

SERFF Tracking Number: DDAR-127837560 State: Arkansas
Filing Company: Delta Dental of Arkansas State Tracking Number: 50298
Company Tracking Number: GL-DDAR-SCH A-C_PPO 9616_2012
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: GL-DDAR-Sch A-C_PPO 9616_2012
Project Name/Number: /

Filing at a Glance

Company: Delta Dental of Arkansas

Product Name: GL-DDAR-Sch A-C_PPO 9616_2012 SERFF Tr Num: DDAR-127837560 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved State Tr Num: 50298

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: GL-DDAR-SCH A-C_PPO 9616_2012 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Author: Sara Farris

Disposition Date: 11/22/2011

Date Submitted: 11/18/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 12/22/2011

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type:

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 11/22/2011

State Status Changed: 11/22/2011

Deemer Date:

Created By: Sara Farris

Submitted By: Sara Farris

Corresponding Filing Tracking Number:

Filing Description:

This is a customized Schedules A-C for a large group.

Company and Contact

Filing Contact Information

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Sherwood, AR 72120

501-992-1663 [FAX]

Filing Company Information

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 Delta Dental of Arkansas CoCode: 47155 State of Domicile: Arkansas
 1513 Country Club Rd. Group Code: Company Type:
 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 | 11/18/2011 | 53900361 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Donna Lambert | 11/22/2011 | 11/22/2011 |

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Disposition

Disposition Date: 11/22/2011

Implementation Date: 12/22/2011

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 | Yes |
| Supporting Document | Application | Approved | Yes |
| Form | GL-DDAR-Sch A-C_PPO 9616_2012 | Approved | Yes |

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Form Schedule

Lead Form Number:

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|------------------------|--|-------------------|-----------------------------------|---------|----------------------|-------------|--|
| Approved 11/22/2011 | GL-DDAR- Sch A- C_PPO 9616_2012 | Schedule Pages | GL-DDAR-Sch A- C_PPO 9616_2012 | Initial | | 0.000 | GL-DDAR- Sch A- C_PPO 9616_2012.p df |

**DELTA DENTAL OF ARKANSAS
SCHEDULE A
DIAGNOSTIC AND PREVENTIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

GOLDEN LIVING PPO

**A1.00 DIAGNOSTIC AND PREVENTIVE BENEFITS
PPO In Network 100% MPA
Out Of Network 70% MPA**

| | | |
|---|--------------------|---|
| • | Diagnostic | Routine periodic and specialty examinations not more than two (2) in any BENEFIT PERIOD. This is inclusive of an initial, oral examination. |
| • | Bitewings | Bitewing x-rays limited to one (1) set of four (4) films in any BENEFIT PERIOD. |
| • | Vertical Bitewings | Vertical bitewing x-rays limited to one (1) set every three (3) years. |
| • | Full-mouth X-rays | Full-mouth x-rays one (1) in any thirty six (36) consecutive month period. |
| • | Cleanings | Prophylaxis (cleaning) not more than two (2) in any BENEFIT PERIOD. |
| • | Fluoride | Topical application of fluoride one (1) per BENEFIT PERIOD for eligible DEPENDENT children to age sixteen (16). |
| • | Sealants | Sealants one (1) per tooth in any thirty six (36) consecutive month period. |
| • | Space Maintainers | For prematurely lost teeth of eligible DEPENDENT children to age fifteen (15). |

A2.00 LIMITATIONS AND EXCLUSIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS

- DDAR will pay for two (2) oral examinations and cleanings in BENEFIT PERIOD.
- DDAR will not pay for adult cleanings for PARTICIPANT(s) to age fourteen (14).
- DDAR will pay for full mouth x-rays one (1) time within any thirty six (36) consecutive month period. A combination of periapical and bitewing x-rays (fourteen or more films) or a panoramic film and additional x-rays make up a full mouth series.
- A sealant is a benefit only on the unrestored, decay free chewing surface (occlusal surface) of the maxillary (upper) and mandibular (lower) first and second molars. Sealants are a benefit for DEPENDENT children to age sixteen (16). Sealants are payable one (1) per tooth in any thirty six (36) consecutive month period.
- Preventative control programs (oral hygiene instructions, carries susceptibility tests, dietary control, tobacco counseling, etc.) are not a benefit.
- DDAR will pay for one (1) topical application of fluoride one (1) time in a BENEFIT PERIOD for DEPENDENT children to age sixteen (16). Fluoride rinses or self-applied fluorides are not a benefit.
- A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children to age fifteen (15). Recementation of a space maintainer within six (6) months of the seating date is part of the original procedure. A space maintainer is not considered an orthodontic appliance.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Diagnostic and Preventive BENEFITS.

**DELTA DENTAL OF ARKANSAS
SCHEDULE B
BASIC RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

**B1.00 BASIC RESTORATIVE BENEFITS
PPO In Network 80% MPA
Out Of Network 50% MPA**

| | | |
|---|--------------------------------|---|
| • | Periapical X-rays | Single films up to thirteen (13) allowed in the same day. |
| • | Other X-rays | Intra-oral and extra-oral. |
| • | Palliative Emergency TREATMENT | Minor emergency TREATMENT for the relief of pain as needed by the PARTICIPANT. |
| • | Fillings | Amalgam (silver) and composite/resin (white) fillings. Composites are not a covered benefit on molars. |
| • | Extractions | Simple extractions. |
| • | Biopsy | Brush Biopsy |
| • | Oral Surgery | Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery and impacted teeth (partially and completely bony). |
| • | Non-surgical Periodontics | Includes TREATMENT for the disease of the gums and bone supporting the teeth. |
| • | Surgical Periodontics | Includes TREATMENT for the disease of the gums and bone supporting the teeth excluding osseous surgery and soft tissue grafts. |
| • | Periodontal Maintenance | Limited to two (2) per BENEFIT PERIOD following active periodontal TREATMENT. |
| • | Occlusal Adjustment | Other than with an appliance or restoration. |
| • | Endodontics | Includes pupal therapy but excluding root canal therapy for molars. |
| • | Office Visit After Hours | As long as no other covered definitive work is performed. |
| • | Stainless Steel Crown | Used as a restoration to natural teeth when the teeth cannot be restored with a filling material. |
| • | Recementation | Recement of inlays, crowns and bridges. |
| • | | |

B2.00 LIMITATIONS AND EXCLUSIONS ON BASIC RESTORATIVE BENEFITS

- Single film x-rays in the excess of 14 or more on the same date of service are combined and considered a full mouth series and benefited as such.
- Palliative TREATMENT is payable on a per visit basis, once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- Extractions, surgical extractions, root removal, alveoplasty, surgical exposure of impacted or unerupted tooth, tooth reimplantation and/or stabilization, transseptal fiberotomy, and oroantral fistula closure are limited to one (1) in a lifetime.
- Non-surgical periodontics will not be provided more often than one (1) time in a twenty four (24) consecutive month period per quadrant. Root planning and curettage are not a benefit for PARTICIPANT(s) to age fourteen (14).
- Periodontal maintenance is a benefit after two (2) consecutive months following active periodontal TREATMENT.
- Payment for periodontal surgery (gingivectomy and gingival flap procedures) shall include charges for three (3) months' post-operative care and any surgical re-entry for a thirty-six (36) consecutive month period.
- DDAR will not pay for the replacement of a stainless steel crown within a sixty (60) month period of the initial placement.

- Composite resin crowns are not a benefit on molar teeth. A stainless steel crown allowance will be made with any fee difference the responsibility of the patient.
- Payment for root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT is limited to one (1) in a lifetime, per tooth, by the same DENTIST or dental office. Retreatment of root canal by the same DENTIST or dental office will be considered after twenty-four – (24) consecutive months have lapsed since initial treatment. Root canals on deciduous teeth are not a benefit, unless there is no permanent successor. Pulpal therapy is limited to primary teeth. Root canal therapy is limited to a therapeutic pulpotomy for primary teeth one (1) time in a lifetime.
- Recementation of a fixed bridge or crown within six (6) consecutive months of the seating date is part of the original procedure.
- Occlusal adjustments are not a benefit in conjunction with a restoration or appliance.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Basic Restorative BENEFITS.

**DELTA DENTAL OF ARKANSAS
SCHEDULE C
MAJOR RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

**C1.00 MAJOR RESTORATIVE BENEFITS
PPO In Network 50% MPA
Out Of Network 40% MPA**

| | | |
|---|---|--|
| • | Occlusal Guard | For bruxism only, limited to one (1) in thirty six (36) month period. |
| • | Crowns, Inlays, Onlays, and Veneers | Crowns, inlays, onlays, and veneers are BENEFITS for the TREATMENT of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations. |
| • | Endodontics | Limited to root canal therapy for molars. |
| • | Prosthodontics | Procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges limited to once in a ninety six (96) month period. |
| • | Complete or Partial Denture Reline | Chair side or laboratory procedure to improve the fit of the appliance to the tissue (gums). |
| • | Complete or Partial Denture Rebase | Laboratory replacement of the acrylic base of the appliance. |
| • | Surgical Periodontics | Limited to osseous surgery and soft tissue grafts. |
| • | Oral Surgery | Limited to removal of impacted teeth (partially and completely bony). |
| • | General Anesthesia and Intravenous Sedation | Covered in conjunction with a covered surgical procedure. |

C2.00 LIMITATIONS AND EXCLUSIONS ON MAJOR RESTORATIVE BENEFITS

- DDAR will not pay to replace any crowns, inlays, onlays, or veneers received in the previous ninety six (96) months. Payment for crowns, inlays, onlays, and veneers shall include charges for preparations of tooth, gingival, and impression.
- DDAR will not pay for a crown, inlay, onlay, or veneer on a tooth that can be restored with an amalgam or composite restoration.
- High Noble Metal crowns will not be benefited but given an allowance of the Noble Metal material. When porcelain, ceramic, or resin crowns are submitted on molar teeth an allowance of a cast restoration will be given.
- Crown repair is a benefit after six (6) months of the initial placement. Repairs for bridges and full and partial dentures are covered after six (6) months of the initial placement.
- Charges for general anesthesia/intravenous sedation are covered only in conjunction with a covered surgical procedure.
- Analgesia, anxiolysis, inhalation of nitrous oxide, therapeutic drug injection, other drugs and/or medicines, and desensitizing medicines are not covered.
- Payment for molar root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT for molar teeth is limited to one (1) in a lifetime, per tooth, by the same DENTIST or dental office. Retreatment of root canal by the same DENTIST or dental office will be considered after twenty-four – (24) consecutive months have lapsed since initial treatment. Root canals on deciduous teeth are not a benefit, unless there is no permanent successor.
- Payment for osseous surgery shall include charges for three (3) months' post-operative care and any surgical re-entry for a thirty-six (36) consecutive month period.

- Initial placement of full or partial removable dentures, fixed bridges (including crowns and inlays) which form a part thereof to replace a functioning natural tooth or teeth which are missing prior to the effective date of the individuals coverage, will not be covered unless the prosthetic appliance also includes the replacement of a natural tooth or teeth extracted while coverage was in effect. The extraction of a third molar does not qualify unless the tooth was an abutment to a removable or fixed partial denture.
- DDAR will not pay to replace any fixed bridges or partial or complete dentures that the PARTICIPANT received in the previous ninety six (96) consecutive months, except where the loss of additional teeth requires the construction of a new appliance. DDAR will not pay to replace a bridge or denture unless it cannot be made satisfactory.
- Payment for a partial or complete denture shall include charges for any necessary adjustment within a six (6) consecutive month period. Adjustments made within the first six (6) consecutive month period after delivery are not covered.
- A posterior, fixed partial denture and a removable partial denture in the same dental arch is not covered. The benefit is limited to the allowance for the partial, removable denture.
- DDAR limits payment for standard dentures to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference.
- DDAR does not pay for fixed bridges or full or partial dentures for children to age sixteen (16).
- A fixed bridge where a partial denture is constructed in the same arch is not a covered benefit.
- Fixed partial denture retainers are a benefit one (1) time in any ninety six (96) consecutive month period.
- Temporary and provisional crowns and dentures are not a benefit except to replace anterior teeth by means of an interim partial.
- Interim partial dentures are only covered to replace anterior teeth. The replacement of an interim partial must occur within 12 months it was installed. If the age of the temporary partial exceeds 12 months, the prosthetic time limit of (96) consecutive months or 8 years will then apply.
- Procedures for purely cosmetic reasons are not BENEFITS.
- Diagnostic casts, photographs, and cephalometric films are a benefit only if done for orthodontic purposes and would be covered under orthodontic benefits.
- Endosteal implants are not a covered benefit.
- Implant removal is not covered.
- Tissue conditioning is limited to two (2) in a thirty-six (36) consecutive month period. Tissue conditioning is not a benefit if performed on the same day a denture is delivered or a reline/rebase is provided.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Major Restorative BENEFITS.

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|---------------------------------|--------------------------------------|-------------------------------|---------------------------------|
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Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------------|----------------------|---------------------|-------------------------|
| Bypassed - Item: | Flesch Certification | Approved | 11/22/2011 |
| Bypass Reason: | n/a | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|-------------|---------------------|-------------------------|
| Bypassed - Item: | Application | Approved | 11/22/2011 |
| Bypass Reason: | n/a | | |
| Comments: | | | |