Accident and Sickness Insurance Program – S30494NUFIC
Explanation of Variables

Student Blanket Accident and Sickness – [OPTIONAL] DENTAL TREATMENT EXPENSE RIDER (S30658NUFIC)

NOTE – at the policy holders discretion the coverage may be called [Optional] Dental Treatment Expense or Dental Treatment Expense.

Page 1:

1. Include this statement to delete the current Dental Treatment Expense.
2. Include this statement if the policyholder chooses to add dental.
3. Add this text if a change in premium applies.
4. To be used if the [Optional] Dental Treatment Expense is a stand-alone coverage.
5. If the stand-alone [Optional] Dental Treatment Expense is subject to premium.

NOTE – superscripts one, two and three are for base coverage.

Page 3:

1. To be used if the deductible applies.
2. To be used if the benefit is subject to the Policy maximum.

Page 7:

1. Exclusions are “in-or-out” only.