

SERFF Tracking Number: DDAR-127345528 State: Arkansas
Filing Company: Delta Dental of Arkansas State Tracking Number: 49425
Company Tracking Number: DDARIN-2011
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: DDARIN-2011
Project Name/Number: /

Filing at a Glance

Company: Delta Dental of Arkansas

Product Name: DDARIN-2011

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: DDAR-127345528 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49425

Co Tr Num: DDARIN-2011

State Status: Approved-Closed

Author: Sara Farris

Reviewer(s): Rosalind Minor

Date Submitted: 07/29/2011

Disposition Date: 07/29/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 07/29/2011

State Status Changed: 07/29/2011

Created By: Sara Farris

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sara Farris

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

DDARIN-2011 is our new individual product brochure and application for dental/vision.

Company and Contact

Filing Contact Information

Sara Farris,

1513 Country Club

Sherwood, AR 72120

sfarris@ddpar.com

501-992-1662 [Phone]

501-992-1663 [FAX]

SERFF Tracking Number: DDAR-127345528 State: Arkansas
 Filing Company: Delta Dental of Arkansas State Tracking Number: 49425
 Company Tracking Number: DDARIN-2011
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: DDARIN-2011
 Project Name/Number: /

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: \$0.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	07/29/2011	50191837

SERFF Tracking Number: DDAR-127345528

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49425

Company Tracking Number: DDARIN-2011

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: DDARIN-2011

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/29/2011	07/29/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
DDARIN-2011	Note To Reviewer	Sara Farris	07/29/2011	07/29/2011

SERFF Tracking Number: DDAR-127345528

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49425

Company Tracking Number: DDARIN-2011

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: DDARIN-2011

Project Name/Number: /

Disposition

Disposition Date: 07/29/2011

Implementation Date:

Status: Approved-Closed

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: DDAR-127345528

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49425

Company Tracking Number: DDARIN-2011

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: DDARIN-2011

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	DDARIN-2011	Approved-Closed	Yes

SERFF Tracking Number: DDAR-127345528

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49425

Company Tracking Number: DDARIN-2011

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: DDARIN-2011

Project Name/Number: /

Note To Reviewer

Created By:

Sara Farris on 07/29/2011 10:29 AM

Last Edited By:

Rosalind Minor

Submitted On:

07/29/2011 01:53 PM

Subject:

DDARIN-2011

Comments:

We only have this form in an Adobe pdf, which does not provide a Readability Score. SERFF requires a number in the Readability Score blank, so I put "00".

SERFF Tracking Number: DDAR-127345528

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49425

Company Tracking Number: DDARIN-2011

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: DDARIN-2011

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/29/2011	DDARIN-2011	Application/ DDARIN-2011 Enrollment Form	Initial		0.000	DDARIN-2011.pdf

Policy Effective Date

All Delta Dental policies will have an effective date of the first of the month following receipt of complete application and subsequent to the initial premium amount due being drafted from applicant's checking/savings account or credit card payment. Application must be received in our offices by the 15th of the month prior to the requested effective date. (Example: Received by January 15th to be effective February 1st.) Applications received after the 15th of the month will be made effective on the 1st of the following month. (Example: Received on January 16th, will be effective March 1st.)

Authorization

I authorize dentists, dental office personnel, and other health care professionals and entities to disclose to Delta Dental of Arkansas, its agents and employees (including, without limitation, its claims and customer service personnel) all information necessary to determine (1) eligibility for coverage and (2) covered benefits. This authorization is made for each individual to be enrolled or affected by this change. The authorization is valid for 30 months from the date this form is signed for the purpose of collecting information in connection with enrollment, coverage reinstatement, or requests to change benefits. The authorization is valid for the term of coverage for the purpose of collecting information in connection with claims for benefits. The applicant or the applicant's authorized representative is entitled to receive a copy of the authorization form.

Applicant Signature _____ Date _____

City in which application was signed: _____, Arkansas

Certification

I certify that the information supplied by me on this form is accurate to the best of my knowledge. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant Signature _____ Date _____

Correspondence

NOTICE - All correspondence regarding this plan will be conducted electronically unless applicant requests to be contacted via mail. Correspondence will be sent to the e-mail address listed on the front of this application. If applicant wishes to receive correspondence at a different e-mail address, please provide it here.

E-Mail Address: _____ Check box to opt out of electronic correspondence

This section to be completed by sales representative

Agent Name (please print) _____ Agency Name _____

DDAR Vendor ID# _____ Phone Number _____



It's as easy as 1 – 2 – 3

- 1) Select from the following Delta Dental Premier + PPO
- 2) Return the attached enrollment form
- 3) Enjoy excellent benefits at affordable rates!

• Freedom to choose your own dentist

Delta Dental's network is the largest in the state, ensuring that you get the dentist you want. With 90% of Arkansas dentists participating, it's easy, convenient and to your advantage to choose Delta Dental.

• Affordable monthly rates

Dental coverage has never been more affordable. Monthly premiums for individual plans start at just \$11.33.

• All the benefits you need

Preventative Services – 100% coverage – no waiting period
 Basic Restorative Services – 80% coverage – 6 month waiting period
 Major Restorative Services – 50% coverage – 12 month waiting period

• Online access to your claims & benefits

All your information is just a click away at www.DeltaDentalAR.com.

For detailed benefit information go to www.DeltaDentalAR.com

Basic Dental Plan

Services*	Coverage
<ul style="list-style-type: none"> Two periodic exams, per member per benefit period Two cleanings, including scaling and polishing, per member per benefit period Two topical applications of fluoride per benefit period for covered dependents up to 19th birthday X-rays Sealants (one every 60 months for dependents up to 16th birthday) 	100% No Waiting Period

Monthly Premiums

Individual	\$11.33	Individual & Child(ren) ...	\$21.77
Individual & Spouse.....	\$22.68	Family	\$29.66

*One-time annual deductible of \$50 per individual which applies to all services. Annual Maximum Benefits: \$500 per individual. Benefits are covered through participating dentists only. Limitations apply. See schedule of benefits for this policy for a comprehensive explanation of services and benefits.

Basic Dental + Vision Plan

Services*	Coverage
Basic Dental Plan Services	100%
Plus! In-Network Vision Benefits Vision Examination Frame (within plan allowance) Spectacle Lenses: Standard Single Vision, Standard Bifocal, Standard Trifocal, Standard Lenticular Contact Lenses: Elective (up to plan allowance), Medically Necessary (prior authorization required)	Covered in Full After Co-Pay(s) No Co-Pay for Contacts
Lens Options	Up to 20% off
Laser Vision Correction	5% - 25% off
Additional Purchases	Up to 20% off on non-covered items

Monthly Premiums

Individual	\$18.64	Individual & Child(ren) ...	\$34.81
Individual & Spouse.....	\$34.64	Family	\$49.04

*Vision Plan 976. Vision examination co-pay: \$10. Materials co-pay: \$25. Out of network vision benefits are limited - see schedule of benefits for details. Dental benefits are covered through participating dentists only. Limitations apply. See schedule of benefits for this policy for a comprehensive explanation of services and benefits.

Comprehensive Dental Plan

Services*	Coverage
PREVENTATIVE Initial and Periodic Exams, Routine Prophylaxis (cleaning), Fluoride Treatments, X-rays, Sealants	100% No Waiting Period
BASIC RESTORATIVE SERVICES Emergency Treatment, Fillings, Simple Extractions, Space Maintainers	80% 6 Month Waiting Period
MAJOR RESTORATIVE SERVICES Endodontics (root canals); Oral Surgery; Surgical Extractions; Inlays, Onlays and Crowns; Bridges; Partial and Dentures; Periodontics (gum disease)	50% 12 Month Waiting Period

Monthly Premiums

Individual	\$29.12	Individual & Child(ren) ...	\$55.99
Individual & Spouse.....	\$58.34	Family	\$85.54

*One-time annual deductible of \$50 per individual which applies to all services. Annual Maximum Benefits: \$1,000 per individual. Coverage will be reduced by 10% for work done by non-participating dentists. Limitations apply. See schedule of benefits for this policy for a comprehensive explanation of services and benefits.

Comprehensive Dental + Vision Plan

Services*	Coverage
Comprehensive Dental Plan Services	100%/80%/50%
Plus! In-Network Vision Benefits Vision Examination Frame (within plan allowance) Spectacle Lenses: Standard Single Vision, Standard Bifocal, Standard Trifocal, Standard Lenticular Contact Lenses: Elective (up to plan allowance), Medically Necessary (prior authorization required)	Covered in Full After Co-Pay(s) No Co-Pay for Contacts
Lens Options	Up to 20% off
Laser Vision Correction	5% - 25% off
Additional Purchases	Up to 20% off on non-covered items

Monthly Premiums

Individual	\$36.43	Individual & Child(ren) ...	\$69.03
Individual & Spouse.....	\$70.30	Family	\$104.91

*Vision Plan 976. Vision examination co-pay: \$10. Materials co-pay: \$25. Out of network vision benefits are limited - see schedule of benefits for details. Dental coverage will be reduced by 10% for work done by non-participating dentists. Limitations apply. See schedule of benefits for this policy for a comprehensive explanation of services and benefits.

Let Delta Dental of Arkansas take care of your family's dental and vision needs.



Dental and Vision Benefits Information

Delta Dental of Arkansas
P.O. Box 6140
Sherwood, AR 72124
www.DeltaDentalAR.com

Delta Dental is the largest dental benefits provider in the state and that means you get all the services you deserve at a price you can afford.

Visit www.DeltaDentalAR.com or Call
1-800-814-3451 for Information on Dental
and Vision Coverage from Delta Dental.

For detailed benefit information go to www.DeltaDentalAR.com



Delta Dental for Individuals & Families

Individual and family plans at a price that will make you smile.



For detailed benefit information go to www.DeltaDentalAR.com

Delta Dental of Arkansas
P.O. Box 6140
Sherwood, AR 72124
Toll-free fax 877-992-1854

Requested Effective Date		
Month	Day	Year

Application for Individual Dental Plans & Individual Dental + Vision Plans

Rates effective through 3/31/2012

Applicant Name _____ Date of Birth _____ Sex _____
Street Address _____ City _____ State _____ Zip _____
Social Security # _____ E-mail _____ Phone # _____

Plan Selection (Choose one)

- Basic Dental Plan ONLY Basic Dental + Vision Comp. Dental ONLY Comp. Dental + Vision
 Individual Individual & Spouse Individual & Child(ren) Individual, Spouse & Children

List all dependents to be enrolled

Spouse's Name _____ Date of Birth (DOB) _____ Sex _____
Child's Name _____ DOB _____ Sex _____
Child's Name _____ DOB _____ Sex _____
Child's Name _____ DOB _____ Sex _____

Will this replace existing dental coverage? Yes No

**If Yes, submit copy of current coverage & effective dates.

Do all proposed insureds reside in Arkansas? Yes No

If no, provide reason: _____

Payment Method ****Payment is made via Electronic Funds Transfer ONLY, DO NOT SEND A LIVE CHECK****

Bank Draft (EFT): Monthly Annually Bank Account Type: Checking Savings
Bank Routing Number: _____ Bank Account Number: _____

(Please attach a voided check to application)

I authorize Delta Dental of Arkansas (DDAR) and the BANK* indicated above to debit my DDAR premium from my checking or savings account indicated above. This authority is to remain in full force and effect until my BANK has received written notification from me of the Pre-Authorized Bank Draft Program termination in such time and such manner as to afford the BANK a reasonable opportunity to act on it, or until the BANK has sent me ten (10) days' written notice of the bank's termination of this agreement.

I understand that by revoking the Pre-Authorized Bank Draft Program after I have agreed to it, I will also be terminating my DDAR coverage, unless DDAR has received written notice from me of my desire to continue coverage at least twenty (20) days prior to the next Pre-Authorized Bank Draft Program withdrawal date.

Signature of Applicant _____ Date _____

*BANK also applies to Savings and Loan

Credit Card: Monthly Annually Credit Card Type: Visa Mastercard

Credit Card Number: _____ Expiration Date (MM/YYYY): _____

Credit Card Holder's Name: _____

Credit Card Billing Address

Street Address _____ City _____ State _____ Zip _____

CV2 Number (last 3 digits located in signature block on back of card): _____ DDARIN-2011

SERFF Tracking Number: DDAR-127345528
Filing Company: Delta Dental of Arkansas
Company Tracking Number: DDARIN-2011
TOI: H21 Health - Other
Product Name: DDARIN-2011
Project Name/Number: /

State: Arkansas
State Tracking Number: 49425
Sub-TOI: H21.000 Health - Other

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	07/29/2011
Bypass Reason:	n/a		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	07/29/2011
Bypass Reason:	n/a		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	07/29/2011
Bypass Reason:	n/a		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	07/29/2011
Bypass Reason:	n/a		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	07/29/2011
Bypass Reason:	n/a		
Comments:			