

<i>SERFF Tracking Number:</i>	<i>DDAR-127690834</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delta Dental of Arkansas</i>	<i>State Tracking Number:</i>	<i>49952</i>
<i>Company Tracking Number:</i>	<i>WS-DDAR-SOB-12</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>WS-DDAR-SOB-12</i>		
<i>Project Name/Number:</i>	<i>WS-DDAR-SOB-12/</i>		

## Filing at a Glance

Company: Delta Dental of Arkansas  
 Product Name: WS-DDAR-SOB-12  
 TOI: H10G Group Health - Dental  
 Sub-TOI: H10G.000 Health - Dental  
 Filing Type: Form

SERFF Tr Num: DDAR-127690834 State: Arkansas  
 SERFF Status: Closed-Approved State Tr Num: 49952  
 Co Tr Num: WS-DDAR-SOB-12 State Status: Approved-Closed  
 Reviewer(s): Donna Lambert  
 Author: Sara Farris Disposition Date: 10/12/2011  
 Date Submitted: 10/05/2011 Disposition Status: Approved  
 Implementation Date: 11/14/2011

Implementation Date Requested:  
 State Filing Description:

## General Information

Project Name: WS-DDAR-SOB-12  
 Project Number:  
 Requested Filing Mode:  
 Explanation for Combination/Other:  
 Submission Type:  
 Filing Status Changed: 10/12/2011  
 State Status Changed: 10/12/2011  
 Created By: Sara Farris  
 Corresponding Filing Tracking Number:  
 Filing Description:

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type:  
 Overall Rate Impact:  
 Deemer Date:  
 Submitted By: Sara Farris

This is the first of four Schedules of Benefits I am filing for a large new client. This Schedule of Benefits is for the high plan.

## Company and Contact

### Filing Contact Information

Sara Farris,	sfarris@ddpar.com
1513 Country Club	501-992-1662 [Phone]
Sherwood, AR 72120	501-992-1663 [FAX]

### Filing Company Information

Delta Dental of Arkansas	CoCode: 47155	State of Domicile: Arkansas
1513 Country Club Rd.	Group Code:	Company Type:

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TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: WS-DDAR-SOB-12  
Project Name/Number: WS-DDAR-SOB-12/  
Sherwood, AR 72120 Group Name: State ID Number:  
(501) 992-1662 ext. [Phone] FEIN Number: 71-0561140  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$0.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	10/05/2011	52503731

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Donna Lambert	10/12/2011	10/12/2011

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filing Description for WS-DDAR-SOB-12	Note To Reviewer	Sara Farris	10/05/2011	10/05/2011

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## **Disposition**

Disposition Date: 10/12/2011

Implementation Date: 11/14/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: DDAR-127690834

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49952

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TOI: H10G Group Health - Dental

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Product Name: WS-DDAR-SOB-12

Project Name/Number: WS-DDAR-SOB-12/

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved	No
<b>Supporting Document</b>	Application	Approved	No
<b>Form</b>	WS-DDAR-SOB-12	Approved	No

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**Note To Reviewer**

**Created By:**

Sara Farris on 10/05/2011 04:16 PM

**Last Edited By:**

Sara Farris

**Submitted On:**

10/05/2011 04:17 PM

**Subject:**

Filing Description for WS-DDAR-SOB-12

**Comments:**

I made an error in my filing description. This Schedule of Benefits is for the low plan for active employees and retirees.

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/12/2011	WS-DDAR-SOB-12	Schedule	WS-DDAR-SOB-12	Initial		0.000	WS-DDAR-SOB-12.pdf

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## Delta Dental PPO Plus Premier

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### Schedule of Benefits for Windstream Communications – Low Plan

**Original Effective Date:** January 1, 2012 12:01 a.m. Central Standard Time,

**Group Number:** 9618

**Annual Deductible:** \$50 for benefits received in

- Coverage B
- Coverage C

With a maximum of \$150 per family per benefit period. There is no deductible on Coverage A.

**Carry Forward Deductible:** If a charge is incurred for a covered service during the last three (3) months of any calendar year and is applied to the deductible for that year, such charge will also be applied to the deductible for the next calendar year.

**Annual Maximum Payment:**

- **In Network:** \$750 per person per benefit period
- **Out of Network:** \$750 per person per benefit period

**Benefit period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

### Coverages and Maximum Plan Allowances (MPA)

#### Coverage A – Diagnostic and Preventative Services

**In Network 80% MPA**  
**Out of Network 80% MPA**

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Bitewing x-rays two (2) sets of four (4) films in benefit period.
- Intraoral-periapical and extraoral x-rays.
- Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.\* **Please see information on Evidence Based Dentistry.**
- Topical application of fluoride two (2) per benefit period.
- Space maintainers for prematurely lost teeth of eligible dependent children to age nineteen (19).
- Minor emergency treatment for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

## Coverage B – Basic Restorative Services

**In Network 50% MPA**  
**Out of Network 50% MPA**

- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age nineteen (19), limited to two (2) times per tooth every sixty (60) months.
- Amalgam (silver) and composite/resin (white) fillings.
- Sedative fillings.
- Simple extractions.
- Oral surgery, including pre- and post-operative care and surgical extractions.
- Consultations, but not more than two (2) in a twelve (12) month period.
- Root canal treatment is limited to once in any twenty four (24) month period for the same tooth.
- Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration).
- Pulp therapy and apexification/recalcification.
- Surgical periodontics, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one (1) surgical procedure per quadrant in any three (3) year period.
- Non-surgical periodontics. Periodontal scaling and root planing are limited to not more than once per quadrant in any twenty four (24) month period.
- Periodontal maintenance; limited to four (4) per benefit period, less the number of teeth cleanings received during the benefit period, following active periodontal treatment. **\* Please see information on Evidence Based Dentistry.**
- General anesthesia or intravenous sedation in connection with oral surgery and all extractions. Coverage will also be considered when oral surgery procedures are not performed if the patient has a medically compromising condition.
- Injections of therapeutic drugs.
- Complete or partial denture relines, including chair side or laboratory procedures to improve the fit of the appliance to the tissue, if at least six (6) months have passed since the installation of the existing removable denture; and not more than once in any thirty six (36) month period.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance if at least six (6) months have passed since the installation of the existing removable denture; and not more than once in any thirty six (36) month period.
- Recementing of crowns, inlays, onlays or dentures.
- Adjustments of dentures, if at least six (6) months have passed since the installation of the denture.
- Simple repairs of crowns, inlays, onlays or dentures.

## Coverage C – Major Restorative Services

**In Network 50% MPA**  
**Out of Network 50% MPA**

- Initial installation of full, partial or fixed dentures or implants when needed to replace congenitally missing teeth or when needed to replace natural teeth that are lost while the person receiving such benefits was insured for dental insurance under this certificate.
- Replacement of a non-serviceable denture if such denture was installed more than sixty (60) months prior to replacement.
- Replacement of an immediate, temporary, full denture with a permanent, full denture, if the immediate temporary, full denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full denture.
- Initial installation of crowns, inlays, onlays and labial veneers.
- Replacement of any crowns, inlays, onlays with the same or a different type of restoration.

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- Prefabricated stainless steel crown or prefabricated resin crown.
- Core buildup.
- Posts and cores.
- Implants, but not more than once for the same tooth position in a sixty (60) month period.
- Repair of implants, but not more than once in a twelve (12) month period.
- Implant supported prosthetics, but no more than once for the same tooth position in a sixty (60) month period.
- Tissue conditioning once in a thirty six (36) month period.
- Non-surgical treatment of temporomandibular joint (TMJ) disorders. Services include appliance and x-rays related to the treatment and diagnosis of TMJ.

**(\* Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.**

*Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.*

*Delta Dental's network of participating providers may be found on our website at [www.deltadental.com](http://www.deltadental.com)*

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved	10/12/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved	10/12/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			