

SERFF Tracking Number: DDAR-127909665 State: Arkansas  
Filing Company: Delta Dental of Arkansas State Tracking Number: 50523  
Company Tracking Number: WS-DDAR-SCH A-C\_LOW\_9618\_ACTIVE.RETIREE 2012  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: WS-DDAR-Sch A-C\_Low\_9618\_Active.Retiree 2012  
Project Name/Number: /

## Filing at a Glance

Company: Delta Dental of Arkansas

Product Name: WS-DDAR-Sch A-C\_Low\_9618\_Active.Retiree 2012

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: DDAR-127909665 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 50523

Co Tr Num: WS-DDAR-SCH A-C\_LOW\_9618\_ACTIVE.RETIREE 2012 State Status: Approved-Closed

Author: Sara Farris

Date Submitted: 12/19/2011

Reviewer(s): Rosalind Minor

Disposition Date: 12/20/2011

Disposition Status: Approved-Closed

Implementation Date:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Group Market Type: Employer

Filing Status Changed: 12/20/2011

State Status Changed: 12/20/2011

Created By: Sara Farris

Corresponding Filing Tracking Number:

Filing Description:

This is a Schedule A-C for a new large risk group.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Sara Farris

## Company and Contact

### Filing Contact Information

Sara Farris,

sfarris@ddpar.com

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Project Name/Number: /  
 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:  
 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	12/19/2011	54661089

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/20/2011	12/20/2011

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## Disposition

Disposition Date: 12/20/2011

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
Form	WS-DDAR-Sch A-C_Low_9618_Active.Retiree 2012	Approved-Closed	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- Closed 12/20/2011	WS-DDAR- Sch A- C_Low_96 18_Active. Retiree 2012	Schedule Pages	WS-DDAR-Sch A- C_Low_9618_Active. Retiree 2012	Initial		0.000	WS-DDAR- Sch A- C_Low_9618 _Active.Retiree 2012.pdf

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

**WINDSTREAM CORPORATION – LOW PLAN 9618 – ACTIVE AND RETIREE**

**A1.00 DIAGNOSTIC AND PREVENTIVE BENEFITS**

**In Network 80% MPA**

**Out Of Network 80% MPA**

- Diagnostic Routine periodic examinations not more than two (2) in any BENEFIT PERIOD
- Bitewings Bitewing x-rays two (2) sets of four (4) films in a benefit period
- Other x-rays Intraoral-periapical and extraoral x-rays
- Full-mouth x-rays Full-mouth x-rays one (1) time 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 two (2) per BENEFIT PERIOD
- Space Maintainers Space maintainers for prematurely lost teeth of eligible dependent children to age nineteen (19)
- Palliative Emergency Minor emergency TREATMENT for the relief of pain as needed by the participant is payable once on the same date as long as no other procedure is performed except for x-rays and/or diagnostic procedures..

**A2.00 LIMITATIONS AND EXCLUSIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS**

- DDAR will pay for two (2) oral examination(s) and two (2) cleaning(s) in a BENEFIT PERIOD. (\* Please see information on Evidence Based Dentistry.)
- 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 (14) or more films) or a panoramic film and additional x-rays make up a full mouth series.
- 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 two (2) times in a BENEFIT PERIOD. Fluoride rinses or self-applied fluorides are not a benefit.
- Pulp vitality tests are payable per visit, not per tooth, and only for the diagnosis of emergency conditions.
- A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children to age nineteen (19), 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.
- Palliative TREATMENT is payable on a per visit basis, once on the same date and only payable when no other procedures are performed except for x-rays and /or diagnostic procedures.

- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Diagnostic and Preventive BENEFITS.

**(\* 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.**

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

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

- Sealants Sealants twice per tooth in a sixty (60) month period on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age nineteen (19)
- Fillings Amalgam (silver) and composite/resin (white) fillings including sedative fillings
- Extractions Simple extractions
- Oral Surgery Oral surgery, including pre- and post-operative care and surgical extracts.
- Consultations Consultations, but not more than two (2) in a twelve (12) month period,
- Endodontics Includes pulpal therapy, pulp capping, and root canal therapy.
- Surgical Periodontics Includes TREATMENT and surgical procedures for the disease of the gums and bone supporting the teeth. Surgical Periodontics, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but not more than one (1) surgical procedure per quadrant in any three (3) year period.
- Non-surgical Periodontics Includes TREATMENT for the disease of the gums and bone supporting the teeth. Periodontal scaling and root planning are limited to not more than once per quadrant in any twenty four (24) month period.
- Periodontal Maintenance Limited to two (2) per benefit period following active periodontal treatment.
- General Anesthesia General anesthesia or intravenous sedation in connection with oral surgery and extractions.
- Injections Injections of therapeutic drugs.
- 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.
- Recementing Recementing of cast restorations or dentures.
- Denture Adjustments Adjustment of dentures, if at least six (6) months have passed since the installation of the denture.
- Repairs Simple repairs of crowns, inlays, onlays or dentures.

**B2.00 LIMITATIONS AND EXCLUSIONS ON BASIC RESTORATIVE BENEFITS]**

- 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 permanent molars. Sealants are a benefit twice in a sixty (60) month period for DEPENDENT children to age nineteen (19).
- 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.

- TREATMENT of complications (post-surgical) or unusual circumstances are a benefit one (1) time in three (3) months (i.e., TREATMENT of a dry socket).
- Payment for root canal TREATMENT includes charges for temporary restorations. 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 and will be given the benefit of a therapeutic pulpotomy, unless there is no permanent successor. Pulpal therapy is limited to primary teeth, and therapeutic pulpotomy is limited to once (1) in a lifetime.
- Full-mouth debridement.
- Payment for periodontal surgery shall include charges for three (3) months' post-operative care and any surgical re-entry for a thirty-six (36) consecutive month period. Root planing, curettage, and osseous surgery are not a benefit for PARTICIPANT(s) to age fifteen (15).
- Non-surgical periodontics will not be provided more often than one (1) time in a twenty-four (24) consecutive month period per quadrant.
- Periodontal maintenance is a benefit after three (3) consecutive months following active periodontal TREATMENT.
- Charges for general anesthesia/intravenous sedation are covered when administered in conjunction with covered oral surgery.
- Analgesia, anxiolysis, inhalation of nitrous oxide, other drugs and/or medicines, and desensitizing medicines are not covered.
- Recementation of a bridge or crown within six (6) consecutive months of the seating date is part of the original procedure.
- Adjustments to complete or partial dentures made within the first six (6) consecutive month period after delivery are not covered.
- Relines and rebases are covered not more than once in any 36 month period and only after 6 months have passed since the installation of the existing full or partial denture.
- 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  
In Network 50% MPA  
Out Of Network 50% MPA**

- 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.
- Stainless Steel Crowns      Used as a restoration to natural teeth when the teeth cannot be restored with a filling material.
- Prosthodontics      Procedures for construction of fixed bridges, partial or complete dentures.
- Implants      Endosteal implants are covered once in a sixty (60) month period per tooth.

**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 sixty (60) 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.
- Porcelain/ceramic or cast crowns for children to age thirteen (13) are not BENEFITS.
- DDAR will not pay for the replacement of a stainless steel crown within a sixty (60) month period of the initial placement.
- Prefabricated 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.
- Initial placement of an implant, 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.
- DDAR will not pay to replace any fixed bridges or partial or complete dentures that the PARTICIPANT received in the previous sixty (60) 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.

- A posterior, fixed partial denture and a removable partial denture in the same dental arch are 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 seventeen (17).
- 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 sixty (60) consecutive month period.
- Temporary and provisional crowns and partial dentures are not a benefit.
- Procedures for purely cosmetic reasons are not BENEFITS
- Diagnostic casts and cephalometric films are not covered.
- Intraoral and extraoral photographic images are not covered.
- Endosteal implants are covered but not more than once for the same tooth position in a sixty (60) month period.
- Implant abutments are covered one (1) time in every sixty (60) consecutive month period.
- An implant or abutment supported crown is covered one (1) time in every sixty (60) consecutive month period.
- An implant or abutment supported retainer is covered one (1) time in every sixty (60) consecutive month period.
- Repair of implant supported prosthesis or implant abutment is covered one (1) time in any twelve (12) consecutive month period.
- Recementation of implant /abutment supported crown or fixed partial denture is covered one (1) time in any twelve (12) consecutive month period after six (6) months have elapsed since initial placement.
- Implant maintenance procedure is covered one (1) time in any twelve (12) months.
- Implant removal is covered one (1) time in a lifetime per tooth.
- Tissue conditioning is limited to one (1) 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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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	12/20/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	12/20/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			