

SERFF Tracking Number: NWLC-126741778 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 46636
 Company Tracking Number: NSHDTL 2400-1 MAX ROLL FORWARD RIDER
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: 2010 Dental Enhancement Riders
 Project Name/Number: /

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: 2010 Dental Enhancement Riders SERFF Tr Num: NWLC-126741778 State: Arkansas

Riders

TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- Closed State Tr Num: 46636

Sub-TOI: H10G.000 Health - Dental Co Tr Num: NSHDTL 2400-1 MAX ROLL FORWARD RIDER State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Jonna Shields, LaToyia Martin, Robin Golden Disposition Date: 09/08/2010

Date Submitted: 08/27/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 09/08/2010

Explanation for Other Group Market Type:

State Status Changed: 09/08/2010

Deemer Date:

Created By: LaToyia Martin

Submitted By: Robin Golden

Corresponding Filing Tracking Number:

Filing Description:

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

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Nationwide intends to utilize the above referenced riders on a prospective basis in conjunction with the following previously approved Policy, Certificate of Coverage, and Schedule of Benefits that were approved in your state on 03/19/2009 under SERFF Tracking Number NWLC-125991575.

Dental Policy form NSHDTL 2000
Certificate of Coverage form NSHDTL 2500 AR
Schedule of Benefits form NSHDTL - 2500 - SCHED

Other Information

Throughout the policy forms, and specifically the schedule of benefits, you will see bracketing. Numerical ranges are included in the schedule of benefits. In order to assist you with your review, we are including an explanation of variables.

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.

Company and Contact

Filing Contact Information

Latoyia Martin, Sr. Compliance Analyst martil14@nationwide.com
5525 Parkcenter Circle 614-854-3375 [Phone]
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

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per policy filing (not per form) 3

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	08/27/2010	39082293
Nationwide Life Insurance Company	\$100.00	09/07/2010	39288434

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/08/2010	09/08/2010

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	09/02/2010	09/02/2010	Robin Golden	09/07/2010	09/07/2010

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Disposition

Disposition Date: 09/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWLC-126741778 *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	Actuarial Memorandum	Approved-Closed	No
Form	Maximum Roll Forward Rider	Approved-Closed	Yes
Form	Implant Rider	Approved-Closed	Yes
Form	Enhancement Rider	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/02/2010

Submitted Date 09/02/2010

Respond By Date

Dear Latoyia Martin,

This will acknowledge receipt of the captioned filing.

Objection 1

- Maximum Roll Forward Rider, NSHDTL 2400-1 - Maximum Roll Forward Rider (Form)
- Implant Rider, NSHDTL 2400-IM (Form)
- Enhancement Rider, NSHDTL 2400-Enhancement Rider (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 \$150.00. Please submit an additional \$100.00 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

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/07/2010
Submitted Date 09/07/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: I have submitted an additional \$100.00 for the filing fees.

Related Objection 1

Applies To:

- Maximum Roll Forward Rider, NSHDTL 2400-1 - Maximum Roll Forward Rider (Form)
- Implant Rider, NSHDTL 2400-IM (Form)
- Enhancement Rider, NSHDTL 2400-Enhancement Rider (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 \$150.00. Please submit an additional \$100.00 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.

SERFF Tracking Number: *NWLC-126741778* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *46636*
Company Tracking Number: *NSHDTL 2400-1 MAX ROLL FORWARD RIDER*
TOI: *H10G Group Health - Dental* *Sub-TOI:* *H10G.000 Health - Dental*
Product Name: *2010 Dental Enhancement Riders*
Project Name/Number: /

Sincerely,
Jonna Shields, LaToyia Martin, Robin Golden

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Form Schedule

Lead Form Number: NSHDTL 2400-1 Max Roll Forward Rider

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/08/2010	NSHDTL 2400-1 - Maximum Roll Forward Rider	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont Maximum Roll ract/Fratern Forward Rider	Revised	Replaced Form #: NSHDTL-NC-2400 Max Roll Forward Rider Previous Filing #: NWLC-125991575	54.200	NSHDTL 2400-1 - Maximum Roll Forward Rider.pdf
Approved-Closed 09/08/2010	NSHDTL 2400-IM	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont Implant ract/Fratern al	Initial		58.600	NSHDTL 2400 IM.pdf
Approved-Closed 09/08/2010	NSHDTL 2400-Enhancem ent Rider	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont Enhancement ract/Fratern al	Initial		61.500	NSHDTL 2400- Enhancement Rider.pdf



On Your Side[®]

Nationwide Life Insurance Company

Home Office: Columbus, Ohio

MAXIMUM ROLL FORWARD INSURANCE RIDER

Attached to and made part of this Policyholder's [Group][Voluntary][Association] Dental Policy and each Certificate of Insurance issued under such policy. It is hereby agreed that the Policy and Certificate are amended by adding the Maximum Roll Forward Benefit provision as defined below:

Effective Date: This rider is effective on [Month, Day, Year].

Policyholder Status:

[This is a new group with no prior Maximum Roll Forward Benefit provision in place.]

[This is an in-force group renewing coverage and adding this rider. Roll Forward Amounts will be accumulated based on the claim activity from the first complete Plan Year this Rider was in-force.]

[This is a Takeover group. Roll Forward Amounts will be accumulated based on the prior Plan Year's claim activity, subject to availability of applicable data from the prior insurance carrier.]

May You roll forward insurance benefits under this program?

Yes, [if a Covered Person received at least one [oral exam [and, or] Prophylaxis (routine cleaning)] [Covered Class A Procedure] performed in the prior Plan Year], a Covered Person may be eligible to carryover a portion of his or her unused Benefit Maximum as follows:

If a Covered Person submits Qualifying Claims for Covered Procedures during a Plan Year and, in that Plan Year, receives benefits that are in excess of any deductible or co-pay fees, and that, in total, do not exceed the Threshold Limit, the Covered Person will be credited a Roll Forward Amount for that Plan Year.

Roll Forward Amounts will be accrued and stored in the Covered Person's Roll Forward Account. If a Covered Person reaches his or her Benefit Maximum, We will pay a benefit from the Covered Person's Roll Forward Account up to the amount stored in the Covered Person's Roll Forward Account. The accrued Roll Forward Amounts stored in the Roll Forward Account may not be greater than the Roll Forward Account Limit.

A Covered Person's Roll Forward Account will be eliminated, and the accrued Roll Forward Amounts lost, if the Covered Person has a break in coverage of any length of time, for any reason.

The Threshold Limit, Roll Forward Amounts, and Carryover Account Limits for this Policy/Certificate are:

- Threshold Limit: [\$100-\$1,500]
- Roll Forward Amount: [\$100-\$1,000]
- Roll Forward Account Limit: [\$100-\$2,000]

Eligibility for a Roll Forward Amount will be established or reestablished at the time the first Qualifying Claim in a Plan Year is received for Covered Procedures incurred during that Plan Year.

In order to properly calculate Maximum Roll Forward Benefits, claims should be submitted timely in accordance with the Proof of Loss provision found within the Claims Provision. You have the right to request review of prior Maximum Roll Forward Benefit calculations. The request for review must be within [12, 18, 24, 36]-months from the date the Maximum Roll Forward Benefit was established.

Other Specifications:

[Calendar Year Plans: If this plan's dental coverage first becomes effective in October, November or December, this Rider will not apply until January 1 of the first full calendar year. And, if the Effective Date of a Covered Person's dental coverage is in October, November or December, this Rider will not apply to the Covered Person until January 1 of the next calendar year. In either case:

1. only claims incurred on or after January 1 will count toward the Threshold Limit; and
2. Roll Forward Amounts will not be applied to a Covered Person's Roll Forward Account until the calendar year that starts one year from the date the Rider first applies.]

[Policy Year Plans: If the Effective Date of a Covered Person's dental coverage is within the three months prior to the start of this plan's next Policy Year, this benefit Rider will not apply to the Covered Person until the next Policy Year, and:

1. only claims incurred on or after the start of the next Policy Year will count toward the Threshold Limit; and
2. Roll Forward Amounts will not be applied to a Covered Person's Roll Forward Account until the Policy Year that starts one year from the date the Rider first applies.]

[If charges for Procedure Class C Services are not payable for a Covered Person due to a Benefit Waiting Period for certain Covered Procedures, this Rider will not apply to the Covered Person until the end of such Benefit Waiting Period. And, if the Benefit Waiting Period ends within the three months prior to the start of this plan's next Plan Year, this Rider will not apply to the Covered Person until the next Plan Year, and:

1. only claims incurred on or after the start of the next Plan Year will count toward the Threshold Limit; and
2. Roll Forward Amounts will not be applied to a Covered Person's Roll Forward Account until the Plan Year that starts one year from the date the Rider first applies.]

[If the Percentage of Covered Expense increase each Plan Year for certain Covered Procedures, this Rider will not apply to the Insured until all Percentages of Covered Expense reach the ultimate level. And, if the Percentages of Covered Expense reach the ultimate level within the three months prior to the start of this plan's next Plan Year, this Rider will not apply to the Covered Person until the next Plan Year, and:

1. only claims incurred on or after the start of the next Plan Year will count toward the Threshold Limit; and
2. Roll Forward Amounts will not be applied to a Covered Person's Roll Forward Account until the Plan Year that starts one year from the date the Rider first applies.]

Definitions:

Plan Year: The [Calendar Year] [or] [Policy Year], according to the type of plan applicable under the Policy/Certificate to which this Rider is attached.

Roll Forward Account: The amount of a Covered Person's accrued Roll Forward Amounts.

Roll Forward Account Limit: The maximum amount of cumulative Roll Forward Amounts that a Covered Person can store in his or her Roll Forward Account.

Roll Forward Amount: The dollar amount, which will be added to a Covered Person's Roll Forward Account when he or she receives benefits in a Plan Year that do not exceed the Threshold Limit.

Qualifying Claim: A claim under Procedure Class(es) [A], [B] [and] [C][, but not Class D].

Threshold Limit: The maximum amount of benefits that a Covered Person can receive during a Plan Year and still be entitled to receive the Maximum Roll Forward Amount.

A handwritten signature in black ink, appearing to read "Kit C. Walker". The signature is written in a cursive style with a large, stylized initial "K".

President



Nationwide Life Insurance Company

Home Office: Columbus, Ohio

On Your Side[®]

DENTAL IMPLANT RIDER

Attached to and made part of this Policyholder's [Group][Voluntary] Dental Policy and each Certificate of Coverage issued under such Policy. It is hereby agreed that the Policy and Certificate are amended by adding the Dental Implant provision as defined below. Benefits are subject to all Policy terms, limitations and conditions.

[The effective date of this rider is the effective date of the Certificate of Coverage to which this Rider is attached.]

[Effective Date: _____]

[Policy Number: _____]

What Benefits are provided?

[Subject to the Benefits and Limitations in the Policy and Certificate of Coverage, this Rider allows You and Your Covered Dependents to obtain Coverage for dental Implants.]

[Dental Implants will be covered under Procedure Class [B, C] subject to the Plan Year Benefit Maximum, [and] Percentage of Covered Services, [and Deductible as shown in the Schedule of Benefits.]] [The Benefit Waiting Period is [6, 9, 12, 18, 24] months.]

DEFINITIONS

Implant: An artificial tooth that is anchored in the [gums or] jawbone to replace a missing tooth. This Rider includes Coverage for the following procedures required to place the Implant:

1. [Bone augmentation and socket preservation.]
2. [Tissue and bone grafting.]
3. Surgical placement of the Implant body (endosteal, eposteal, or transosteal implant).
4. Implant connecting bars and supporting structures.
5. Implant repair and removal[; Recementation of an implant/abutment is limited to 1 per [6, 12] month period].
6. Implant maintenance procedure [,limited to [1, 2, 3] procedures per Plan Year].

Treatment Plan: The Provider's report of recommended Implant services on a form satisfactory to Us which:

1. itemizes the Implant services;
2. lists the charge for each Implant service; and
3. is accompanied by supporting pre-operative X-rays, if necessary, and any other appropriate diagnostic materials required by Us.

Are there any limitations to when a Benefit is payable?:

Implants and Implant supported prosthesis covered under this plan are limited to; 1) the replacement of permanent teeth extracted while insured under this plan, or 2) the replacement of a prior Implant if it has been at least [three, five, six, seven] years since the prior insertion, and is not and cannot be made serviceable.

Repair of Implants is limited to one repair per Implant per [12, 24, 36] month period.

[Benefits are limited to Covered Persons over the age of [14,15,16,17,18,19].]

[Submission of a Treatment Plan is [recommended] [required] for Benefits to be considered.]

[Implants are not covered when placed for a removable denture.]

TERMINATION

This rider will terminate on the earlier of:

1. The date the Policy to which this rider is attached terminates;
2. The [first of the month] [or] [day next following] [the] date We receive written request by the Policyholder to terminate this rider.
3. Upon termination under the Certificate per the section entitled WHEN COVERAGE BEGINS AND ENDS.

A handwritten signature in black ink, appearing to read "Kit C. Walker". The signature is written in a cursive style with a large initial "K".

President

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:

Oral Cancer Screening

COVERED PROCEDURES

	Procedure Class	Frequency Limitation	Waiting Period [Months]
Diagnostic and Preventive [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

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/08/2010
Comments:		
Attachment: Readability Certificate.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	09/08/2010
Comments: The Application was approved in your state on 03/19/2009 under SERFF Tracking Number NWLC-125991575. Application form NSHDTL-NC-2300		

CERTIFICATION OF COMPLIANCE WITH
INSURANCE POLICY SIMPLIFICATION REQUIREMENTS

Name and Address of Insurer:

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

Policy/Certificate Form Number(s):
NSHDTL 2400-1 Maximum Roll Forward Rider
NSHDTL 2400-IM
NSHDTL 2400-Enhancement Rider

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 "Melissa Gutierrez". The signature is fluid and cursive, with a large loop at the end.

Melissa Gutierrez
President

Date: August 27, 2010