

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DDARIN-2013
Project Name/Number: /

Filing at a Glance

Company: Delta Dental of Arkansas
Product Name: DDARIN-2013
State: Arkansas
TOI: H10I Individual Health - Dental
Sub-TOI: H10I.000 Health - Dental
Filing Type: Form
Date Submitted: 10/04/2012
SERFF Tr Num: DDAR-128715731
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation
Date Requested:
Author(s): Sara Farris
Reviewer(s): Donna Lambert (primary)
Disposition Date: 10/25/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental
Product Name: DDARIN-2013
Project Name/Number: /

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: Overall Rate Impact:
 Filing Status Changed: 10/25/2012
 State Status Changed: 10/25/2012 Deemer Date:
 Created By: Sara Farris Submitted By: Sara Farris
 Corresponding Filing Tracking Number:

Filing Description:

This brochure and application is for Delta Dental of Arkansas's individual dental and individual vision products.

Company and Contact

Filing Contact Information

Sara Farris, sfarris@ddpar.com
 1513 Country Club 501-992-1662 [Phone]
 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: \$0.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| Company | Amount | Date Processed | Transaction # |
|--------------------------|---------|----------------|---------------|
| Delta Dental of Arkansas | \$50.00 | 10/04/2012 | 63438388 |

SERFF Tracking #:

DDAR-128715731

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: DDARIN-2013

Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Donna Lambert | 10/25/2012 | 10/25/2012 |

Objection Letters and Response Letters

Objection Letters

| Status | Created By | Created On | Date Submitted |
|---------------------------|---------------|------------|----------------|
| Pending Industry Response | Donna Lambert | 10/10/2012 | 10/10/2012 |

Response Letters

| Responded By | Created On | Date Submitted |
|--------------|------------|----------------|
| Sara Farris | 10/23/2012 | 10/23/2012 |

Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|----------|--------------------|-------------|------------|----------------|
| Form | DDARIN-2013 | Sara Farris | 10/23/2012 | 10/23/2012 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|--------------------------------|------------------|---------------|------------|----------------|
| Respond to Objection | Note To Filer | Donna Lambert | 10/23/2012 | 10/23/2012 |
| Representations not warranties | Note To Reviewer | Sara Farris | 10/15/2012 | 10/15/2012 |
| Departmental Requirement | Note To Filer | Donna Lambert | 10/15/2012 | 10/15/2012 |
| Reps Not Warranties | Note To Reviewer | Sara Farris | 10/12/2012 | 10/12/2012 |
| Representations Not Warranties | Note To Filer | Donna Lambert | 10/12/2012 | 10/12/2012 |

SERFF Tracking #:

DDAR-128715731

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI:

H101 Individual Health - Dental/H101.000 Health - Dental

Product Name:

DDARIN-2013

Project Name/Number:

/

Disposition

Disposition Date: 10/25/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|----------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved | Yes |
| Supporting Document | Application | Approved | Yes |
| Supporting Document | Health - Actuarial Justification | Approved | Yes |
| Supporting Document | Outline of Coverage | Approved | Yes |
| Form (revised) | DDARIN-2013 | Approved | Yes |
| Form | DDARIN-2013 | Replaced | Yes |

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DDARIN-2013
Project Name/Number: /

Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 10/10/2012 |
| Submitted Date | 10/10/2012 |
| Respond By Date | 11/12/2012 |

Dear Sara Farris,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- DDARIN-2013, (Form)

Comments: Please add a statement to the Certification section that statements made in the application are representations and not warranties.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental
Product Name: DDARIN-2013
Project Name/Number: /

Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 10/23/2012 |
| Submitted Date | 10/23/2012 |

Dear Donna Lambert,

Introduction:

Response 1

Comments:

I have revised the form and submitted it via an Amendment. Thank you.

Related Objection 1

Applies To:

- DDARIN-2013, (Form)

Comments: Please add a statement to the Certification section that statements made in the application are representations and not warranties.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Sara Farris

SERFF Tracking #:

DDAR-128715731

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: DDARIN-2013

Project Name/Number: /

Amendment Letter

Submitted Date: 10/23/2012

Comments:

Here is the revised form - I added our fax number and the statements about representations vs warranties.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

| Form Number | Form Type | Form Name | Action | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments |
|-------------|-----------------------------|-------------|---------|-------------------|-------------------|-----------------|-------------------|-----------------|
| | Application/Enrollment Form | DDARIN-2013 | Revised | | | | 0.000 | DDARIN-2013.pdf |

State: Arkansas

Filing Company: Delta Dental of Arkansas

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental

Product Name: DDARIN-2013

Project Name/Number: /

Note To Filer

Created By:

Donna Lambert on 10/23/2012 10:56 AM

Last Edited By:

Donna Lambert

Submitted On:

10/25/2012 08:32 AM

Subject:

Respond to Objection

Comments:

Please respond to the objection so SERFF will put the filing back to PENDING STATE ACTION. I can then approve it. You can just mention in your response that the form has been sent through and Amendment.

State: Arkansas

Filing Company: Delta Dental of Arkansas

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental

Product Name: DDARIN-2013

Project Name/Number: /

Note To Reviewer

Created By:

Sara Farris on 10/15/2012 02:50 PM

Last Edited By:

Donna Lambert

Submitted On:

10/25/2012 08:32 AM

Subject:

Representations not warranties

Comments:

We will add this language and resubmit. Thank you, Donna.

State: Arkansas

Filing Company: Delta Dental of Arkansas

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental

Product Name: DDARIN-2013

Project Name/Number: /

Note To Filer

Created By:

Donna Lambert on 10/15/2012 01:57 PM

Last Edited By:

Donna Lambert

Submitted On:

10/25/2012 08:32 AM

Subject:

Departmental Requirement

Comments:

It is the Department's practice to require the company to include a statement in the application that the applican'ts statements are representations and not warranties.

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental
Product Name: DDARIN-2013
Project Name/Number: /

Note To Reviewer

Created By:

Sara Farris on 10/12/2012 03:12 PM

Last Edited By:

Donna Lambert

Submitted On:

10/25/2012 08:32 AM

Subject:

Reps Not Warranties

Comments:

Thanks, Donna.

As I read the statute, it is saying that any statements made on an applications are representationns, not warranties. But I do not see anything in the statute that requires us to actually put this language on the application itself. We may want to check with Legal. I would appreciate your reconsideration.

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental
Product Name: DDARIN-2013
Project Name/Number: /

Note To Filer

Created By:

Donna Lambert on 10/12/2012 02:39 PM

Last Edited By:

Donna Lambert

Submitted On:

10/25/2012 08:32 AM

Subject:

Representations Not Warranties

Comments:

I found it:

23-79-107. Application -- Statements as representations.

(a) A statement in an application or in negotiations for a life or accident and health insurance policy or annuity contract by or in behalf of the insured or annuitant are representations and not warranties. Misrepresentations, omissions, concealment of facts, and incorrect statements shall not prevent a recovery under the policy or contract unless:

- (1) Fraudulent; or
- (2) Material either to the acceptance of the risk or to the hazard assumed by the insurer.

SERFF Tracking #:

DDAR-128715731

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Delta Dental of Arkansas

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Product Name: DDARIN-2013

Project Name/Number: /

Form Schedule

Lead Form Number:

| Item No. | Schedule Item Status | Form Number | Form Type | Form Name | Action/ Action Specific Data | Readability Score | Attachments |
|----------|------------------------|-------------|-----------|-------------|--|-------------------|-----------------|
| 1 | Approved 10/25/2012 | | AEF | DDARIN-2013 | Revised: Replaced Form #: Previous Filing #: | 0.000 | DDARIN-2013.pdf |

Form Type Legend:

| | | | |
|-------------|---|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |



Delta Dental Individual and Family

Dental and Vision plans at a price that will make you smile.



www.deltadental.com



Over a million smiles must know something... trust your smile to the dental experts!

WHY DENTAL INSURANCE?

To improve your health

People with dental insurance typically visit their dentist more often than those without, resulting in better dental and overall health. Besides keeping your smile healthy, your dentist can also help identify warning signs and symptoms of more than 120 diseases, such as heart disease and diabetes, before they become larger problems.

To save you money in the long run

Prevention costs less than treatment. Most dental insurance plans, such as Delta Dental Individual and Family, encourage prevention by covering the cost of exams, cleanings, x-rays and more in order to help prevent dental disease rather than to perform expensive and sometimes painful restorative work later.

DENTAL PLANS

| In Network Dental | Comprehensive | Preventive |
|---|---------------|-------------|
| Individual Deductible | \$50 | \$50 |
| Benefit-Year Maximum | \$1,000 | \$500 |
| What the plan pays after you have satisfied the deductible | | |
| Preventative & Diagnostic | 100% | 100% |
| Basic Restorative Services | 80% | Not Covered |
| Major Restorative Services | 50% | Not Covered |
| Waiting Periods* | | |
| Preventative & Diagnostic | none | none |
| Basic Restorative Services | 6 months | Not Covered |
| Major Restorative Services | 12 months | Not Covered |
| Monthly Premiums | Comprehensive | Preventive |
| Individual | \$28.80 | \$14.50 |
| Individual & Child(ren) | \$59.78 | \$27.87 |
| Individual & Spouse | \$61.22 | \$29.03 |
| Family | \$90.78 | \$37.96 |
| Out of Network Benefits | | |
| The benefit allowance for services of an out of network dentist will be reduced by 10% for eligible services as determined by Delta Dental of Arkansas after applying the applicable deductibles, co-payments and maximums. This means your out-of-pocket expense will be more if you choose an out of network dentist. | | |
| *Waiting Periods will be waived if: | | |
| 1. Your application is received within 31 days of the termination of your prior carrier. 2. You have had at least 6 months of coverage in Basic Restorative Services. 3. You have had at least 12 months of coverage in Major Restorative Services. To waive waiting periods, please submit a copy of your Certificate of Creditable Coverage verifying your previous dental coverage and a copy of your covered benefits. | | |

Preventative & Diagnostic

- ✓ Two routine exams per benefit period
- ✓ X-rays
- ✓ Two cleanings per benefit period
- ✓ Two fluoride applications for dependent children up to age 19
- ✓ Sealants for dependent children up to age 16

Basic Restorative Services

- ✓ Minor emergency treatment
- ✓ Fillings
- ✓ Simple extractions
- ✓ Space maintainers for dependent children up to age 14

Major Restorative Services

- ✓ Crowns
- ✓ Endodontics (Root canal)
- ✓ Oral surgery
- ✓ Stainless steel crowns for dependent children up to age 16
- ✓ Dentures, Bridges, Partials
- ✓ Periodontic treatment (Gum disease)

WHY DELTA DENTAL?

Dental insurance is our specialty

Dental insurance is not a sideline of our business – it is the heart. We are the state's largest and most experienced dental insurance company, and our expertise is why nearly 2 million members across the country trust their smiles to Delta Dental of Arkansas. We specialize in dental care, which allows us to offer you a better value than many bundled plans, and our experience will keep you smiling for years.

Largest network of dentists

Delta Dental has the largest network of dentists in Arkansas and across the nation which means you will find affordable care wherever you are. While you are free to see the dentist of your choice, it works to your advantage to choose a dentist from one of our networks: Delta Dental Premier or Delta Dental PPO. To obtain the *deepest* discounts and the *least* amount of out-of-pocket expenses, choose a dentist from the Delta Dental PPO network. Visit our website to view all Delta Dental participating dentists.

Customer service excellence

Delta Dental is committed to providing superior customer service. On average, customer service calls are answered within 20 seconds, and 98% of customer calls are resolved on first contact.

Easy to use

We make it easy for you to access the information you need at any time. Through our website, you can:

- ✓ Locate a dentist
- ✓ Check claims status and history
- ✓ Review plan coverage
- ✓ Print ID cards and more

We care about Arkansas

Insurance is our business; improving oral health is our mission. We care about our state, and we believe everyone deserves a healthy smile, which is why we contribute over \$1 million each year to help improve the oral health of Arkansans.

Take care of your smile AND your vision!

Delta Dental also offers vision insurance when you select an individual or family dental plan. Vision and eye health problems are the second most prevalent and chronic health care problem in the United States – affecting more than 120 million people. Like dental insurance, vision plans promote routine care which keeps your eyes healthy and can help detect diseases such as diabetes.

Choose the dental plan that best fits your needs, and add vision to receive coverage for eye exams and glasses or contacts. With Delta Dental, you can keep your smile and vision healthy at a price you can afford.

VISION PLANS

| In Network Vision | Covered | |
|---|-----------------|---|
| Vision Examination | every 12 months | Covered in full after \$10 co-pay. |
| Frame | every 24 months | Covered in full after \$25 co-pay for any frame with a wholesale value up to \$35 (retail prices will vary but will be approximately \$75-\$100). Frames from participating Wal-Mart locations are covered up to a \$52 retail value. |
| Lenses | every 12 months | Standard single vision, Bifocal, Trifocal and Lenticular covered in full after \$25 co-pay. |
| Contact Lenses (in lieu of lenses and frames) | | |
| Contact Lens - Elective | every 12 months | \$110 which can be used toward the evaluation, fitting and follow up care. |
| Contact Lens - Medically necessary | every 12 months | Covered in full with prior authorization. |
| Laser Vision Correction | | 5% - 25% off |

| Dental + Vision Monthly Premiums | Comprehensive | Preventive |
|----------------------------------|---------------|------------|
| Individual | \$36.11 | \$21.81 |
| Individual & Child(ren) | \$72.82 | \$40.91 |
| Individual & Spouse | \$73.18 | \$40.99 |
| Family | \$110.15 | \$57.34 |



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

Delta Dental Individual and Family Application

Rates Effective 1/1/13 - 12/31/13

Requested Effective Date
 Month Day Year

Because everyone deserves a healthy smile

Applicant Information

Applicant Name: _____ Date of Birth: _____ Sex: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Social Security Number: _____ Phone Number: _____
 Email: _____

Receive claims and other important, time sensitive information using this email!

Plan Selection (Choose one)

Comprehensive Preventive Comprehensive Plus Vision Preventive Plus Vision

Type of Coverage

Individual Individual & Spouse Individual & Child(ren) Individual, Spouse & Child(ren)

Dependents

| | First Name | Last Name | Date of Birth | Sex |
|--------|------------|-----------|---------------|-----|
| Spouse | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |

Previous Coverage

Will this replace existing dental coverage? Yes No

If you are purchasing this coverage to replace an existing Delta Dental of Arkansas plan, please provide the anticipated termination date of your current plan _____. If this coverage will replace a plan with another carrier, please submit a copy of the Certificate of Creditable Coverage and a list of covered benefits. A Certificate of Creditable Coverage and covered benefits can be obtained from your previous insurance carrier or your employer group health administrator.

Household Residential Information

Do all proposed insureds reside in Arkansas Yes No

If no, please provide reason: _____

Payment Method – Bank Draft or Credit Card Only (Do not send a live check)

Bank Draft (EFT): Monthly Annually

Bank Account type: Checking Savings

Routing Number: _____

Account Number: _____



Please send a voided check with 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 date.

Signature of Bank Account Holder: _____ Date: _____

*BANK also applies to Savings and Loan

Credit Card Information

Credit Card: Monthly Annually

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date (MM/YYYY): _____ CV2 Number (last 3 digits on back of card): _____

Credit Card Holder's Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature of Credit Card Holder: _____ **Date:** _____

Correspondence

How did you hear about Delta Dental of Arkansas' individual and family plans?

Newspaper Ad TV Ad Radio Ad Internet Other Media: _____
 Friend/Relative Dentist: _____ Agent: _____

NOTICE – All correspondence regarding this plan will be sent electronically to the email address listed on the front of this application unless applicant requests to be contacted via mail.

Check box to opt out of electronic correspondence

Policy Effective Date

The Delta Dental policy effective date is always the 1st of the month. This application must be received by Delta Dental of Arkansas by the 15th of the month prior to the 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 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: _____

Signature of Parent/Legal Guardian: _____ Date: _____
(if policy is for a minor only)

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 fine and confinement in prison. Statements made in this application are representations not warranties.

Applicant Signature: _____ Date: _____

To Be Completed By Sales Representative ONLY If Applicable

Agent Name: _____ Agency Name: _____

Producer#: _____ Phone Number: _____



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.

Because everyone deserves a healthy smile

Delta Dental of Arkansas

P.O. Box 6140
Sherwood, AR 72124
www.deltadentalar.com

Visit www.deltadentalar.com or call 1-800-814-3451 for information on dental and vision coverage from Delta Dental.



FREQUENTLY ASKED QUESTIONS

Still have questions? Get answers online at www.deltadentalar.com or call Delta Dental at 1-800-814-3451.

Q: Who is eligible for coverage under a Delta Dental Individual and Family plan?

A: You must be an Arkansas resident to be eligible for coverage. Acceptance is guaranteed regardless of age, dental history or pre-existing conditions.

Q: What are the age limitations for dependent children?

A: Dependent children can continue coverage until the end of the month in which they turn 26. It is the responsibility of the policy holder to terminate a dependent's coverage when they reach the age limit.

Q: What services are NOT covered under this plan?

A: For a complete list of services not covered, please visit our website to view the Schedule of Benefits.

General services that are not covered include:

- Tooth implants
- Tooth whitening
- Athletic mouth guards
- Braces and retainers
- Treatment for TMJ (temporomandibular joint disturbances)
- Services to correct cosmetic dentistry
- Dental care started prior to the date the patient became covered under this plan

SERFF Tracking #:

DDAR-128715731

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Delta Dental of Arkansas

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: DDARIN-2013

Project Name/Number: /

Supporting Document Schedules

| | | Item Status: | Status Date: |
|------------------|----------------------|--------------|--------------|
| Bypassed - Item: | Flesch Certification | Approved | 10/25/2012 |
| Bypass Reason: | N/A | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|------------------|-------------|--------------|--------------|
| Bypassed - Item: | Application | Approved | 10/25/2012 |
| Bypass Reason: | N/A | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|------------------|--|--------------|--------------|
| Bypassed - Item: | Health - Actuarial Justification | Approved | 10/25/2012 |
| Bypass Reason: | These rates have already been approved by AID. | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|------------------|---------------------|--------------|--------------|
| Bypassed - Item: | Outline of Coverage | Approved | 10/25/2012 |
| Bypass Reason: | n/a | | |
| Comments: | | | |

SERFF Tracking #:

DDAR-128715731

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI:

H101 Individual Health - Dental/H101.000 Health - Dental

Product Name:

DDARIN-2013

Project Name/Number:

/

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|---------------|----------|--------------------|---------------------------|------------------------------|
| 10/04/2012 | Form | DDARIN-2013 | 10/23/2012 | DDARIN-2013.pdf (Superceded) |



Delta Dental Individual and Family

Dental and Vision plans at a price that will make you smile.



www.deltadental.com



Over a million smiles must know something... trust your smile to the dental experts!

WHY DENTAL INSURANCE?

To improve your health

People with dental insurance typically visit their dentist more often than those without, resulting in better dental and overall health. Besides keeping your smile healthy, your dentist can also help identify warning signs and symptoms of more than 120 diseases, such as heart disease and diabetes, before they become larger problems.

To save you money in the long run

Prevention costs less than treatment. Most dental insurance plans, such as Delta Dental Individual and Family, encourage prevention by covering the cost of exams, cleanings, x-rays and more in order to help prevent dental disease rather than to perform expensive and sometimes painful restorative work later.

DENTAL PLANS

| In Network Dental | Comprehensive | Preventive |
|---|---------------|-------------|
| Individual Deductible | \$50 | \$50 |
| Benefit-Year Maximum | \$1,000 | \$500 |
| What the plan pays after you have satisfied the deductible | | |
| Preventative & Diagnostic | 100% | 100% |
| Basic Restorative Services | 80% | Not Covered |
| Major Restorative Services | 50% | Not Covered |
| Waiting Periods* | | |
| Preventative & Diagnostic | none | none |
| Basic Restorative Services | 6 months | Not Covered |
| Major Restorative Services | 12 months | Not Covered |
| Monthly Premiums | Comprehensive | Preventive |
| Individual | \$28.80 | \$14.50 |
| Individual & Child(ren) | \$59.78 | \$27.87 |
| Individual & Spouse | \$61.22 | \$29.03 |
| Family | \$90.78 | \$37.96 |
| Out of Network Benefits | | |
| The benefit allowance for services of an out of network dentist will be reduced by 10% for eligible services as determined by Delta Dental of Arkansas after applying the applicable deductibles, co-payments and maximums. This means your out-of-pocket expense will be more if you choose an out of network dentist. | | |
| *Waiting Periods will be waived if: | | |
| 1. Your application is received within 31 days of the termination of your prior carrier. 2. You have had at least 6 months of coverage in Basic Restorative Services. 3. You have had at least 12 months of coverage in Major Restorative Services. To waive waiting periods, please submit a copy of your Certificate of Creditable Coverage verifying your previous dental coverage and a copy of your covered benefits. | | |

Preventative & Diagnostic

- ✓ Two routine exams per benefit period
- ✓ X-rays
- ✓ Two cleanings per benefit period
- ✓ Two fluoride applications for dependent children up to age 19
- ✓ Sealants for dependent children up to age 16

Basic Restorative Services

- ✓ Minor emergency treatment
- ✓ Fillings
- ✓ Simple extractions
- ✓ Space maintainers for dependent children up to age 14

Major Restorative Services

- ✓ Crowns
- ✓ Endodontics (Root canal)
- ✓ Oral surgery
- ✓ Stainless steel crowns for dependent children up to age 16
- ✓ Dentures, Bridges, Partials
- ✓ Periodontic treatment (Gum disease)

WHY DELTA DENTAL?

Dental insurance is our specialty

Dental insurance is not a sideline of our business – it is the heart. We are the state's largest and most experienced dental insurance company, and our expertise is why nearly 2 million members across the country trust their smiles to Delta Dental of Arkansas. We specialize in dental care, which allows us to offer you a better value than many bundled plans, and our experience will keep you smiling for years.

Largest network of dentists

Delta Dental has the largest network of dentists in Arkansas and across the nation which means you will find affordable care wherever you are. While you are free to see the dentist of your choice, it works to your advantage to choose a dentist from one of our networks: Delta Dental Premier or Delta Dental PPO. To obtain the *deepest* discounts and the *least* amount of out-of-pocket expenses, choose a dentist from the Delta Dental PPO network. Visit our website to view all Delta Dental participating dentists.

Customer service excellence

Delta Dental is committed to providing superior customer service. On average, customer service calls are answered within 20 seconds, and 98% of customer calls are resolved on first contact.

Easy to use

We make it easy for you to access the information you need at any time. Through our website, you can:

- ✓ Locate a dentist
- ✓ Check claims status and history
- ✓ Review plan coverage
- ✓ Print ID cards and more

We care about Arkansas

Insurance is our business; improving oral health is our mission. We care about our state, and we believe everyone deserves a healthy smile, which is why we contribute over \$1 million each year to help improve the oral health of Arkansans.

Take care of your smile AND your vision!

Delta Dental also offers vision insurance when you select an individual or family dental plan. Vision and eye health problems are the second most prevalent and chronic health care problem in the United States – affecting more than 120 million people. Like dental insurance, vision plans promote routine care which keeps your eyes healthy and can help detect diseases such as diabetes.

Choose the dental plan that best fits your needs, and add vision to receive coverage for eye exams and glasses or contacts. With Delta Dental, you can keep your smile and vision healthy at a price you can afford.

VISION PLANS

| In Network Vision | Covered | |
|---|-----------------|---|
| Vision Examination | every 12 months | Covered in full after \$10 co-pay. |
| Frame | every 24 months | Covered in full after \$25 co-pay for any frame with a wholesale value up to \$35 (retail prices will vary but will be approximately \$75-\$100). Frames from participating Wal-Mart locations are covered up to a \$52 retail value. |
| Lenses | every 12 months | Standard single vision, Bifocal, Trifocal and Lenticular covered in full after \$25 co-pay. |
| Contact Lenses (in lieu of lenses and frames) | | |
| Contact Lens - Elective | every 12 months | \$110 which can be used toward the evaluation, fitting and follow up care. |
| Contact Lens - Medically necessary | every 12 months | Covered in full with prior authorization. |
| Laser Vision Correction | | 5% - 25% off |

| Dental + Vision Monthly Premiums | Comprehensive | Preventive |
|----------------------------------|---------------|------------|
| Individual | \$36.11 | \$21.81 |
| Individual & Child(ren) | \$72.82 | \$40.91 |
| Individual & Spouse | \$73.18 | \$40.99 |
| Family | \$110.15 | \$57.34 |



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

Delta Dental Individual and Family Application

Rates Effective 1/1/13 - 12/31/13

Requested Effective Date
 Month Day Year

Because everyone deserves a healthy smile

Applicant Information

Applicant Name: _____ Date of Birth: _____ Sex: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Social Security Number: _____ Phone Number: _____
 Email: _____

Receive claims and other important, time sensitive information using this email!

Plan Selection (Choose one)

Comprehensive Preventive Comprehensive Plus Vision Preventive Plus Vision

Type of Coverage

Individual Individual & Spouse Individual & Child(ren) Individual, Spouse & Child(ren)

Dependents

| | First Name | Last Name | Date of Birth | Sex |
|--------|------------|-----------|---------------|-----|
| Spouse | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |

Previous Coverage

Will this replace existing dental coverage? Yes No

If you are purchasing this coverage to replace an existing Delta Dental of Arkansas plan, please provide the anticipated termination date of your current plan _____. If this coverage will replace a plan with another carrier, please submit a copy of the Certificate of Creditable Coverage and a list of covered benefits. A Certificate of Creditable Coverage and covered benefits can be obtained from your previous insurance carrier or your employer group health administrator.

Household Residential Information

Do all proposed insureds reside in Arkansas Yes No

If no, please provide reason: _____

Payment Method – Bank Draft or Credit Card Only (Do not send a live check)

Bank Draft (EFT): Monthly Annually

Bank Account type: Checking Savings

Routing Number: _____

Account Number: _____



Please send a voided check with 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 date.

Signature of Bank Account Holder: _____ Date: _____

*BANK also applies to Savings and Loan

Credit Card Information

Credit Card: Monthly Annually

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date (MM/YYYY): _____ CV2 Number (last 3 digits on back of card): _____

Credit Card Holder's Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature of Credit Card Holder: _____ **Date:** _____

Correspondence

How did you hear about Delta Dental of Arkansas' individual and family plans?

Newspaper Ad TV Ad Radio Ad Internet Other Media: _____

Friend/Relative Dentist: _____ Agent: _____

NOTICE – All correspondence regarding this plan will be sent electronically to the email address listed on the front of this application unless applicant requests to be contacted via mail.

Check box to opt out of electronic correspondence

Policy Effective Date

The Delta Dental policy effective date is always the 1st of the month. This application must be received by Delta Dental of Arkansas by the 15th of the month prior to the 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 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: _____

Signature of Parent/Legal Guardian: _____ Date: _____

(if policy is for a minor only)

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 fine and confinement in prison.

Applicant Signature: _____ Date: _____

To Be Completed By Sales Representative ONLY If Applicable

Agent Name: _____ Agency Name: _____

Producer#: _____ Phone Number: _____



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.

Because everyone deserves a healthy smile

Delta Dental of Arkansas

P.O. Box 6140
Sherwood, AR 72124
www.deltadentalar.com

Visit www.deltadentalar.com or call 1-800-814-3451 for information on dental and vision coverage from Delta Dental.



FREQUENTLY ASKED QUESTIONS

Still have questions? Get answers online at www.deltadentalar.com or call Delta Dental at 1-800-814-3451.

Q: Who is eligible for coverage under a Delta Dental Individual and Family plan?

A: You must be an Arkansas resident to be eligible for coverage. Acceptance is guaranteed regardless of age, dental history or pre-existing conditions.

Q: What are the age limitations for dependent children?

A: Dependent children can continue coverage until the end of the month in which they turn 26. It is the responsibility of the policy holder to terminate a dependent's coverage when they reach the age limit.

Q: What services are NOT covered under this plan?

A: For a complete list of services not covered, please visit our website to view the Schedule of Benefits.

General services that are not covered include:

- Tooth implants
- Tooth whitening
- Athletic mouth guards
- Braces and retainers
- Treatment for TMJ (temporomandibular joint disturbances)
- Services to correct cosmetic dentistry
- Dental care started prior to the date the patient became covered under this plan