

SERFF Tracking Number: DDAR-127649309 State: Arkansas
Filing Company: Delta Dental of Arkansas State Tracking Number: 49865
Company Tracking Number: SBMC-SOB-11
TOI: H2OG Group Health - Vision Sub-TOI: H2OG.000 Health - Vision
Product Name: SBMC-SOB-11
Project Name/Number: /

Filing at a Glance

Company: Delta Dental of Arkansas

Product Name: SBMC-SOB-11

TOI: H2OG Group Health - Vision

Sub-TOI: H2OG.000 Health - Vision

Filing Type: Form

SERFF Tr Num: DDAR-127649309 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49865

Co Tr Num: SBMC-SOB-11

State Status: Approved-Closed

Author: Sara Farris

Reviewer(s): Rosalind Minor

Date Submitted: 09/23/2011

Disposition Date: 09/26/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Filing Status Changed: 09/26/2011

State Status Changed: 09/26/2011

Created By: Sara Farris

Corresponding Filing Tracking Number:

Filing Description:

One of our vision groups wants to provide a Lasik benefit for its enrollees, so we are adding Lasik to the Schedule of Benefits for this group.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Sara Farris

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]

Filing Company Information

| | | | |
|---------------------------------|-----------------------------------|-------------------------------|---------------------------------|
| <i>SERFF Tracking Number:</i> | <i>DDAR-127649309</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Delta Dental of Arkansas</i> | <i>State Tracking Number:</i> | <i>49865</i> |
| <i>Company Tracking Number:</i> | <i>SBMC-SOB-11</i> | | |
| <i>TOI:</i> | <i>H20G Group Health - Vision</i> | <i>Sub-TOI:</i> | <i>H20G.000 Health - Vision</i> |
| <i>Product Name:</i> | <i>SBMC-SOB-11</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |
| 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 | 09/23/2011 | 52067311 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 09/26/2011 | 09/26/2011 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|----------------|------------------|-------------|------------|----------------|
| Revised filing | Note To Reviewer | Sara Farris | 09/23/2011 | 09/23/2011 |

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Disposition

Disposition Date: 09/26/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: DDAR-127649309

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49865

Company Tracking Number: SBMC-SOB-11

TOI: H20G Group Health - Vision

Sub-TOI: H20G.000 Health - Vision

Product Name: SBMC-SOB-11

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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 | SBMC-SOB-11 | Approved-Closed | Yes |

SERFF Tracking Number: DDAR-127649309 *State:* Arkansas
Filing Company: Delta Dental of Arkansas *State Tracking Number:* 49865
Company Tracking Number: SBMC-SOB-11
TOI: H20G Group Health - Vision *Sub-TOI:* H20G.000 Health - Vision
Product Name: SBMC-SOB-11
Project Name/Number: /

Note To Reviewer

Created By:

Sara Farris on 09/23/2011 04:00 PM

Last Edited By:

Rosalind Minor

Submitted On:

09/26/2011 02:26 PM

Subject:

Revised filing

Comments:

I refiled this document to include variable rating information. Thank you.

[Welcome to][Group Name]
Delta Vision Plan [976]

Delta Vision

You have joined millions of people who use Avesis to meet their vision needs. This program has been specifically designed to provide you and your covered family members with quality, professional vision care, all at a tremendous savings to you!



In-Network Vision Benefits

Vision Examination

| | |
|---|--------------------------------|
| Frame (with plan allowance) | Covered in Full |
| Spectacle Lenses | |
| Standard Single Vision | |
| Standard Bifocal | |
| Standard Trifocal | |
| Standard Lenticular | After Co-Pay(s) |
| Contact Lenses | No Co-Pays for Contacts |
| Elective (up to plan allowance) | |
| Medically Necessary (See back for definition) | |

Progressive lenses – up to 20% off retail, plus a \$50 allowance
 Specialty lenses – up to 20% off retail, plus the corresponding standard lens payment

| | |
|--------------------------------------|--------------------------|
| Lens Options ¹ | Discounted Items* |
| Laser Vision Correction ² | |
| Additional Purchases ³ | |

* Not insured benefits. Discounts do not apply to Walmart
 1 [up to 20% off on all lens options]
 2 [5%-25% off on laser vision correction]
 3 [up to 20% off on all additional purchases or items not covered]

Plan Allowances

FRAME

Members receive any frame with an approximate retail value between [\$0-\$200] (up to a [\$0-\$100] wholesale allowance)
 Frames from participating Walmart locations are covered up to a [\$0-\$100] retail value

CONTACT LENS

(In lieu of spectacle lenses and frames)
 Members receive a contact lens allowance of [\$0-\$300] which can be used for materials and services.

LASIK SURGERY

(In lieu of all other benefits)
 Members receive a onetime lifetime allowance of [\$0-\$500] for LASIK surgery.

Co-Pays

| | |
|----------------------|---------------|
| [Vision Examination] | [\$0-\$50.00] |
| [Materials] | [\$0-\$50.00] |

Benefit Frequency (Based on plan year)

| | |
|------------------------|----------------------|
| Vision Exam | Every [12-24] Months |
| Spectacle Lenses | Every [12-24] Months |
| Frames | Every [12-24] Months |
| Contact Lens Allowance | Every [12-24] Months |

Rates

Employee Paid Rates Per Month

| | |
|-----------------------|---------------|
| [Employee Only] | [\$0-\$50.00] |
| [Employee Plus One] | [\$0-\$50.00] |
| [Employee & spouse] | [\$0-\$50.00] |
| [Employee & children] | [\$0-\$50.00] |
| [Employee & family] | [\$0-\$50.00] |

Effective Date:
 Group Number:
 Plan #:

Out-of-Network Reimbursement

| | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|-------------|------------------|-------------|-------------------|-------------|---------------------|-------------|-------------|-------------|--|--|---|----------|-------------|---------------------|-------------|
| <p>Exam [\$0-\$100]</p> | <p>Spectacle Lenses</p> <table border="0"> <tr> <td>Standard Single Vision</td> <td>[\$0-\$100]</td> </tr> <tr> <td>Standard Bifocal</td> <td>[\$0-\$100]</td> </tr> <tr> <td>Standard Trifocal</td> <td>[\$0-\$100]</td> </tr> <tr> <td>Standard Lenticular</td> <td>[\$0-\$100]</td> </tr> <tr> <td>Progressive</td> <td>[\$0-\$100]</td> </tr> <tr> <td>Specialty Lenses [Corresponding Standard Lens Reimbursement]</td> <td></td> </tr> </table> | Standard Single Vision | [\$0-\$100] | Standard Bifocal | [\$0-\$100] | Standard Trifocal | [\$0-\$100] | Standard Lenticular | [\$0-\$100] | Progressive | [\$0-\$100] | Specialty Lenses [Corresponding Standard Lens Reimbursement] | | <p>Contact Lenses</p> <table border="0"> <tr> <td>Elective</td> <td>[\$0-\$200]</td> </tr> <tr> <td>Medically Necessary</td> <td>[\$0-\$300]</td> </tr> </table> <p>LASIK Surgery [One-time/lifetime allowance] [\$0-\$500]</p> | Elective | [\$0-\$200] | Medically Necessary | [\$0-\$300] |
| Standard Single Vision | [\$0-\$100] | | | | | | | | | | | | | | | | | |
| Standard Bifocal | [\$0-\$100] | | | | | | | | | | | | | | | | | |
| Standard Trifocal | [\$0-\$100] | | | | | | | | | | | | | | | | | |
| Standard Lenticular | [\$0-\$100] | | | | | | | | | | | | | | | | | |
| Progressive | [\$0-\$100] | | | | | | | | | | | | | | | | | |
| Specialty Lenses [Corresponding Standard Lens Reimbursement] | | | | | | | | | | | | | | | | | | |
| Elective | [\$0-\$200] | | | | | | | | | | | | | | | | | |
| Medically Necessary | [\$0-\$300] | | | | | | | | | | | | | | | | | |

[Delta Dental of Arkansas
 1513 Country Club Road
 Sherwood, AR 72120]

How To Use Your Benefits

When you need to see an eye care professional, simply call DeltaVision, Monday through Friday, 8AM to 6PM (CST) at 1-866-909-1082 or visit www.deltadental.com and follow the links. DeltaVision Customer Service Representatives have the most current listing of participating providers

- ① Select a participating provider
- ② Call and identify yourself as a DeltaVision/Avesis member
- ③ Schedule an appointment
- ④ Present your ID Card and pay any co-pays and expenses not covered under the vision program

LOOKING FOR A LASIK PROVIDER?

Avesis has contracted with participating providers to provide significant discounts for LASIK surgery. You may call 1-888-314-4619 for additional information or to locate a participating provider in your area.

Out-of-Network Information

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to DeltaVision for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan; and are in lieu of services provided by a participating DeltaVision provider. Out-of-network claim forms can be obtained by contacting DeltaVision's Customer Service Center, your group administrator or by visiting www.deltadental.com.

Limitations: This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating DeltaVision provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions: There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (nonprescription) lenses, sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services; 7) Any eye examination or corrective eyewear required by an employer as a condition of employment; 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

Notes and Disclaimers: Dilation is covered in full based on the following conditions: central vision loss, photopsia, floaters, history of ocular surgery, history of ocular trauma, history of ocular disease high myopia or diabetes. If the following conditions do not apply, members will receive DeltaVision's Preferred Pricing (20% off retail).

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees).

Laser vision correction is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Delta Dental is not responsible for the outcome of any refractive surgery.

Only one co-pay applies to either frame or lenses.

Termination Provisions: Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

[Welcome to][Group Name]
Delta Vision Plan [976]

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In-Network Vision Benefits

Vision Examination

Frame (with plan allowance)

- Spectacle Lenses
- Standard Single Vision
- Standard Bifocal
- Standard Trifocal
- Standard Lenticular

Covered in

Full

After Co-Pay(s)

Contact Lenses

Elective (up to plan allowance)

Medically Necessary (See back for definition)

No Co-Pays for Contacts

Progressive lenses – up to 20% off retail, plus a \$50 allowance
 Specialty lenses – up to 20% off retail, plus the corresponding standard lens payment

- Lens Options¹
- Laser Vision Correction²
- Additional Purchases³

**Discounted
Items***

- * Not insured benefits. Discounts do not apply to Walmart
- 1 [up to 20% off on all lens options]
- 2 [5%-25% off on laser vision correction]
- 3 [up to 20% off on all additional purchases or items not covered]

Plan Allowances

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Co-Pays

[Vision Examination] [\$0-\$50.00]
 [Materials] [\$0-\$50.00]

Benefit Frequency (Based on plan year)

| | |
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| Vision Exam | Every [12-24] Months |
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Rates

Employee Paid Rates Per Month

| | |
|---------------------|---------------|
| Employee Only | [\$0-\$50.00] |
| Employee & spouse | [\$0-\$50.00] |
| Employee & children | [\$0-\$50.00] |
| Employee & family | [\$0-\$50.00] |

Effective Date:
 Group Number:
 Plan #:

Out-of-Network Reimbursement

| | | |
|-----------------------------|--|---|
| Exam [\$0-\$100] | Spectacle Lenses Standard Single Vision [\$0-\$100] Standard Bifocal [\$0-\$100] Standard Trifocal [\$0-\$100] Standard Lenticular [\$0-\$100] Progressive [\$0-\$100] Specialty Lenses [Corresponding Standard Lens Reimbursement] | Contact Lenses Elective [\$0-\$200] Medically Necessary [\$0-\$300] LASIK Surgery [Onetime/lifetime allowance] [\$0-\$500] |
| Frame [\$0-\$100] | | |

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Product Name: SBMC-SOB-11

Project Name/Number: /

Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------------|----------------------|---------------------|-------------------------|
| Bypassed - Item: | Flesch Certification | Approved-Closed | 09/26/2011 |
| Bypass Reason: | N/A | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|-------------|---------------------|-------------------------|
| Bypassed - Item: | Application | Approved-Closed | 09/26/2011 |
| Bypass Reason: | N/A | | |
| Comments: | | | |