

SERFF Tracking Number: NWLC-127392462 State: Arkansas  
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49675  
Company Tracking Number: NSHBA 2400 DTL A  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
Product Name: Blanket Accident Dental Rider  
Project Name/Number: /

## Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Blanket Accident Dental Rider SERFF Tr Num: NWLC-127392462 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 49675  
Closed

Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: NSHBA 2400 DTL A State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Bobby Handley, Jonna Stough, LaToya Brooks, Andrea Roberts Disposition Date: 09/07/2011

Date Submitted: 08/30/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed Concurrently

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Blanket

Overall Rate Impact:

Filing Status Changed: 09/07/2011

State Status Changed: 09/07/2011

Deemer Date:

Created By: Andrea Roberts

Submitted By: Andrea Roberts

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached is the Extended Dental Benefit Rider, form NSHBA 2400 DTL A, which will be used in conjunction with previously approved forms. No changes were made to any of the other forms previously approved by your department.

The forms were approved in your state on 07/08/2010 under SERFF Tracking Number NWLC-126622287.

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The form is explained and covered in detail in the statement of variability.

Nationwide certifies that, to the best of its knowledge and belief, the forms submitted comply with all of the laws and regulations of your state.

The filing does not contain any unusual or potentially controversial items from normal entity or industry standards. The company's domicile state is Ohio. Form is pending approval.

## Company and Contact

### Filing Contact Information

Andrea Roberts, Sr. Compliance Analyst roberta8@nationwide.com  
 1 Nationwide Plaza 614-677-8010 [Phone]  
 1-32-101  
 Columbus, OH 43215

### Filing Company Information

Nationwide Life Insurance Company	CoCode: 66869	State of Domicile: Ohio
5525 Parkcenter Circle	Group Code: 140	Company Type:
Dublin, OH 43017	Group Name:	State ID Number:
(614) 854-3375 ext. [Phone]	FEIN Number: 31-4156830	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: Ohio's fee is \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	08/30/2011	51096563

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2011	09/07/2011

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## Disposition

Disposition Date: 09/07/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variability	Approved-Closed	Yes
<b>Form</b>	Extended Dental Benefit Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: NSHBA 2400 DTL A

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/07/2011	NSHBA 2400 DTL A	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Extended Dental Benefit Rider	Initial		52.300	NSHBA 2400 DTL A (Extended Dental Benefit Rider).pdf

Issues this rider to: [THE POLICYHOLDER REFERRED TO ON THE COVER PAGE OF THE POLICY/CERTIFICATE TO WHICH THIS RIDER IS ATTACHED AND MADE A PART THEREOF.]

[Policyholder: [ABC Company]]

[Policy Number: [xxxxxxx]]

[Rider Number: [xxxxxxx]]

### EXTENDED DENTAL BENEFIT RIDER

The Effective Date of this rider is [the Effective Date of the Policy to which this rider is attached] [the Effective Date of the applicable Eligible Class] [Month Day, Year]. It applies only with respect to Accidents that occur on or after that date. The Policy/Certificate is amended as described below. All other terms, provisions, limitations and exclusions remain unchanged except as specifically noted within this Benefit Rider.

Benefits payable under this Rider are paid in excess of any benefit payable under the Accident Medical Expense Benefit for dental treatment resulting from Accidental Injury to a Sound Natural Tooth.

Each Insured Person in Eligible Class [1, 2, 3] is eligible to purchase this benefit. For those Insureds for whom premium has been paid for this Benefit, Benefits will be paid for dental treatment [(including repair and replacement)] resulting from Accidental Injury to a Sound Natural Tooth that occurs [while participating in Covered Activity] [regardless of participation in a Covered Activity]. We will pay:

- Reasonable Charges incurred for exams, diagnosis, x-rays, restorative treatment, endodontics, oral surgery [treatment for gingivitis resulting from trauma,] [and] [replacement of caps, crowns, dentures and orthodontic appliances] to a maximum of [\$(40-500) per tooth] [and up to][\$(100-50,000)] for each Injury; and
- Reasonable Charges incurred toward the cost of a bridge, denture or partial denture or for replacement in kind of previous dental repairs to a maximum of [\$(100-500) for each Injury.]
- [for treatment (of a covered Injury) that must be deferred beyond the applicable Benefit Period as certified by a dentist, [and only if the preceding Benefit maximum was not reached within the applicable Benefit Period,] up to [\$(100-1,000) for each Injury. All claims for deferred dental Benefits must be submitted no later than 30 days after the end of the Benefit Period.]

[For dental services, there is often more than one service that can be used to treat a dental problem. In determining the Benefits, different materials and methods of treatment will be considered. The amount payable will be limited to the Covered Expense for the least costly service, which meets commonly accepted standards of the American Dental Association. The Insured Person and his or her Provider may decide on a more costly procedure or material than We have determined to be satisfactory for the treatment of the condition. We will pay a Benefit toward the cost of the more expensive procedure or material, but payment will be limited to the Benefits payable for Covered Expenses for the least costly Service. We will not pay the excess amount.]

[No benefits will be paid for: [periodontics,] [[damage to or loss of] [orthodontics], [dentures] [or] [bridges]], [Injury as a result of biting or chewing [or by any object wittingly or unwittingly placed in the mouth]].]

**Signed for Nationwide Life Insurance Company**



Secretary



President

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> Read Cert.pdf Compliance Certification.pdf	Approved-Closed	09/07/2011
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A - Rider filing <b>Comments:</b>	Approved-Closed	09/07/2011
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> N/A - This filing is not PPACA related. <b>Comments:</b>	Approved-Closed	09/07/2011
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> Statement of Variability - BA Extended Dental Benefit Rider.pdf	Approved-Closed	09/07/2011

CERTIFICATION OF COMPLIANCE WITH  
INSURANCE POLICY SIMPLIFICATION REQUIREMENTS

Name and Address of Insurer:

**Nationwide Life Insurance Company**  
**Special Risks Underwriting**  
**5525 Parkcenter Circle**  
**Dublin, OH. 43017-3584**  
**Mail Code: CO-03-30**

Policy/Certificate Form Number(s):

NSHBA 2400 DTL A Blanket Accident Extended Dental Benefit Rider

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with the Flesch reading ease score and the other requirements set forth in the Insurance Policy Language Simplification Act of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Tom DeNoma". The signature is fluid and cursive, with a large loop at the beginning.

Tom DeNoma  
Associate Vice President

Date: August 30, 2011

## CERTIFICATION OF COMPLIANCE

Name and Address of Insurer:

**Nationwide Life Insurance Company**  
**One Nationwide Plaza**  
**Columbus, OH. 43215**  
**Mail Code: 01-32-101**

Policy/Certificate Form Number(s):

NSHBA 2400 DTL A      Blanket Accident Extended Dental Benefit Rider

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with Arkansas Rule/Regulation 19, Arkansas Rule/Regulation 49 and the Consumer Information Notice as outlined in ACA 23-79-138.



Andrea Roberts  
Sr. Compliance Analyst

Date: August 30, 2011

STATEMENT OF VARIABILITY  
BLANKET ACCIDENT EXTENDED DENTAL BENEFIT RIDER

- Throughout the forms, language is bracketed. This language will be in or out, depending on the selection of the Policyholder. No other changes will be made to bracketed language.
  
- Rider, Paragraph 3, Bullet 1 –
  - Per Tooth Maximum - \$40-500 in \$5 increments
  - Per Injury Maximum - \$1,000-50,000 in \$500 increments
  
- Rider, Paragraph 3, Bullet 2 –
  - Per Bridge/Denture Maximum - \$100-500 in \$25 increments
  
- Rider, Paragraph 3, Bullet 3 –
  - Deferral Beyond Benefit Period - \$100-1,000 in \$50 increments
  
- The loss period, benefit period, class descriptions, and Reasonable & Customary percentile variables in the rate manual derive from the Blanket Accident Policy and Schedule of Benefits.