

SERFF Tracking Number: DDAR-127333665 State: Arkansas
Filing Company: Delta Dental of Arkansas State Tracking Number: 49367
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: CC-CERT-11
Project Name/Number: /

Filing at a Glance

Company: Delta Dental of Arkansas

Product Name: CC-CERT-11

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: DDAR-127333665 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49367

Co Tr Num:

State Status: Approved-Closed

Author: Sara Farris

Reviewer(s): Rosalind Minor

Date Submitted: 07/21/2011

Disposition Date: 07/27/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

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:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/27/2011

State Status Changed: 07/27/2011

Deemer Date:

Created By: Sara Farris

Submitted By: Sara Farris

Corresponding Filing Tracking Number:

Filing Description:

We have a group that would like its coinsurance rates to be based on the dentist's submitted charge, instead of the Maximum Plan Allowable (MPA). Some of the group's employees live in the Virgin Islands, where Delta Dental of Arkansas has no network providers. This change will benefit the subscribers, who will pay less in coinsurance as a result of this change.

Company and Contact

Filing Contact Information

Sara Farris,
1513 Country Club

sfarris@ddpar.com
501-992-1662 [Phone]

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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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	07/21/2011	49984366

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/27/2011	07/27/2011

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Disposition

Disposition Date: 07/27/2011

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	CC-CERT-11	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 07/27/2011		Certificate Amendmen t, Insert Page, Endorseme nt or Rider	CC-CERT-11	Initial		38.700	CC-CERT-11.pdf

**Delta Dental of Arkansas
Amendment to Certificate of Coverage
[Group Name]
[Group Number]**

In the Certificate of Coverage, on page 3, the following two sentences are deleted:

Also, the benefit allowance for services of a non-participating DENTIST will be reduced by 10% for eligible services as determined by DDAR after applying the applicable DEDUCTIBLEs, co-payments, and maximums. This means your out-of-pocket expense will be more if you choose a NON-PARTICIPATING DENTIST.

In the Certificate of Coverage, Section 3.01 is amended to read as follows:

3.01 DDAR will only pay the BENEFITS stated for each type of dental service set out in the SCHEDULE OF BENEFITS. **Not all dental services are BENEFITS under the CONTRACT.** BENEFITS will only be provided for PARTICIPANTs who are enrolled on the date of TREATMENT. BENEFITS will be determined based on the date services were rendered. Services must be provided by a DENTIST or properly licensed EMPLOYEE of the DENTIST. Services must be necessary and customary. Services must be provided following generally accepted dental practice standards as determined by the dental profession to be a paid benefit. DDAR will pay allowable BENEFITS based upon the percentages and subject to the ANNUAL MAXIMUM BENEFIT as stated on the SCHEDULE OF BENEFITS. Such percentages will be applied to the fees the DENTIST charges for the service. Payments for covered services by NON-PARTICIPATING DENTISTs will be sent to the patient(s). NON-PARTICIPATING DENTISTs may balance-bill patients for the difference of their charges and DDAR's payment. PARTICIPATING DENTISTs shall not balance-bill patients for charges in excess of the MPA for covered BENEFITS under the CONTRACT.

This Amendment shall become effective on [August 1, 2011 – V].

GROUP NAME

DELTA DENTAL PLAN OF ARKANSAS, INC.

Ed Chrake

Chief Executive Officer

Name and Title

Name and Title

Date

Date

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	07/27/2011
Bypass Reason:	This type of form does not require a Flesch score.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	07/27/2011
Bypass Reason:	n/a		
Comments:			