

SERFF Tracking Number: PHYS-126974081 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 47664
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Dental Riders
Project Name/Number: /

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: Dental Riders

SERFF Tr Num: PHYS-126974081 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 47664

Sub-TOI: H10G.000 Health - Dental

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Sonja Morton

Disposition Date: 01/11/2011

Date Submitted: 01/07/2011

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:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Discretionary

Overall Rate Impact:

Filing Status Changed: 01/11/2011

State Status Changed: 01/11/2011

Deemer Date:

Created By: Sonja Morton

Submitted By: Sonja Morton

Corresponding Filing Tracking Number:

Filing Description:

RE: Physicians Mutual Insurance Company – NAIC 80578, FEIN 47-0270450

Group Health - Dental

B405A Rate Guarantee Amendment Rider

B406A Common Services Benefit Rider and Schedule

B407A Enhanced Major Services Rider and Schedule

B408A Benefit Increase Rider and Schedule

Actuarial Memorandums

Rates: B406-STD-122210, B407-STD-122210, B408-STD-122210

SERFF Tracking Number: *PHYS-126974081* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *47664*
Company Tracking Number:
TOI: *H10G Group Health - Dental* Sub-TOI: *H10G.000 Health - Dental*
Product Name: *Dental Riders*
Project Name/Number: */*

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation: The filing fee is \$50.00 per form for all types of filings. We are filing four riders, so the filing fee is \$200.00.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$200.00	01/07/2011	43544185

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/11/2011	01/11/2011

SERFF Tracking Number: *PHYS-126974081* State: *Arkansas*
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Disposition

Disposition Date: 01/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PHYS-126974081* 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 Memorandums	Approved-Closed	No
Form	Rate Guarantee Amendment Rider	Approved-Closed	Yes
Form	Common Services Benefit Rider	Approved-Closed	Yes
Form	Enhanced Major Services Rider	Approved-Closed	Yes
Form	Benefit Increase Rider	Approved-Closed	Yes
Rate	Group Dental Riders Rates	Approved-Closed	Yes

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Form Schedule

Lead Form Number: B405A

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/11/2011	B405A	Policy/Cont	Rate Guarantee ract/Fratern Amendment Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.000	B405A.pdf
Approved-Closed 01/11/2011	B406A	Policy/Cont	Common Services ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.000	B406A.pdf B406A Schedule.pdf
Approved-Closed 01/11/2011	B407A	Policy/Cont	Enhanced Major ract/Fratern Services Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.000	B407A.pdf B407A Schedule.pdf
Approved-Closed 01/11/2011	B408A	Policy/Cont	Benefit Increase ract/Fratern Rider al Certificate:	Initial		45.000	B408A.pdf B408A Schedule.pdf

SERFF Tracking Number: *PHYS-126974081* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *47664*
Company Tracking Number:
TOI: *H10G Group Health - Dental* Sub-TOI: *H10G.000 Health - Dental*
Product Name: *Dental Riders*
Project Name/Number: */*
**Amendmen
t, Insert
Page,
Endorseme
nt or Rider**

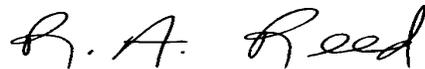
RATE GUARANTEE AMENDMENT RIDER

This Amendment Rider is made a part of and amends the Certificate to which it is attached. It is subject to all Certificate provisions not in conflict with the provisions of this Rider and is effective on the Certificate Effective Date. Any reference in this Rider to the Schedule means the Certificate Schedule.

The following language is added to the PREMIUM CHANGES provision of the Certificate:

We will not increase Your Renewal Premium for at least three years from the Certificate Effective Date shown in the Schedule unless You request a change in Your Certificate benefits or Riders, change your premium mode or frequency, or there is a change in dependent status.

PHYSICIANS MUTUAL INSURANCE COMPANY

A handwritten signature in cursive script that reads "R. A. Reed".

President

COMMON SERVICES BENEFIT RIDER

This Rider is made a part of the Certificate to which it is attached. It is subject to all Certificate provisions not in conflict with the provisions of this Rider.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Rider Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Rider Schedule, or if no Rider Schedule is included with this Rider, the Rider becomes effective on the Certificate Effective Date.

COVERED PERSONS

All persons covered by the Certificate to which this Rider is attached are Covered Persons.

RIDER BENEFITS

We will pay the expense incurred by a Covered Person in excess of the applicable Maximum Covered Expense for a procedure shown in the Certificate Schedule, up to the applicable Maximum Rider Benefit shown in this Rider for such procedure; however, in no case will the sum of benefits paid by the Certificate and any attached Riders exceed the actual charge for the applicable Procedure Code for the service performed.

This Rider will not pay benefits for: (a) procedures not payable under the Certificate; (b) procedures not listed below in this Rider Benefit; or (c) expense incurred while this Rider is not in force.

The following is a complete list of the dental procedures for which additional benefits are payable under this Rider.

Procedure Code		Maximum Rider Benefit
TYPE I – PREVENTIVE SERVICES		
[D0120]	Periodic oral evaluation - established patient	[\$10.00]
[D0145]	Oral evaluation for a patient under three years of age and counseling with primary caregiver	[10.00]
[D0150]	Comprehensive oral evaluation - new or established patient	[10.00]
[D0180]	Comprehensive periodontal evaluation - new or established patient	[10.00]
[D0270]	Bitewing - single film	[5.00]
[D0272]	Bitewings - two films	[5.00]
[D0273]	Bitewings - three films	[5.00]
[D0274]	Bitewings - four films	[5.00]
[D0277]	Vertical bitewings - 7 to 8 films	[5.00]
[D0330]	Panoramic film	[5.00]

Procedure Code		Maximum Rider Benefit
[D1110]	Prophylaxis - adult	[10.00]
[D1120]	Prophylaxis - child	[10.00]
[D1203]	Topical application of fluoride - child	[5.00]
[D1206]	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	[5.00]
[D4910]	Periodontal maintenance	[10.00]

TYPE II – BASIC SERVICES

[D2140]	Amalgam - one surface, primary or permanent	[10.00]
[D2150]	Amalgam - two surfaces, primary or permanent	[10.00]
[D2160]	Amalgam - three surfaces, primary or permanent	[10.00]
[D2161]	Amalgam - four or more surfaces, primary or permanent	[10.00]
[D2330]	Resin-based composite - one surface, anterior	[10.00]
[D2331]	Resin-based composite - two surfaces, anterior	[10.00]
[D2332]	Resin-based composite - three surfaces, anterior	[10.00]
[D2335]	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[10.00]
[D2391]	Resin-based composite - one surface, posterior	[10.00]
[D2392]	Resin-based composite - two surfaces, posterior	[10.00]
[D2393]	Resin-based composite - three surfaces, posterior	[10.00]
[D2394]	Resin-based composite - four or more surfaces, posterior	[10.00]

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Certificate.

PHYSICIANS MUTUAL INSURANCE COMPANY

R. A. Reed

President

RIDER SCHEDULE

Physicians Mutual Insurance Company

COMMON SERVICES BENEFIT RIDER B406A

[02977]

[000539]

INSURANCE CERTIFICATE NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-11]	[02-01-11]	[\$1.71]	[\$1.71]

INSURED:
[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

The information on this Rider Schedule is current as of [the Rider Effective Date.]

Your future payments will include the Renewal Premiums for this Rider and Your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

B406A

ENHANCED MAJOR SERVICES RIDER

This Rider is made a part of the Certificate to which it is attached. It is subject to all Certificate provisions not in conflict with the provisions of this Rider.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Rider Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Rider Schedule, or if no Rider Schedule is included with this Rider, the Rider becomes effective on the Certificate Effective Date.

COVERED PERSONS

All persons covered by the Certificate to which this Rider is attached are Covered Persons.

RIDER BENEFITS

INCREASED MAJOR SERVICES BENEFITS: We will pay the expense incurred by a Covered Person in excess of the applicable Maximum Covered Expense for a procedure shown in the Certificate Schedule, up to the applicable Maximum Rider Benefit shown in this Rider for such procedure; however, in no case will the sum of benefits paid by the Certificate and any attached Riders exceed the actual charge for the applicable Procedure Code for the service performed.

This Rider will not pay benefits for: (a) procedures not payable under the Certificate; (b) procedures not listed below in this Rider Benefit; or (c) expense incurred while this Rider is not in force.

The following is a complete list of the dental procedures for which increased benefits are payable under this Rider.

Procedure Code		Maximum Rider Benefit
TYPE III – MAJOR SERVICES		
[D2510]	Inlay - metallic - one surface	[\$20.00]
[D2520]	Inlay - metallic - two surfaces	[25.00]
[D2530]	Inlay - metallic - three or more surfaces	[30.00]
[D2542]	Onlay – metallic - two surfaces	[30.00]
[D2543]	Onlay – metallic - three surfaces	[35.00]
[D2544]	Onlay – metallic - four or more surfaces	[35.00]
[D2610]	Inlay - porcelain/ceramic - one surface	[25.00]
[D2620]	Inlay - porcelain/ceramic - two surfaces	[25.00]
[D2630]	Inlay - porcelain/ceramic - three or more surfaces	[30.00]
[D2642]	Onlay - porcelain/ceramic - two surfaces	[30.00]
[D2643]	Onlay - porcelain/ceramic - three surfaces	[35.00]
[D2644]	Onlay - porcelain/ceramic - four or more surfaces	[35.00]

Procedure Code		Maximum Rider Benefit
[D2650]	Inlay - resin-based composite - one surface	[25.00]
[D2651]	Inlay - resin-based composite - two surfaces	[25.00]
[D2652]	Inlay - resin-based composite - three or more surfaces	[25.00]
[D2662]	Onlay - resin-based composite - two surfaces	[30.00]
[D2663]	Onlay - resin-based composite - three surfaces	[30.00]
[D2664]	Onlay - resin-based composite - four or more surfaces	[30.00]
[D2710]	Crown - resin-based composite (indirect)	[10.00]
[D2720]	Crown - resin with high noble metal	[50.00]
[D2721]	Crown - resin with predominantly base metal	[50.00]
[D2722]	Crown - resin with noble metal	[50.00]
[D2740]	Crown - porcelain/ceramic substrate	[50.00]
[D2750]	Crown - porcelain fused to high noble metal	[50.00]
[D2751]	Crown - porcelain fused to predominantly base metal	[50.00]
[D2752]	Crown - porcelain fused to noble metal	[50.00]
[D2780]	Crown - 3/4 cast high noble metal	[50.00]
[D2781]	Crown - 3/4 cast predominantly base metal	[50.00]
[D2782]	Crown - 3/4 cast noble metal	[50.00]
[D2783]	Crown - 3/4 porcelain/ceramic	[50.00]
[D2790]	Crown - full cast high noble metal	[50.00]
[D2791]	Crown - full cast predominantly base metal	[50.00]
[D2792]	Crown - full cast noble metal	[50.00]
[D2794]	Crown - titanium	[50.00]
[D5110]	Complete denture - maxillary	[50.00]
[D5120]	Complete denture - mandibular	[50.00]
[D5130]	Immediate denture - maxillary	[50.00]
[D5140]	Immediate denture - mandibular	[50.00]
[D5211]	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	[50.00]
[D5212]	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	[50.00]
[D5213]	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	[50.00]
[D5214]	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	[50.00]
[D5225]	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[50.00]
[D5226]	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[50.00]
[D5281]	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	[50.00]

Procedure Code		Maximum Rider Benefit
[D5670]	Replace all teeth and acrylic on cast metal framework (maxillary)	[50.00]
[D5671]	Replace all teeth and acrylic on cast metal framework (mandibular)	[50.00]
[D5810]	Interim complete denture (maxillary)	[15.00]
[D5811]	Interim complete denture (mandibular)	[15.00]
[D5820]	Interim partial denture (maxillary)	[15.00]
[D5821]	Interim partial denture (mandibular)	[15.00]
[D6058]	Abutment supported porcelain/ceramic crown	[50.00]
[D6059]	Abutment supported porcelain fused to metal crown (high noble metal)	[50.00]
[D6060]	Abutment supported porcelain fused to metal crown (predominantly base metal)	[50.00]
[D6061]	Abutment supported porcelain fused to metal crown (noble metal)	[50.00]
[D6062]	Abutment supported cast metal crown (high noble metal)	[50.00]
[D6063]	Abutment supported cast metal crown (predominantly base metal)	[50.00]
[D6064]	Abutment supported cast metal crown (noble metal)	[50.00]
[D6065]	Implant supported porcelain/ceramic crown	[50.00]
[D6066]	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	[50.00]
[D6067]	Implant supported metal crown (titanium, titanium alloy, high noble metal)	[50.00]
[D6068]	Abutment supported retainer for porcelain/ceramic FPD	[50.00]
[D6069]	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	[50.00]
[D6070]	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	[50.00]
[D6071]	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	[50.00]
[D6072]	Abutment supported retainer for cast metal FPD (high noble metal)	[50.00]
[D6073]	Abutment supported retainer for cast metal FPD (predominantly base metal)	[50.00]
[D6074]	Abutment supported retainer for cast metal FPD (noble metal)	[50.00]
[D6075]	Implant supported retainer for ceramic FPD	[50.00]
[D6076]	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	[50.00]
[D6077]	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	[50.00]
[D6094]	Abutment supported crown - (titanium)	[50.00]
[D6194]	Abutment supported retainer crown for FPD - (titanium)	[50.00]
[D6205]	Pontic - indirect resin based composite	[50.00]
[D6210]	Pontic - cast high noble metal	[50.00]

Procedure Code		Maximum Rider Benefit
[D6211]	Pontic - cast predominantly base metal	[50.00]
[D6212]	Pontic - cast noble metal	[50.00]
[D6214]	Pontic - titanium	[50.00]
[D6240]	Pontic - porcelain fused to high noble metal	[50.00]
[D6241]	Pontic - porcelain fused to predominantly base metal	[50.00]
[D6242]	Pontic - porcelain fused to noble metal	[50.00]
[D6245]	Pontic - porcelain/ceramic	[50.00]
[D6250]	Pontic - resin with high noble metal	[50.00]
[D6251]	Pontic - resin with predominantly base metal	[50.00]
[D6252]	Pontic - resin with noble metal	[50.00]
[D6545]	Retainer - cast metal for resin bonded fixed prosthesis	[10.00]
[D6548]	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	[10.00]
[D6600]	Inlay - porcelain/ceramic, two surfaces	[20.00]
[D6601]	Inlay - porcelain/ceramic, three or more surfaces	[20.00]
[D6602]	Inlay - cast high noble metal, two surfaces	[25.00]
[D6603]	Inlay - cast high noble metal, three or more surfaces	[25.00]
[D6604]	Inlay - cast predominantly base metal, two surfaces	[20.00]
[D6605]	Inlay - cast predominantly base metal, three or more surfaces	[25.00]
[D6606]	Inlay - cast noble metal, two surfaces	[20.00]
[D6607]	Inlay - cast noble metal, three or more surfaces	[25.00]
[D6608]	Onlay - porcelain/ceramic, two surfaces	[20.00]
[D6609]	Onlay - porcelain/ceramic, three or more surfaces	[25.00]
[D6610]	Onlay - cast high noble metal, two surfaces	[25.00]
[D6611]	Onlay - cast high noble metal, three or more surfaces	[30.00]
[D6612]	Onlay - cast predominantly base metal, two surfaces	[25.00]
[D6613]	Onlay - cast predominantly base metal, three or more surfaces	[25.00]
[D6614]	Onlay - cast noble metal, two surfaces	[25.00]
[D6615]	Onlay - cast noble metal, three or more surfaces	[25.00]
[D6624]	Inlay - titanium	[25.00]
[D6634]	Onlay - titanium	[25.00]
[D6710]	Crown - indirect resin based composite	[50.00]
[D6720]	Crown - resin with high noble metal	[50.00]
[D6721]	Crown - resin with predominantly base metal	[50.00]
[D6722]	Crown - resin with noble metal	[50.00]
[D6740]	Crown - porcelain/ceramic	[50.00]
[D6750]	Crown - porcelain fused to high noble metal	[50.00]
[D6751]	Crown - porcelain fused to predominantly base metal	[50.00]
[D6752]	Crown - porcelain fused to noble metal	[50.00]
[D6780]	Crown - 3/4 cast high noble metal	[50.00]
[D6781]	Crown - 3/4 cast predominantly base metal	[50.00]
[D6782]	Crown - 3/4 cast noble metal	[50.00]
[D6783]	Crown - 3/4 porcelain/ceramic	[50.00]
[D6790]	Crown - full cast high noble metal	[50.00]

Procedure Code		Maximum Rider Benefit
[D6791]	Crown - full cast predominantly base metal	[50.00]
[D6792]	Crown - full cast noble metal	[50.00]
[D6794]	Crown - titanium	[50.00]
[D6940]	Stress breaker	[10.00]

ADDITIONAL COVERED DENTAL PROCEDURES BENEFITS: We will pay the expense incurred by a Covered Person, up to the applicable Maximum Rider Benefit amount shown below for each procedure listed, and subject to any specific Procedure Code limitations as described below; however, in no case will the sum of benefits paid by the Certificate and any attached Riders exceed the actual charge for the applicable Procedure Code for the service performed.

No benefits are payable under this Rider Benefit for any: (a) procedures not specifically listed below in this Rider Benefit; (b) expense incurred before the end of any applicable Waiting Period required by the Certificate for Type III (Major) dental procedures; or (c) expense incurred while this Rider is not in force.

The following is a complete list of the additional dental procedures for which benefits are payable under this Rider.

Procedure Code		Maximum Rider Benefit
TYPE III – IMPLANTS		
[D6010]	Surgical placement of implant body: endosteal implant	[\$500.00]
[D6040]	Surgical placement: eposteal implant	[500.00]
[D6050]	Surgical placement: transosteal implant	[500.00]
[D6055]	Connecting bar – implant supported or abutment supported	[400.00]
[D6056]	Prefabricated abutment - includes placement	[300.00]
[D6057]	Custom abutment - includes placement	[300.00]

IMPLANT: D6010, D6040, D6050

- Replacement is limited to 1 of any of these procedures per 5 years.
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6094, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Benefits for procedures D6055, D6056, and D6057 will be contingent upon the implant being covered. Replacement for procedures D6056 and 6057 are limited to 1 of these procedures per 5 years.

TYPE III – IMPLANT SERVICES

[D6080]	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	[35.00]
[D6090]	Repair implant supported prosthesis	[45.00]

Procedure Code		Maximum Rider Benefit
[D6091]	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	[75.00]
[D6095]	Repair implant abutment	[25.00]
[D6100]	Implant removal	[65.00]
[D6190]	Radiographic/surgical implant index	[60.00]

IMPLANT SERVICES: D6080, D6090, D6091, D6095, D6100, D6190

- Coverage for D6080 is limited to 1 in a 12 month period. Coverage for D6090, D6091, and D6095 is limited to service dates more than 6 months after placement date. Coverage for D6190 is limited to 1 per arch in a 24 month period.

TYPE III – BONE AUGMENTATION

[D7950]	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous	[300.00]
[D7951]	Sinus augmentation with bone or bone substitutes	[375.00]
[D7953]	Bone replacement graft for ridge preservation – per site	[100.00]

BONE AUGMENTATION: D7950, D7951, D7953

- Each quadrant is limited to 1 of any of these procedures per 5 year(s).
- Coverage of D7950 and D7953 is limited to the treatment and placement of D6010 endosteal implants, D6040 eposteal implant or D6050 transosteal implant.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Certificate.

PHYSICIANS MUTUAL INSURANCE COMPANY

R. A. Reed

President

RIDER SCHEDULE

Physicians Mutual Insurance Company

ENHANCED MAJOR SERVICES BENEFIT RIDER B407A

[02977]

[000539]

INSURANCE CERTIFICATE NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-11]	[02-01-11]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

The information on this Rider Schedule is current as of [the Rider Effective Date.]

Your future payments will include the Renewal Premiums for this Rider and Your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

B407A

BENEFIT INCREASE RIDER

This Rider is made a part of the Certificate to which it is attached. It is subject to all Certificate provisions not in conflict with the provisions of this Rider.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Rider Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Rider Schedule, or if no Rider Schedule is included with this Rider, the Rider becomes effective on the Certificate Effective Date.

COVERED PERSONS

All persons covered by the Certificate to which this Rider is attached are Covered Persons.

RIDER BENEFITS

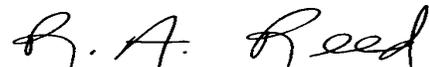
We will increase the Maximum Benefit Amount by 20 percent for each Type II and Type III dental procedure listed in the Certificate Schedule; however, in no event will the sum of benefits paid under the Certificate and any attached Riders exceed the amount of the actual charge for the applicable Procedure Code for the service performed. This Rider does not increase the benefit amounts of any other Riders attached to this Certificate. Any increase in benefits provided by this Rider shall apply only to expense incurred by a Covered Person while this Rider is in force.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Certificate.

PHYSICIANS MUTUAL INSURANCE COMPANY



President

RIDER SCHEDULE

Physicians Mutual Insurance Company

BENEFIT INCREASE RIDER B408A

[02977]

[000539]

INSURANCE CERTIFICATE NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-11]	[02-01-11]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

The information on this Rider Schedule is current as of [the Rider Effective Date.]

Your future payments will include the Renewal Premiums for this Rider and Your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

B408A

SERFF Tracking Number: *PHYS-126974081* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *47664*
 Company Tracking Number:
 TOI: *H10G Group Health - Dental* Sub-TOI: *H10G.000 Health - Dental*
 Product Name: *Dental Riders*
 Project Name/Number: */*

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 01/11/2011	Group Dental Riders Rates	B406A, B407A, B408A	New		ratesB406_std.pdf ratesB407_std.pdf ratesB408_std.pdf

Physicians Mutual Insurance Company

2600 Dodge Street
Omaha, NE 68131

TABLE OF RATES Rider Form B406

Monthly Premium Rates
Per Unit of Benefit *

Individual	Husband/Wife	One Parent	All Family
2.90	6.05	7.10	10.30

*A unit of benefit is defined in the accompanying actuarial memo. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Quarterly	2.96
Semi-Annual	5.83
Annual	11.43

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan
2. Multiply by the number of units
3. Round to the nearest cent
4. Multiply by the appropriate modal factor
5. Round to the nearest cent

Physicians Mutual Insurance Company

2600 Dodge Street
Omaha, NE 68131

TABLE OF RATES Rider Form B407

Monthly Premium Rates
Per Unit of Benefit *

Individual	Husband/Wife	One Parent	All Family
3.25	6.50	5.05	8.30

*A unit of benefit is defined in the accompanying actuarial memo. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Quarterly	2.96
Semi-Annual	5.83
Annual	11.43

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan
2. Multiply by the number of units
3. Round to the nearest cent
4. Multiply by the appropriate modal factor
5. Round to the nearest cent

Physicians Mutual Insurance Company

2600 Dodge Street
Omaha, NE 68131

TABLE OF RATES Rider Form B408

Monthly Premium Rates
Per Unit of Benefit *

Benefit Schedule	Individual	Husband/Wife	One Parent	All Family
A	2.70	5.45	5.30	8.00
B	3.25	6.55	6.45	9.75
C	3.35	6.70	6.45	9.80
D	3.60	7.10	7.00	10.50
E	4.50	9.00	8.85	13.30
F	3.45	6.80	6.65	10.10

*A unit of benefit is defined in the accompanying actuarial memo. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Quarterly	2.96
Semi-Annual	5.83
Annual	11.43

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan and benefit schedule
2. Multiply by the number of units
3. Round to the nearest cent
4. Multiply by the appropriate modal factor
5. Round to the nearest cent

SERFF Tracking Number: *PHYS-126974081* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *47664*
 Company Tracking Number:
 TOI: *H10G Group Health - Dental* Sub-TOI: *H10G.000 Health - Dental*
 Product Name: *Dental Riders*
 Project Name/Number: */*

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/11/2011
Comments:			
Attachment:			
Readability Cert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/11/2011
Bypass Reason:	There is no application for this filing. E250-F (agency) and E250-1F (direct response) applications approved April 11, 2003, will be used with the C250C.		

Comments:

PHYSICIANS MUTUAL INSURANCE COMPANY

Certification of Flesch

B405	*
B406	*
B407	*
B408	*

*The Flesch score of this rider when combined with the Policy/Certificate will be above the minimum required by your state.



Shawn Pollock
Vice President
Government and Industry
Physicians Mutual Ins. Co.

12/9/10
Date