

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Maverick
Project Name/Number: /

Filing at a Glance

Company: Delta Dental of Arkansas
Product Name: Maverick
State: Arkansas
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form
Date Submitted: 10/24/2012
SERFF Tr Num: DDAR-128742345
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation
Date Requested:
Author(s): Sara Farris
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 10/26/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Maverick
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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: 10/26/2012
 State Status Changed: 10/26/2012 Deemer Date:
 Created By: Sara Farris Submitted By: Sara Farris
 Corresponding Filing Tracking Number:

 Filing Description:
 One of our groups has a new catastrophic leave policy , so we want to amend our forms to give the group the flexibility needed to implement the new policy.

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	\$100.00	10/24/2012	64229946

SERFF Tracking #:

DDAR-128742345

State Tracking #:

Company Tracking #:

State: Arkansas

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/26/2012	10/26/2012

SERFF Tracking #:

DDAR-128742345

State Tracking #:

Company Tracking #:

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Disposition

Disposition Date: 10/26/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Maverick2012Cert	Approved-Closed	Yes
Form	Maverick2012Contract	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/26/2012	Maverick2012Cert		CERA	Initial		0.000	Maverick2012Cert.pdf
2	Approved-Closed 10/26/2012	Maverick2012Contract		POLA	Initial		0.000	Maverick2012Contract.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 of Arkansas
Amendment to Certificate of Coverage**

**[Group Name]
[Group Number]**

The following changes are made to the Certificate of Coverage:

- Section 2.08 is deleted in its entirety and replaced with the following:

EMPLOYEES may be allowed to continue coverage during a leave of absence, under terms and conditions specified by the GROUP SPONSOR.

This Amendment shall become effective on [November 1, 2012 – V].

GROUP NAME

DELTA DENTAL PLAN OF ARKANSAS, INC.

Ed Chrake

Chief Executive Officer

Name and Title

Name and Title

Date

Date

**Delta Dental of Arkansas
Amendment to Group Contract**

**[Group Name]
[Group Number]**

The following changes are made to the Group Contract:

- Section E1.11 is deleted in its entirety and replaced with the following:

EMPLOYEES may be allowed to continue coverage during a leave of absence, under terms and conditions specified by the GROUP SPONSOR.

This Amendment shall become effective on [November 1, 2012 – V].

GROUP NAME

DELTA DENTAL PLAN OF ARKANSAS, INC.

Ed Chrake Chief Executive Officer

Name and Title

Name and Title

Date

Date

SERFF Tracking #:

DDAR-128742345

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

Maverick

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/

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	10/26/2012
Bypass Reason:	n/a		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/26/2012
Bypass Reason:	n/a		