

SERFF Tracking Number: UCIN-127392584 State: Arkansas  
Filing Company: United Concordia Insurance Company State Tracking Number: 49919  
Company Tracking Number: AR/UCIC/002-11  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: FFS Annual Maximum Rollover Rider  
Project Name/Number: FFS Annual Maximum Rollover Rider/AR/UCIC/002-11

## Filing at a Glance

Company: United Concordia Insurance Company

Product Name: FFS Annual Maximum Rollover SERFF Tr Num: UCIN-127392584 State: Arkansas

Rider

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved- State Tr Num: 49919  
Closed

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: AR/UCIC/002-11 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Benjamin Schaefer, Krista Disposition Date: 10/04/2011

Maddigan, Kathleen McGonigle,

Stacy Bell

Date Submitted: 09/29/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: FFS Annual Maximum Rollover Rider

Status of Filing in Domicile: Not Filed

Project Number: AR/UCIC/002-11

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: The filed form is not required to be filed in the Company's domicile state.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust

Overall Rate Impact:

Filing Status Changed: 10/04/2011

State Status Changed: 10/04/2011

Deemer Date:

Created By: Benjamin Schaefer

Submitted By: Benjamin Schaefer

Corresponding Filing Tracking Number:

Filing Description:

United Concordia Insurance Company (UCIC), NAIC number 85766, a licensed Life, Accident and Health insurer offering group and individual dental policies, is submitting this filing for approval. The filing introduces a new benefit rider. A Statement of Variability for this rider is provided with the filing for informational purposes.

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This rider to the Company's approved Schedules of Benefits, those being identified as form nos. 9806 (07/05), 9808 (07/05), and 9807 (07/05) approved on 6/27/2005, will be marketed to small and large groups that purchase the Company's approved group dental insurance policies. The Company's approved policies include form nos. 9802L (11/07) and 9802 (11/07) approved on 10/28/2008 under state tracking number 40704.

This rider provides an opportunity for members to rollover unused portions of their plan's annual maximum from one plan year to the next, up to a maximum rollover balance. The benefits of the rider are available to all enrolled members when the policyholder purchases the rider.

## Company and Contact

### Filing Contact Information

Ben Schaefer, Regulatory Compliance      ucdoicorro@ucci.com  
 Consultant  
 4401 Deer Path Road      717-260-6911 [Phone]  
 DPLR4      717-260-7494 [FAX]  
 Harrisburg, PA 17110

### Filing Company Information

United Concordia Insurance Company	CoCode: 85766	State of Domicile: Arizona
4401 Deer Path Road	Group Code: 812	Company Type: LAH
Harrisburg, PA 17110	Group Name: Highmark	State ID Number:
(800) 929-0538 ext. 57225[Phone]	FEIN Number: 86-0307623	

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00  
 Retaliatory?      Yes  
 Fee Explanation:      \$50.00 per rider  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Concordia Insurance Company	\$50.00	09/29/2011	52296039

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/04/2011	10/04/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Annual Maximum Rollover Rider	Benjamin Schaefer	09/29/2011	09/29/2011

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## Disposition

Disposition Date: 10/04/2011

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	Annual Maximum Rollover Rider Statement of Variability	Approved-Closed	Yes
Form (revised)	Annual Maximum Rollover Rider	Approved-Closed	Yes
Form	Annual Maximum Rollover Rider	Replaced	Yes

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**Amendment Letter**

Submitted Date: 09/29/2011

**Comments:**

Please note that the form type under the form schedule tab was changed from "CERA" to "POLA". Thank you.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
R-AMR (08/11)	Policy/Contract/Fraternal Certificate: Amendment, Rider Insert Page, Endorsement or Rider	Annual Maximum Rollover Rider	Initial				70.000	UCD Annual Max Rollover Rider 081911 (Master w network bonus).pdf

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## Form Schedule

### Lead Form Number: R-AMR (08/11)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/04/2011	R-AMR (08/11)	Policy/Cont ract/Fratern al	Annual Maximum Rollover Rider	Initial		70.000	UCD Annual Max Rollover Rider 081911 (Master w network bonus).pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

## UNITED CONCORDIA

### Annual Maximum Rollover Benefit Rider to the Schedule of Benefits

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Schedule of Benefits.

#### DEFINITIONS

The following definitions apply when used in this Rider.

**Accumulation Period** – The calendar year or contract year, as defined on the Schedule of Benefits, during which Plan benefits are counted toward the Plan's annual Deductible and annual Maximum.

**Qualifying Member** – A Member that is eligible for a Rollover Benefit because he/she met all of the following requirements:

1. The Member was continuously enrolled in the Plan for the last {ninety (90) days; three (3) months; six (6) months} of the prior Accumulation Period.
2. {Any dental claim for a Covered Service; A claim for a covered dental exam} was submitted for the Member during the prior Accumulation Period.
3. The Member's total dental claims for the prior Accumulation Period do not exceed fifty percent (50%) of the annual Maximum for that Accumulation Period, as defined on the Schedule of Benefits.
4. The Member's Rollover Benefit account has not reached the Rollover Limit.

Each year, We will determine which Members are Qualifying Members within ninety (90) days after the end of the prior Accumulation Period.

**{Network Bonus}** – A dollar amount in addition to the Rollover Benefit that is awarded to a Qualifying Member's Rollover Benefit account for receiving Covered Services from {only Participating Dentists; at least one (1) Participating Dentist} during the prior Accumulation Period.}

**Rollover Benefit** – A dollar amount awarded to a Qualifying Member that the Plan will apply to dental claims for Covered Services after the Member reaches the annual Maximum for the Accumulation Period.

**Rollover Limit** – The maximum balance permitted in the Member's Rollover Benefit account in any Accumulation Period.

#### RIDER LIMITS

The following limits apply to the benefits of this Rider:

<b>Rollover Benefit:</b>	{ \$100 - \$1000 } per Accumulation Period
<b>Rollover Limit:</b>	{ \$200 - \$2000 } per Rollover Benefit account
<b>{Network Bonus:</b>	{ \$50 - \$500 } per Accumulation Period }

#### HOW THE ROLLOVER BENEFIT WORKS

Each Member has a Rollover Benefit account. The balance in this account can increase from one Accumulation Period to the next until it reaches the Rollover Limit, defined above.

{During the Accumulation Period starting on the effective date of this Rider, We will credit the Member's Rollover Benefit account up to the Rollover Limit for any unused amount in a similar account from the Policyholder's prior plan.}

During the first ninety (90) days of each Accumulation Period starting one (1) year after effective date of this Rider, We will credit each Qualifying Member's Rollover Benefit account with a dollar amount up to the Rollover Benefit, defined above. The Rollover Benefit may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit. {A Network Bonus, if applicable, will also be credited to each Qualifying Member's Rollover Benefit account at this time. The Network Bonus may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit.}

The Plan will use the Member's Rollover Benefit account to pay dental claims for any Covered Service that exceeds the Member's annual Maximum during the Accumulation Period. The Member's Rollover Benefit account will not be applied to any of the following expenses related to a Member's dental services:

1. Deductibles;
2. Coinsurance;
3. amounts that exceed the Maximum Allowable Charge;
4. claims that exceed the Plan's limitations or that are excluded from coverage, as defined in the Schedule of Exclusions and Limitations;
5. orthodontic benefits.

#### **WHEN THE ROLLOVER BENEFIT ENDS**

The Rollover Benefit account is only available while:

1. the Member is eligible for and enrolled in the Policyholder's Plan; and
2. the Policyholder offers this Annual Maximum Rollover Benefit Rider as part of its Plan.

Members lose any remaining balance in their Rollover Benefit accounts when:

1. they change from one Policyholder's Plan to another Policyholder's Plan; or
2. they voluntarily disenroll from their Group's Plan; or
3. they are no longer eligible for their Group's Plan; or
4. their Group stops offering this Annual Maximum Rollover Benefit Rider as part of its Plan.
5. their Group's Plan is terminated for any reason.

#### **GENERAL PROVISIONS**

Except where specifically changed by this Rider, all of the terms and conditions of Your dental Plan's Certificate of Insurance and Schedule of Benefits, to which this Rider is attached, also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance or Schedule of Benefits, this Rider shall control.

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	10/04/2011
<b>Comments:</b>			
<b>Attachment:</b>			
	Readability Certification.pdf		

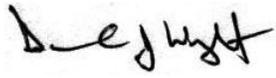
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	10/04/2011
<b>Bypass Reason:</b>	The Company is not submitting a policy in this filing.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Annual Maximum Rollover Rider Statement of Variability	Approved-Closed	10/04/2011
<b>Comments:</b>			
	Although not required, the Company is filing the attached Statement of Variability for informational purposes in support of the Annual Maximum Rollover Rider.		
<b>Attachment:</b>			
	SOV (Master w network bonus) UCD Annual Max Rollover Rider 081911.pdf		

## READABILITY CERTIFICATION

I, Daniel J. Wright, Vice President and Treasurer of United Concordia Insurance Company do hereby certify and affirm that the attached **Annual Maximum Rollover Rider (R-AMR (08/11))** rates **70.2**, on the Flesch Reading Ease Test Scale, meeting the minimum Flesch Score of 40 required by the state of Arkansas cited as, ACA 23-80-206.

Date: September 29, 2011

Signature:  \_\_\_\_\_

Daniel J. Wright  
Vice President and Treasurer

***United Concordia***  
**STATEMENT OF VARIABILITY**

**This statement of variability applies to the following form:  
R-AMR (08/11)**

The above-referenced form is attached following this statement. Variable language is referenced in numbered sequence order. All variable language is supplied as referenced below.

1. The period of enrollment required can vary and will be expressed in days or months. Minimum and maximum values are shown.
2. One of the two phrases shown will be included based upon the benefit offered.
3. This language is included in its entirety or, if the provision or definition does not apply to the benefit offered, it is completely removed.
4. This defines the total limit, within the specified dollar range, for the particular benefit offered.

# UNITED CONCORDIA

## Annual Maximum Rollover Benefit Rider to the Schedule of Benefits

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Schedule of Benefits.

### DEFINITIONS

The following definitions apply when used in this Rider.

**Accumulation Period** – The calendar year or contract year, as defined on the Schedule of Benefits, during which Plan benefits are counted toward the Plan's annual Deductible and annual Maximum.

**Qualifying Member** – A Member that is eligible for a Rollover Benefit because he/she met all of the following requirements:

1. The Member was continuously enrolled in the Plan for the last ninety (90) – one hundred eighty (180) days; {three (3) – six (6) months} of the prior Accumulation Period.
2. Any dental claim for a Covered Service; A claim for a covered dental exam was submitted for the Member during the prior Accumulation Period.
3. The Member's total dental claims for the prior Accumulation Period do not exceed fifty percent (50%) of the annual Maximum for that Accumulation Period, as defined on the Schedule of Benefits.
4. The Member's Rollover Benefit account has not reached the Rollover Limit.

Each year, We will determine which Members are Qualifying Members within ninety (90) days after the end of the prior Accumulation Period.

**Network Bonus** – A dollar amount in addition to the Rollover Benefit is awarded to a Qualifying Member's Rollover Benefit account receiving Covered Services from only Participating Dentists; at least one (1) Participating Dentist, during the prior Accumulation Period.

**Rollover Benefit** – A dollar amount awarded to a Qualifying Member that the Plan will apply to dental claims for Covered Services after the Member reaches the annual Maximum for the Accumulation Period.

**Rollover Limit** – The maximum balance permitted in the Member's Rollover Benefit account in any Accumulation Period.

### RIDER LIMITS

The following limits apply to the benefits of this Rider:

**Rollover Benefit:** \$100 - \$100 per Accumulation Period

**Rollover Limit:** \$200 - \$200 per Rollover Benefit account

**Network Bonus:** \$50 - \$50 per Accumulation Period

### HOW THE ROLLOVER BENEFIT WORKS

Each Member has a Rollover Benefit account. The balance in this account can increase from one Accumulation Period to the next until it reaches the Rollover Limit, defined above.

3

{During the Accumulation Period starting on the effective date of this Rider, We will credit the Member's Rollover Benefit account up to the Rollover Limit for any unused amount in a similar account from the Policyholder's prior plan.}

3

During the first ninety (90) days of each Accumulation Period starting one (1) year after effective date of this Rider, We will credit each Qualifying Member's Rollover Benefit account with a dollar amount up to the Rollover Benefit, defined above. The Rollover Benefit may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit. A Network Bonus, if applicable, will also be credited to each Qualifying Member's Rollover Benefit account at this time. The Network Bonus may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit.}

3

The Plan will use the Member's Rollover Benefit account to pay dental claims for any Covered Service that exceeds the Member's annual Maximum during the Accumulation Period. The Member's Rollover Benefit account will not be applied to any of the following expenses related to a Member's dental services:

1. Deductibles;
2. Coinsurance;
3. amounts that exceed the Maximum Allowable Charge;
4. claims that exceed the Plan's limitations or that are excluded from coverage, as defined in the Schedule of Exclusions and Limitations;
5. orthodontic benefits.

#### **WHEN THE ROLLOVER BENEFIT ENDS**

The Rollover Benefit account is only available while:

1. the Member is eligible for and enrolled in the Policyholder's Plan; and
2. the Policyholder offers this Annual Maximum Rollover Benefit Rider as part of its Plan.

Members lose any remaining balance in their Rollover Benefit accounts when:

1. they change from one Policyholder's Plan to another Policyholder's Plan; or
2. they voluntarily disenroll from their Group's Plan; or
3. they are no longer eligible for their Group's Plan; or
4. their Group stops offering this Annual Maximum Rollover Benefit Rider as part of its Plan.
5. their Group's Plan is terminated for any reason.

#### **GENERAL PROVISIONS**

Except where specifically changed by this Rider, all of the terms and conditions of Your dental Plan's Certificate of Insurance and Schedule of Benefits, to which this Rider is attached, also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance or Schedule of Benefits, this Rider shall control.

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/27/2011	Form	Annual Maximum Rollover Rider	09/29/2011	UCD Annual Max Rollover Rider 081911 (Master w network bonus).pdf