

SERFF Tracking Number:	DDAR-127690987	State:	Arkansas
Filing Company:	Delta Dental of Arkansas	State Tracking Number:	49954
Company Tracking Number:	WS-DDAR-SOB-12B		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	WS-DDAR-SOB-12B		
Project Name/Number:	/		

Filing at a Glance

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

SERFF Tr Num: DDAR-127690987 State: Arkansas
 SERFF Status: Closed-Approved State Tr Num: 49954
 Co Tr Num: WS-DDAR-SOB-12B 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:
 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 third of four Schedules of Benefits I am filing for a large new client. This Schedule of Benefits is for the high plan for retirees.

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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 Sherwood, AR 72120 Group Name: State ID Number:
 (501) 992-1662 ext. [Phone] FEIN Number: 71-0561140

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	52504724

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Correspondence Summary

Dispositions

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

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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.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	No
Supporting Document	Application	Approved	No
Form	WS-DDAR-SOB-12B	Approved	No

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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-12B	Schedule Pages	WS-DDAR-SOB-12B	Initial		0.000	WS-DDAR- SOB-12B.pdf

Delta Dental PPO Plus Premier

Schedule of Benefits for Windstream Communications – High Plan - Retirees

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

Group Number: 9619

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:** \$1,500 per person per benefit period
- **Out of Network:** \$1,500 per person per benefit period

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

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

**In Network 100% MPA
Out of Network 100% 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 a 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 80% MPA
Out of Network 80% 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 reline, 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 cast restorations 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 60% MPA
Out of Network 60% 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 cast restoration.
- Prefabricated stainless steel crown or prefabricated resin crown.

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- 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.

Rider(s)

Child Orthodontic Rider – Orthodontic Services
Lifetime Maximum Payment : \$1,250

In Network 60% MPA
Out of Network 60% MPA

Children are covered up to age 19 or 23 if a full time student.

Adult Orthodontic Rider – Orthodontic Services
Lifetime Maximum Payment : \$1,250

In Network 60% MPA
Out of Network 60% MPA

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan, unless in the case of a take over group. Please refer to the Ortho Rider.

(* 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.

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Supporting Document Schedules

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