

SERFF Tracking Number: AGDE-127089523 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 48437
Company Tracking Number: C36270NUFIC(USSA)
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: @Work Dental Program
Project Name/Number: USSA Dental Program/C36270NUFIC(USSA)

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: @Work Dental Program

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: AGDE-127089523 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 48437

Co Tr Num: C36270NUFIC(USSA) State Status: Approved-Closed

Reviewer(s): Rosalind Minor
Authors: Elaine Showstead, Disposition Date: 04/13/2011
Veronica Bullock, Karen McCloskey

Date Submitted: 04/07/2011 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: USSA Dental Program

Project Number: C36270NUFIC(USSA)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 04/13/2011

State Status Changed: 04/13/2011

Created By: Elaine Showstead

Corresponding Filing Tracking Number:

Filing Description:

April 7, 2011

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Veronica Bullock

Honorable Jay Bradford

Insurance Commissioner

Arkansas Insurance Department

Life/Health Division

1200 West Third Street

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Little Rock, Arkansas 72201-1904

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Group Dental Benefit Program
C36270NUFIC(USSA)-AR Group Dental Benefit Certificate
Out-of-State Forms Filing

SERFF Tracking Number: AGDE-127089523

Dear Commissioner Bradford:

National Union Fires Insurance Company of Pittsburgh, Pa. hereby submits for your review and approval the above referenced form. This form is new and is not intended to replace any other forms previously approved by your Department.

The above mentioned form will be issued solely to the eligible employees of U.S. Security Associates, Inc. (USSA) residing in your state and will provide group dental benefits. The Group Policy, form number C36269NUFIC(USSA), has been legally issued in the situs state of Georgia and was issued to the Policyholder (U.S. Security Associates, Inc.) in Roswell, Georgia.

Coverage provided under this program is Guaranteed Issue. Coverage is independent of and supplemental to any other health insurance. Benefits are payable regardless of whether benefits are payable under any other insurance policy.

Please note that form number 89644(7/05) (Coverage Territory Endorsement) was approved by your department on June 19, 2007, on a general use basis for all of our companies and for all of our products, current and future. This form is being submitted with this filing on an "Informational Only Basis".

The effective date of issue of this form will be upon approval by your Department.

Thank you for your consideration of this submission. We look forward to a favorable response. Please feel free to contact me should you have any questions or concerns about this material. You may contact me by writing to me or by telephone. My mailing address, email address, fax number, and telephone numbers are shown under my name.

Very truly yours

Elaine M. Showstead

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Senior A&H Regulatory Affairs Analyst
Law Department – Accident & Health Division
A&H Regulatory Affairs Unit
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503 Carr Road, 3rd Floor
Wilmington, Delaware 19809
E-mail Address: elaine.showstead@chartisinsurance.com
Telephone Numbers: 302-765-1750
888-396-5369, Ext. 31750
Fax Number: 302-830-4466

Company and Contact

Filing Contact Information

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Filing Company Information

National Union Fire Insurance Company of Pittsburgh, Pa.
503 Carr Road
3rd Floor
Wilmington, DE 19809
(888) 396-5369 ext. 31722[Phone]

CoCode: 19445 State of Domicile: Pennsylvania
Group Code: 12 Company Type:
Group Name: AIG State ID Number:
FEIN Number: 25-0687550

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 filing fee
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$50.00	04/07/2011	46368298

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/13/2011	04/13/2011

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Disposition

Disposition Date: 04/13/2011

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	Coverage Territory Endorsement (OFAC)	Approved-Closed	Yes
Form	Group Dental Insurance Certificate	Approved-Closed	Yes

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Form Schedule

Lead Form Number: C36269NUFIC (USSA)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/13/2011	C36270NUFIC(USSA)-AR	Certificate	Group Dental Insurance Certificate	Initial		51.900	C36270NUFIC(USSA)-AR.pdf

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Group Policy No. 9132759 ("the policy"), has been issued to U.S. Security Associates, Inc. which we will refer to as "the Policyholder".

The policy was delivered in Georgia and will be governed by the laws thereof and, to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any of its amendments.

This Certificate of Insurance is evidence of the Insured's insurance under the policy and of its benefits. Everything contained in this Certificate of Insurance is subject to the provisions, definitions, and exceptions in the policy. The policy is on file with the Policyholder and may be examined at any reasonable time. Only one of our executive officers can authorize a change to the policy.

This Certificate of Insurance replaces all Certificates and Certificate Riders, if any, previously issued to the Insured under the policy.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa., witness this Certificate of Insurance:



President



Secretary

THIS CERTIFICATE OF INSURANCE PROVIDES LIMITED DENTAL COVERAGE.
READ IT CAREFULLY.

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SCHEDULE OF BENEFITS

1. ELIGIBILITY: All employees after 30 days of service

Dependent Coverage: Yes No

2. COVERAGE YEAR: Begins on each January 1st and continues for the next 12 consecutive months, and ends on December 31st of the same year.

3. SERVICE TYPES AND BENEFIT AMOUNTS:

Deductible: \$50 of Covered Expenses per Covered Person per Coverage Year.

Maximum Benefit: \$750 per Covered Person per Coverage Year

Service Type I:

Benefit Waiting Period NONE
 Subject to Deductible NO
 Subject to Coverage Year Maximum Benefit..... YES
 Maximum Benefit – Lifetime NONE

Service Type II:

Benefit Waiting Period NONE
 Subject to Deductible..... YES
 Subject to Coverage Year Maximum Benefit..... YES
 Maximum Benefit – Lifetime NONE

Additional Provisions: None

4. INDIVIDUAL EFFECTIVE DATE: the following shall apply to eligible employees of the Policyholder and their Eligible Dependents.

If you are paid on a weekly basis, coverage will be effective the Saturday before your pay date.

If you are paid on a bi-weekly basis, coverage will be effective two Saturdays before your pay date.

5. PREMIUMS:

Premium Payable:		Weekly	Bi-Weekly
Premium Amount:	Employee Only:	\$ 3.85	\$ 7.70
	Employee and One Dependent:	\$ 7.23	\$14.46
	Employee and Family:	\$12.15	\$24.30

SCHEDULE OF COVERED PROCEDURES

	<u>Insurance Percentage</u>	<u>Limitation</u>
<u>SERVICE TYPE I PROCEDURES – Diagnostic and Preventative</u>		
Comprehensive Oral Exam	80%	(a)
Periodic Oral Exam	80%	(a)
Limited Oral Evaluation	80%	
Panorex Film, or	80%	(b)
Intra-Oral - complete series	80%	(b)
Intra-Oral - perapical, first film	80%	
Intra-Oral - perapical, each additional film	80%	
Intra-Oral - occlusal film	80%	
Bitewing - Single Film	80%	(e)
Bitewing - Two Films	80%	(e)
Bitewing - Four Films	80%	(e)
Prophylaxis - Adult	80%	(a)
Prophylaxis - Child	80%	(a)
Prophylaxis with Fluoride - Child	80%	(c)(d)
Topical Application of Fluoride - Child	80%	(c)
Sealant - per tooth (limited to permanent molars)	80%	(b)(d)
Space Maintainer - Fixed Unilateral	80%	(d)
Space Maintainer - Fixed Bilateral	80%	(d)
Space Maintainer - Removable Unilateral	80%	(d)
Space Maintainer - Removable Bilateral	80%	(d)
<u>SERVICE TYPE II – Simple Restorative</u>		
Emergency Palliative Treatment	70%	
FILLINGS		
One Surface Amalgam - Primary or Permanent	70%	
Two Surface Amalgam - Primary or Permanent	70%	
Three Surface Amalgam - Primary or Permanent	70%	
Four+ Surface Amalgam - Primary or Permanent	70%	
One Surface Resin - Anterior	70%	
Two Surface Resin - Anterior	70%	
Three Surface Resin - Anterior	70%	
Four+ Surface or Incisal Resin - Anterior	70%	
One Surface Resin Posterior - Primary or Permanent	70%	
Two Surface Resin Posterior - Primary or Permanent	70%	
Three Surface Resin Posterior - Primary or Permanent	70%	
Four+ Surface Resin Posterior - Primary or Permanent	70%	

- (a) Maximum of 1 procedure per 6 months
 (b) Maximum of 1 procedure per 36 months
 (c) Maximum of 1 procedure per 12 months
 (d) Limited to Dependent Children under age 16
 (e) Maximum of 4 films per 6 months

	<u>Insurance Percentage</u>	<u>Limitation</u>
ORAL SURGERY		
Simple Extraction - erupted tooth or exposed root	70%	
Surgical Extraction - erupted tooth	70%	
Deep sedation/general anesthesia - first 30 minutes	70%	
Deep sedation/general anesthesia - each additional 15 minutes	70%	
Analgesia, anxiolysis, inhalation of nitrous oxide	70%	
Intravenous conscious sedation/analgesia - first 30 minutes	70%	
Intravenous conscious sedation/analgesia - each additional 15 minutes	70%	
Non-intravenous conscious sedation	70%	
PERIODONTICS		
Gingivectomy - per quadrant	70%	
Gingivectomy - per tooth	70%	
Gingival Curettage Surgical - per quadrant, or	70%	
Osseous Surgery - per quadrant, or	70%	
Perio Scaling and Root Planing - per quadrant	70%	
Full Mouth Debridement	70%	
Perio Maintenance Procedure	70%	
ENDODONTICS		
Pulp Cap - Direct	70%	
Pulp Cap - Indirect	70%	
Therapeutic Pulpotomy	70%	
Root Canal - Anterior	70%	
Root Canal - Bicuspoid	70%	
Root Canal - Molar	70%	

GENERAL DEFINITIONS

"Allowable Charges" means the lesser of a provider's actual charge for a covered expense and the charge calculated for the same expense based on application of Usual, Customary and Reasonable.

"Benefit Waiting Period" means the amount of time which coverage must be in force before benefits may become payable for Covered Procedures.

"Coverage Year" means the period of time described in the SCHEDULE OF BENEFITS.

"Covered Expenses" means the Allowable Charges for Covered Procedures provided to a Covered Person. A Covered Expense is considered incurred on the date for which the charge is made for the service.

For a dental procedure, service or supply to be eligible for coverage under the policy, it must be rendered by:

- a) a licensed dentist who is acting within the scope of his or her license;
- b) a licensed physician performing dental services within the scope of his or her license; or
- c) a licensed dental hygienist acting under the supervision and direction of a dentist.

"Covered Person" means any eligible person for whom coverage is in effect under the policy.

"Covered Procedure" means a dental procedure, service or supply that is listed in the Schedule of Covered Procedures.

"Deductible" means the amount of Covered Expenses that must be paid by a Covered Person before benefits are payable under the policy. This amount is shown in the SCHEDULE OF BENEFITS. The Deductible(s) applies to each Covered Person and must be satisfied once each Coverage Year.

"Eligible Dependents" means:

- a) the Insured's lawful spouse; and
- b) the Insured's children who are less than age 26.

Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures and children for whom coverage has been court-ordered.

"Insured" means an employee for whom coverage is in effect under the policy.

"Usual, Customary and Reasonable" means the lower of charges made by:

- a) a provider for services and supplies rendered for the same or similar Injury or Sickness;
or
- b) the majority of providers within a community for the same or similar services or supplies, not to exceed the majority of prevailing fees within a community for such services or supplies, as we may determine based on statistically valid charge data using generally accepted industry standards and practices.

INDIVIDUAL EFFECTIVE DATES

Insured - Individual insurance will become effective as indicated in the SCHEDULE OF BENEFITS.

An eligible person may enroll only within 31 days after becoming eligible or experiencing a qualified change in their family situation (e.g. a divorce, legal separation, death, marriage, or birth/adoption of a new child), or during an open enrollment period, unless otherwise indicated by the policy. Open enrollment period means a pre-determined term during which any eligible person who previously did not enroll for coverage under the policy may enroll for coverage.

Dependents - Dependent insurance will become effective on the latest of:

- a) the Insured's effective date if the dependent is eligible as of the Insured's effective date and the Insured enrolls and pays premium for the dependent on or before that date; or
- b) if a dependent is not eligible as of the Insured's effective date, such dependent's coverage will be effective the Saturday before the Insured's pay date in which a premium deduction occurs for such dependent's coverage if the Insured is paid on a weekly basis or two Saturdays before the Insured's pay date in which a premium deduction occurs for such dependent's coverage if the Insured is paid on a bi-weekly basis, provided the Insured enrolls and pays any required premium for the dependent within 31 days after the date the dependent becomes eligible; or
- c) as provided in the SCHEDULE OF BENEFITS.

In no case will coverage for Eligible Dependents take effect before the Insured's.

Newborn Child Coverage: A child of the Insured born while the policy is in force is covered from the moment of birth until the 90th day of age. A notice of birth, together with the additional premium, must be submitted to us within 90 days of the birth in order to continue coverage beyond the initial 90-day period.

Adopted Children Coverage: A minor child who comes under the charge, care and control of the Insured while the policy is in force is covered, provided the Insured files a petition to adopt. The coverage of such child will be the same as provided for other members of the Insured's family. Such child will be covered from the date of placement in the Insured's home if the Insured applies for coverage and pays any required premium within 60 days after filing the petition to adopt. However, coverage will begin at the moment of birth if the petition for adoption, application for coverage and payment of premium occurs within 60 days after the child's birth. Coverage for such minor child will continue unless the petition for adoption is dismissed or denied.

INDIVIDUAL TERMINATION DATES

Insured - Coverage for an Insured will end on the earliest of:

- a) the date the Insured is no longer eligible unless contributions for coverage were made in advance, in which case coverage will terminate at the end of the period for which premiums have been paid; or
- b) any premium due date, if full payment for the Insured's coverage is not made within 31 days following the premium due date; or
- c) the date that the policy terminates; or
- d) the date the Insured enters an armed service on full-time active duty. Premium will be returned on a pro-rata basis if the Policyholder notifies us in writing.

Dependents - Coverage for dependents will end on the earlier of:

- a) the Insured's termination date; or
- b) any premium due date, if full payment for the dependent's coverage is not made within 31 days following the premium due date; or
- c) the date the dependent is no longer eligible unless contributions for coverage were made in advance, in which case coverage will terminate at the end of the period for which premiums have been paid.

Coverage will continue for any child who reaches the age limit and is both:

- a) totally incapable of self-sustaining employment due to a physical disability or mental retardation; and
- b) chiefly dependent on the Insured for financial support and maintenance.

The Insured must give us proof of the child's incapacity and dependency. We may require proof again from time to time but not more often than once a year after the 2 years that follow the child reaching the age limit.

In no case will dependent coverage end later than the Insured's.

Termination will not affect a claim for benefits for a covered loss that commenced while the person is covered by the policy.

DESCRIPTION OF BENEFITS

The Schedule of Covered Procedures lists all dental procedures, services and supplies that are covered under the policy. Each Covered Procedure is listed with its applicable Service Type (I or II), and:

- a) any applicable Insurance Percentage payable; and
- b) any applicable limitation.

Benefits for a Covered Procedure are determined by applying its Insurance Percentage to the Covered Expense, after satisfaction of any applicable Deductible.

For each Service Type, the SCHEDULE OF BENEFITS shows:

- a) any applicable Benefit Waiting Period;
- b) the applicability of any Deductible;
- c) the applicability of any Coverage Year Maximum Benefit Limitation; and
- d) any applicable Lifetime Maximum Benefit Limitation.

CONTINUATION OF COVERAGE

Coverage for dental expenses may be continued under certain circumstances. Medical information regarding the condition of a person's health is not required for this continuation of coverage.

Eligibility:

Insured - Insureds may elect to continue coverage for themselves and their covered dependents. Coverage may be continued for 18 months if one of the following events occurs:

- a) an Insured's employment is terminated for any reason other than gross misconduct; or
- b) a reduction in an Insured's hours results in the loss of such coverage.

Disabled Insured - Insureds who are determined to be disabled under the Social Security Act within 60 days of the date they become eligible for continuation under this provision, may continue coverage for themselves and their covered dependents for up to 29 months.

Dependents - A covered dependent may elect to continue coverage for a period of 36 months if one of the following events occurs:

- a) the death of the Insured;
- b) the divorce or legal separation of the Insured and dependent spouse;
- c) the Insured becomes entitled to Medicare benefits;
- d) a dependent child is no longer a dependent child for the purposes of the plan.

Coverage:

If a Covered Person exercises this option, coverage will be identical in scope to the coverage provided in the policy.

Premiums:

The Covered Person will pay premiums directly to the Policyholder with the option of paying in monthly installments. The premiums will not exceed 102 percent of the applicable premium for such period.

Notice Requirements:

The Policyholder must notify us in writing within 31 days after the date:

- a) the Insured dies; or
- b) the Insured's employment is terminated or the Insured's hours are reduced; or
- c) the Insured becomes entitled to Medicare benefits.

Each covered dependent who wishes to continue coverage must notify us in writing within 60 days after the date:

- a) of divorce or legal separation from the Insured; or
- b) a dependent child is no longer a dependent child for the purposes of the plan.

Upon our receipt of any such notice, we must give written notice of the right to continue coverage to the Covered Person(s) within 14 days.

Covered Persons who wish to continue coverage must notify us in writing within 60 days after the date they receive notice of their right to continue coverage.

Termination:

Covered Persons who exercise this option will not have their coverage interrupted or canceled or otherwise terminated until the date on which:

- a) they fail to make a premium payment in the time required to make that payment; or
- b) they become covered under another group dental plan, without limitation as to any pre-existing condition that affects coverage; or
- c) they become entitled to Medicare benefits; or
- d) the required period for continued coverage ends; or
- e) the policy is terminated.

EXCLUSIONS

No benefits are payable under this policy for the procedures, services or supplies listed below. Additionally, the items listed below will not be recognized toward satisfaction of any Deductible.

- a) charges for taxes and discounts;
- b) any procedure, service or supply that the Covered Person is not obligated to pay if there was no insurance;
- c) any procedure, service or supply that is cosmetic in nature if the teeth are satisfactory and no pathological condition exists, including but not limited to: (i) composite restorations, veneers, facings or similar properties of crowns or pontics placed on or replacing teeth in back of the first bicuspid; or (ii) personalization or characterization of dentures;
- d) any procedure, service or supply we determine which is not necessary, or which is experimental in nature;
- e) charges in excess of Usual, Customary and Reasonable for the least expensive alternate procedure, service or supply consistent with adequate dental care (this applies when such alternative procedure, service or supply is customarily provided);
- f) charges for failure to keep a scheduled visit, office calls if no service is performed or for the completion of forms;
- g) any procedure, service or supply relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; or (iv) correction of attrition or abrasion;
- h) charges for periodontal probing and charting;
- i) charges for any procedure, service or supply normally intended for sport or home use;
- j) charges for dental care caused by: (i) declared or undeclared war or any act of war; or (ii) work-related injuries or sickness.

- k) charges for the replacement of lost, missing or stolen appliances or devices;
- l) any procedure begun after the Covered Person's insurance under the policy terminates or any procedure begun before the Covered Person became insured under the policy;
- m) any instruction for diet, oral hygiene and infection control;
- n) any procedure, service or supply while the Covered Person is: (i) committing or attempting to commit a felony; (ii) engaging in an illegal occupation; or (iii) participation in a riot, rebellion or insurrection;
- o) analgesia, nitrous oxide and desensitization when not in conjunction with oral surgery;
- p) hospital costs and additional fees charged by the provider for hospital treatment;
- q) surgical procedures for correction or misalignment of teeth or jaws;
- r) charges for defective parts or workmanship replaced within six months;
- s) any procedure, service or supply that is provided or paid for by any governmental program or law, except as to charges that the person is legally obligated to pay, except Medicaid;
- t) temporary restoration, except if the temporary restoration is part of a course of treatment, the maximum benefit for a permanent restoration will include the fee for the temporary restoration;
- u) charges for any duplicative procedure, service or supply, including prosthetics;
- v) any procedure, service or supply that is medical in nature, except as applicable to covered dental procedures;
- w) any procedure, service or supply not shown in the Schedule of Covered Procedures; and
- x) orthodontic treatment, unless specifically provided for in the Schedule of Covered Procedures.

PREMIUMS

Premiums are shown in the SCHEDULE OF BENEFITS. Premium must be paid to us on or before the premium due date and not more than 31 days after the effective date of an eligible person's coverage. A person's coverage will not be affected by the Policyholder's failure, due to clerical error, to remit premiums to us on time.

Rates are provided on a group basis. We have the right to change the premium on the earliest of any premium due date:

- a) coinciding with a change in the coverage provided or classes eligible; or
- b) coinciding with a material change in the risk we have assumed; or
- c) on or after the first Policy Anniversary Date;

and on any premium due date thereafter.

We will give 60 days' advance written notice to the Policyholder of any change under c) above.

Grace Period: The Policyholder has a 31-day grace period after each ensuing premium due date once

the first premium has been paid. If a subsequent premium is not paid by the end of the grace period, coverage will end as of the premium due date. If this happens, the Policyholder will still owe us all premiums then due, including any premium due for the grace period or for any part of the grace period.

CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given to us within 31 days after a covered loss begins, or as soon as is reasonably possible. Notice should include information that identifies the claimant and the policy.

Claim Forms: When we receive notice of claim, we will send forms for filing proof of loss to the claimant. If these forms are not sent within 10 days, the claimant will meet the proof of loss requirements if we are given, within 90 days, written proof of the nature and extent of the loss.

Proof of Loss: Written proof of loss must be given to us within 90 days after the loss begins. We will not deny nor reduce any claim if it was not reasonably possible to give proof of loss in the time required. In any event, proof must be given to us within 1 year after it is due, unless the Insured is legally incapable of doing so.

Time of Payment of Claim: Benefits for loss covered by the policy will be paid immediately as soon as we receive proper written proof of such loss. Should we fail to pay the benefit under the policy upon receipt of due written proof of loss, we will have 15 working days thereafter within which to mail the Insured a notice stating the reasons we have for failing to pay the claims, either in whole or in part, and itemizing any documents or information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or information needed to process the claim has been received, we will then have 15 working days within which to process and either pay the claim or deny it, in whole or in part, giving the Insured the reasons we have for denying such claims or any portion thereof. We will pay interest to the Insured equal to 18 percent per annum on the proceeds or benefits due under the policy for failure to comply with the requirements stated in this provision.

Payment of Claims: All benefits will be paid to the Insured, if living, unless the Insured has requested that benefits be assigned. Any benefits due and unpaid at the Insured's death will be paid to the Insured's estate. Any payment made by us in good faith pursuant to this provision will fully release us to the extent of such payment.

Physical Examination: At our expense, we may have a person claiming benefits examined as often as reasonably necessary while the claim is pending.

Legal Action: No legal action may be brought to recover on the policy before 60 days after written proof of loss has been furnished as required by the policy. No such action may be brought after 3 years from the time written proof of loss is required to be furnished.

GENERAL PROVISIONS

Incontestability: The validity of the policy will not be contested except as to nonpayment of premiums.

No statement made by the Policyholder or the Covered Person, except a fraudulent one, will be used to contest a claim under the policy. We may only contest coverage if the misstatement is made in a written instrument signed by the Policyholder or the Covered Person and a copy is given to the Policyholder or the Covered Person.

Not in Lieu of Workers' Compensation: The policy is not in lieu of and does not affect requirements for coverage under Workers' Compensation laws.

Termination of Policy: The Policyholder may terminate the policy at any time on or after the first Policy Anniversary Date, by sending us written notice. The policy will be terminated on the date that we receive the notice or later if specified in the notice. We may terminate the policy at any time on or after the first Policy Anniversary Date, by sending the Policyholder at least 60 days' prior written notice to its most recent address in our records. We will return pro-rata the unearned portion of the premiums, if any, that

were paid. Termination will be without prejudice to a claim for a covered loss that commenced while the policy is in force.

Dual Coverage Prohibitions: If spouses are both eligible for coverage under the policy as Insureds, either both spouses may choose to be covered as an Insured or one spouse may choose family coverage to cover the other spouse as a dependent. Neither spouse may be covered twice under the policy. If each parent of a Child is eligible for coverage under the policy as an Insured, only one parent may choose family coverage to cover the Child and/or the other parent as dependents. If the parent who is covering the Child loses his or her coverage under the policy, the other parent may elect to continue, as an Insured, coverage for the Child by applying to cover the Child within 31 days of the loss of the other parent's coverage.

SERFF Tracking Number: AGDE-127089523 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 48437
 Company Tracking Number: C36270NUFIC(USSA)
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: @Work Dental Program
 Project Name/Number: USSA Dental Program/C36270NUFIC(USSA)

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/13/2011

Comments:

(1) In accordance with ACA 23-80-206 attached you will find the Readability Certification.
 (2) As required by ACA 23-79-138 and Bulletin 11-88 attached you will find a copy the "Service Notice". This form is being submitted with this filing on an "Informational Only Basis".

Attachments:

11-040611 Readability Cert.pdf
 AR-Service Info.pdf

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	04/13/2011
Bypass Reason: We are not filing the policy in your state because this is a single case filing and the policy was issued to the policyholder in Georgia. The policy has been filed and approved in the Policyholder's situs state of Georgia.		

Comments:

	Item Status:	Status Date:
Satisfied - Item: Coverage Territory Endorsement (OFAC)	Approved-Closed	04/13/2011

Comments:

Please note that this form was approved by your department on June 19, 2007, on a general use basis for all of our companies and for all of our products, current and future. This form is being submitted with this filing on an "Informational Only Basis".

Attachment:

87644(7-05)NUFIC.pdf

CERTIFICATION OF READABILITYError! Bookmark not defined.

National Union Fire Insurance Company of Pittsburgh, Pa. certifies that the form(s) shown below have been reviewed and comply with Arkansas Statute 23-80-206 and achieve a Flesch reading ease score of least 40.

Susan E. Martin, Assistant Vice President

(Name and Title)



(Signature)

April 6, 2011

(Date)

Form Number Form Name
C36270NUFIC(USSA)-AR Dental Certificate of Insurance

Flesch Score
51.9

If you are having problems with your insurance company or agent, do not hesitate to contact the company or agent to resolve your problem:

INSURANCE COMPANY:

National Union Fire Insurance Company of Pittsburgh, Pa.
Customer Service
503 Carr Road, 3rd Floor
Wilmington, DE 19809
1-888-396-5369
or
1-302-765-1600

INSURANCE AGENT:

[John Doe
XXX Any Street
Any City, Any State XXXXX]

If we at National Union Fire Insurance Company of Pittsburgh, Pa. fail to provide you with reasonable and adequate service you may contact the Office of the Commissioner of Insurance, a state agency which enforces Arkansas' insurance laws, and file a complaint. You can contact the Office of the Commissioner of Insurance at:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
1-800-852-5494
1-501-371-2640
Fax Number: 1-501-371-2749
E-Mail: insurance.consumers@arkansas.gov
Web Site: www.insurance.arkansas.gov

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT #

This endorsement, effective 12:01 A.M.

forms a part of Policy

No.
Insurance

issued to

by

National Union Fire

Company of Pittsburgh, Pa.

COVERAGE TERRITORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").



President



Secretary