

State: Arkansas **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: DIC AARP 2013 Amendment
Project Name/Number: /

Filing at a Glance

Company: Dentegra Insurance Company
Product Name: DIC AARP 2013 Amendment
State: Arkansas
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form
Date Submitted: 10/05/2012
SERFF Tr Num: DDPA-128709439
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: DIC AARP 2013 AMENDMENT

Implementation: 01/01/2013
Date Requested:
Author(s): Connie Roth, Lisa Kissel, Rachel Herzke, Chastity Yusta, Debra LeRiche
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 10/11/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: DIC AARP 2013 Amendment
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Association Overall Rate Impact:
Filing Status Changed: 10/11/2012
State Status Changed: 10/11/2012 Deemer Date:
Created By: Debra LeRiche Submitted By: Debra LeRiche
Corresponding Filing Tracking Number:

Filing Description:

Dear Sir or Madam:

Dentegra Insurance Company is submitting the above-referenced Group Dental Insurance form filing for approval for the AARP Dental Insurance Plan.

The enclosed amendment is a new form and does not replace any on file with your Department. The purpose of the amendment is to clarify eligibility language, benefit limitations and three defined terms. This amendment modifies the following forms approved by your Department: Certificate of Coverage (Form No. CC-DN-AR(DELTAUSA1-2004)D, approved June 21, 2004); Amendment No. 1 (Form No. ARP-DIC-COC-AMEND-AR-1 approved October 11, 2010 under SERFF Tracking No. DDP-126841774); and Amendment No. 2 (Form No. ARP-DIC-COC-AMEND-AR-2 approved October 3, 2011 under SERFF Tracking No. DDP-127657614).

The enclosed enrollment form (Form No. DN1AR) was approved by your Department on February 13, 2009 under SERFF Tracking No. DDP-126010870. This form replaces the form currently on file with your Department.

Our effective date of use of the forms will be January 1, 2013 or the earlier of the date the filing is approved or deemed approved by your Department.

Included with this filing are fees in the amount of \$100.00.

Thank you for your assistance with this submission. If you have any questions or need additional information, please contact me at 916-851-5536 or dleriche@delta.org.

Sincerely,
Debra LeRiche
Regulatory Analyst

Company and Contact

Filing Contact Information

Debra LeRiche (Dentegra), Regulatory Analyst dleriche@dentegra.com
11155 International Drive 916-851-5536 [Phone]
Rancho Cordova, CA 95670 916-858-4808 [FAX]

State: Arkansas **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: DIC AARP 2013 Amendment
Project Name/Number: /

Filing Company Information

Dentegra Insurance Company	CoCode: 73474	State of Domicile: Delaware
100 First Street	Group Code: 2479	Company Type: LAH
San Francisco, CA 94105	Group Name: Dentegra Group,	State ID Number:
(866) 714-7730 ext. [Phone]	Inc.	
	FEIN Number: 75-1233841	

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Domicile state of Delaware requires \$50.00 for full form filing. Arkansas requires \$50.00 for each form. This filing includes 2 forms (Amendment and Enrollment Form).
Per Company: No

Company	Amount	Date Processed	Transaction #
Dentegra Insurance Company	\$100.00	10/05/2012	63505801

SERFF Tracking #:

DDPA-128709439

State Tracking #:

Company Tracking #:

DIC AARP 2013 AMENDMENT

State:

Arkansas

Filing Company:

Dentegra Insurance Company

TOI/Sub-TOI:

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

Product Name:

DIC AARP 2013 Amendment

Project Name/Number:

/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/11/2012	10/11/2012

State: Arkansas
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: DIC AARP 2013 Amendment
Project Name/Number: /

Filing Company: Dentegra Insurance Company

Disposition

Disposition Date: 10/11/2012

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
Supporting Document	AR Approval of Original AARP Certificate of Coverage 6-21-2004	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	AARP Certificate of Coverage Amendment 3	Approved-Closed	Yes
Form	AARP Enrollment Form	Approved-Closed	Yes

State: Arkansas
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: DIC AARP 2013 Amendment
Project Name/Number: /

Filing Company: Dentegra Insurance Company

Form Schedule

Lead Form Number: ARP-DIC-COC-AMEND-AR-3							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/11/2012	ARP-DIC-DOC-AMEND-AR-3	CERA	AARP Certificate of Coverage Amendment 3	Initial:		ARP-DIC-COC-AMEND-AR-3 10-2-12.pdf
2	Approved-Closed 10/11/2012	DN1AR	AEF	AARP Enrollment Form	Revised: Replaced Form #: DN1AR Previous Filing #: DDPA-126010870		DN1AR 10-5-12.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

AMENDMENT NO: 3

IT IS AGREED that the Certificate of Coverage (Form Number CC-DN-AR(DELTUSA1-2004)D) for the AARP® Dental Insurance Plan, underwritten by Dentegra Insurance Company and administered by Delta Dental Insurance Company, is hereby **AMENDED** effective January 1, 2013. This Amendment is attached to and made part of the Certificate of Coverage as follows:

- 1) The **INTRODUCTION** section is **AMENDED** to read as follows:

The 1st paragraph is **REVISED** as follows:

Thank you for enrolling in the AARP® Dental Insurance Plan underwritten by Dentegra Insurance Company and administered by Delta Dental Insurance Company (Delta Dental). Our goal is to provide you with the highest quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the dentist, but to see him/her on a regular basis.

- 2) The **ELIGIBILITY AND ENROLLMENT** section is **AMENDED** to read as follows:

- a) The 1st and 2nd bullet items under the *Eligibility Requirement* section are **REVISED** as follows:

Eligible family members include:

- The Primary Enrollee's Spouse.
- Unmarried dependent children until the end of the month of their 26th birthday (includes dependent children of a Primary Enrollee and/or Primary Enrollee's Spouse).

- b) The 1st bullet item under the *Qualifying Status Change* is **REVISED** as follows:

Qualifying Status Change is a change in:

- marital status (marriage, divorce, legal separation, annulment or death); or

- 3) The **OVERVIEW OF DENTAL BENEFITS** section is **AMENDED** to read as follows:

Temporomandibular Joint (TMJ) Dysfunction under the *Covered Benefits* section is **REVISED** as follows:

Temporomandibular Joint Dysfunction (TMJD) — Includes services relating to the hinging joints of the jaw including diagnostic tests, splinting and other treatments as have demonstrably satisfactory prognosis. Benefits for TMJD include temporomandibular joint arthrograms (including injection), occlusal guards (by report), occlusal analysis (mounted case) and occlusal adjustments (complete). Other procedures are considered medical in nature, and are excluded benefits.

- 4) The **HOW CLAIMS ARE PAID** section is **AMENDED** to read as follows:

The 1st paragraph under the *Other Health Insurance* section is **REVISED** as follows:

Be sure to advise your dentist of all programs under which you have dental coverage and have him or her complete the dual coverage portion of the claim form, so that you will receive all benefits to which you are entitled. This plan will pay benefits as provided in this Certificate of Coverage without regard to any other coverage you may have.

- 5) The **PREMIUM PAYMENT RESPONSIBILITIES** section is **AMENDED** to read as follows:

Premium Billing, Pay by Check and Pay by Electronic Fund Transfer (EFT) sections are **DELETED** and **REPLACED** with the following:

Premium Payment

Premium payments may be paid on a monthly, quarterly, semi-annual or annual basis, and may vary depending on the payment method selected. Each Premium is to be paid on or before its due date. A due date is the day following the last day of the period for which the preceding Premium was paid. You may pay your Premium by mailing payment to the address below:

AARP Dental Insurance Plan
 c/o Delta Dental Insurance Company
 P.O. Box 526032
 Sacramento, CA 95852-6032

6) The **CUSTOMER SERVICE** section is **AMENDED** to read as follows:

The last paragraph under the *Complaints, Grievances and Appeals* section is **REVISED** as follows:

If the matter continues to be unresolved to your satisfaction, you may wish to contact AARP Services, Inc.'s Member Services toll-free at: 1-888-687-2277. TTY users should call 1-877-434-7598 and TDD users should call 1-800-735-2922.

7) The **PLAN A INFORMATION** section is **AMENDED** to read as follows:

The Temporomandibular Joint Dysfunction acronym under the *Benefit Summary Chart Plan A* chart is **REVISED** from "(TMJ)" to "(TMJD)" as follows:

Temporomandibular Joint Dysfunction (TMJD)	50%	50%
--	-----	-----

Temporomandibular Joint Dysfunction (TMJD) treatment— Lifetime Maximum	\$300
---	-------

8) The **PLAN B INFORMATION** section is **AMENDED** to read as follows:

The Temporomandibular Joint Dysfunction acronym under the *Benefit Summary Chart Plan B* chart is **REVISED** from "(TMJ)" to "(TMJD)" as follows:

Temporomandibular Joint Dysfunction (TMJD)	50%	50%
--	-----	-----

Temporomandibular Joint Dysfunction (TMJD) treatment— Lifetime Maximum	\$300
---	-------

9) **APPENDIX A, LIMITATIONS AND EXCLUSIONS** is **AMENDED** to read as follows:

a) The 1st paragraph under the *Limitations* section is **REVISED** as follows:

Benefits to Enrollees under the Plan are limited based on various factors including the frequency of services whether paid for under the provisions of this plan, under any prior dental contract and/or policy or by the Enrollee. We recommend you obtain a pre-treatment estimate prior to receiving more complicated or expensive procedures. Also, you should have your Provider verify benefit eligibility prior to receiving any treatment. Limitations are as follows:

b) The 7th, 8th and 9th bullet items under the *Limitations* section are **REVISED** as follows:

7. Limitation on Prosthodontic Benefits. Replacement of an existing denture and/or implant will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit will be provided as outlined in the section "Covered Benefits." Prosthodontic appliances, implants and/or abutment crowns will be replaced only after five years have elapsed following any prior provision of such appliance, implant and abutment crown under any plan procedure.

Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

The initial installation of a prosthodontic appliance and/or implant is not a Benefit unless the prosthodontic appliance, implant, bridge or denture is made necessary by natural, permanent teeth extraction.

8. Limitation on Periodontal Surgery. Benefits for periodontal surgery in the same quadrant are limited to once in any five-year period. The five-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this plan, under any prior dental contract, or by the Primary Enrollee.

Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants.

- 9. Limitation on Temporomandibular Joint Dysfunction (TMJD).** Benefits for Temporomandibular Joint Dysfunction are limited to services relating to the hinging joints of the jaw including diagnostic tests, splinting and other treatments as have demonstrably satisfactory prognosis. Benefits for TMJD include temporomandibular joint arthrograms (including injection), occlusal guards (by report), occlusal analysis (mounted case) and occlusal adjustments (complete). Other procedures are considered medical in nature, and are excluded benefits.

10) **APPENDIX C, DEFINITION OF TERMS** has been **AMENDED** to read as follows:

a) The following definition is **REVISED** as follows:

Contract: The written agreement between Delta Dental Insurance Company and AARP Dental Insurance Trust to provide dental benefits. The Contract, together with this booklet, forms the terms and conditions of benefits available to you under the AARP Dental Insurance Plan.

b) The following definition is **REVISED** as follows:

Enrollee: A person covered under the AARP Dental Insurance Plan. There are two subsets of Enrollees: the Primary Enrollee who is the AARP member under whom the family is enrolled, and the enrolled family members including Spouse and eligible children.

c) The following definition is **ADDED** as follows:

Spouse: a person related to or a partner of the Primary Enrollee:

- as defined and as may be required to be treated as a Spouse by the laws of the state where this Contract is issued and delivered;
- as defined and as may be required to be treated as a Spouse by the laws of the state where the Primary Enrollee resides; and
- domestic partner.

Except as **AMENDED** all terms and provisions of the Certificate shall remain unchanged.

DENTEGRA INSURANCE COMPANY



Belinda Martinez, Senior Vice President

C.**Dental Insurance Rates**

Please check your preferred enrollment option, billing option, plan option and payment method below. You must pay your initial enrollment payment by check, money order or credit card.

Enrollment Option

- Member Only
 Member + One
 Family (three or more)

Billing Option

- Annually Semi-Annually Quarterly
 Monthly EFT (Monthly Electronic Funds Transfers are processed on the 25th of each month. Include your first two months' payment and a blank, voided check with this form.)

Payment Method

- Plan A Plan B

Payment Method

- Check/money order (Please make payable to Dentegra Insurance Company)
 Visa®/MasterCard # _____ Exp. Date _____
 American Express # _____ Exp. Date _____

Amount Paid \$ _____

 Name as it appears on credit card

 Signature (for credit card payment only) Date

Enclose initial payment based on the selected payment option and coverage in the chart below.

Note: If you select EFT monthly, enclose two times the monthly rate and a voided check to begin enrollment.

Payment Frequency	Plan A			Plan B		
	Single	Two Person	Family	Single	Two Person	Family
EFTMonthly	[\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
Quarterly	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
Semi-Annually	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
Annually	\$XX.XX*	\$XX.XX*	\$XX.XX*	\$XX.XX	\$XX.XX	\$XX.XX]

*Annual payment option includes a dental accident benefit.

The rates are valid for enrollees whose coverage begins before [2/1/XX.]

For members who enroll after this date, please call toll-free [1-866-XXX-XXXX] for current information.

D.**Authorization**

I have read the information contained in this application and choose to enroll. I understand the benefits and restrictions of the AARP Dental Insurance Plan as stated to me and/or explained in the material provided with the application. I understand that my enrollment is subject to receipt of payment and verification of funds. Eligibility will begin on the first day of the month following receipt of the enrollment form. I understand that the Electronic Funds Transfer (EFT) for the monthly payment option will be automatically deducted from my bank account. I understand that, if I choose to discontinue my enrollment, I will not be eligible to re-enroll within a 12-month period following termination. I hereby certify that the information contained in this application is true and complete.

X _____
 Applicant Signature Date

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
 Insured by Dentegra Insurance Company. Dentegra Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

State: Arkansas

Filing Company:

Dentegra Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: DIC AARP 2013 Amendment

Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/11/2012
Comments:	Please see the attached certification.		
Attachment(s):			
AR Readability Certification 10-2-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	10/11/2012
Comments:	Enrollment Form (DN1AR) was approved February 13, 2009 under SERFF Tracking No. DDPA-126010870. The updated version of the Enrollment Form is attached to the Form Schedule Tab, and the redlined version is attached below (Supporting Documents Tab).		
Attachment(s):			
DN1AR Redlined 10-5-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	AR Approval of Original AARP Certificate of Coverage 6-21-2004	Approved-Closed	10/11/2012
Comments:	Please see attached approval of original AR AARP Certificate of Coverage.		
Attachment(s):			
AR Original CoC Approval 6-21-2004.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	10/11/2012
Comments:	Please see the attached cover letter.		
Attachment(s):			
Arkansas Filing Cover Letter 10-5-12.pdf			



www.dentegra.com

Readability Certification

Arkansas (A.C.A. 23-80-206(e))

As an authorized representative of the company, we have reviewed the enclosed policy form and certify that, to the best of our knowledge and belief, each form submitted meets your state's minimum statutory requirements relating to the readability of said forms.

Michael G. Hankinson, Esq.
Name


Signature

Vice President, Compliance & Regulatory
Title

10/2/2012
Date



Dental Insurance Plan

administered by



Delta Dental Insurance Company

Dentegra Insurance Company

Updated logo with registered mark.

Moved name to left

Enrollment Application

Moved "Auth Code"

Delta Dental Use Only

Check/Charge	Date Processed	Amount	Eff. Date	Sub Group	Processed By
Auth. Code					
Customer Number					

Mail completed form with payment to:
 AARP Dental Insurance Plan
 c/o Delta Dental Insurance Company
 P.O. Box 2059
 Mechanicsburg, PA 17055-0759

Added a Marketing Source Code

AARP Member Number	Applicant	
	Date of Birth MM/DD/YYYY	Sex M/F

A. Applicant

This section must be completed. You must be an AARP member to enroll. Please print clearly.

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____

() _____

Daytime Telephone _____ E-mail Address _____

Inserted: "; within 90 days of the Primary Enrollee's initial enrollment;"

B. Family Members

Complete this section if you are enrolling your spouse, domestic partner and/or your family member(s). You must enroll eligible family members at the time of enrollment or within 31 days of a qualifying event.

	First Name	Last Name	Sex M/F	Birthdate MM/DD/YYYY	Disabled? Yes/No
Spouse, Domestic Partner:					
Child:					

Changed to "[(Rev. X/XX)]"

C.

Dental Insurance Rates

Please check your preferred enrollment option, billing option, plan option and payment method below. You must pay your initial enrollment payment by check, money order or credit card.

Enrollment Option

- Member Only
- Member + One
- Family (three or more)

Plan Option

- Plan A
- Plan B

Payment Method

Check/money order (Please make payable to Dentegra Insurance Company)

Visa®/MasterCard # _____ Exp. Date _____ ~~Card Code _____~~
(Last three digits on signature strip on reverse of card.)

American Express # _____ Exp. Date _____ ~~Card Code _____~~
(Four-digit number on front of card, right-hand side.)

Amount Paid \$ _____

Name as it appears on credit card

Signature (for credit card payment only) Date

Enclose initial payment based on the selected payment option and coverage in the chart below.

Note: If you select EFT monthly, enclose two times the monthly rate and a voided check to begin enrollment.

Payment Frequency	Plan A			Plan B		
	Single	Two Person	Family	Single	Two Person	Family
EFT Monthly	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
Quarterly	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
				XX]	[\$XX.XX]	[\$XX.XX]
				XX]*	[\$XX.XX]	[\$XX.XX]

Replaced with: "Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

dental accident benefit.
Coverage begins ~~on or before~~ 12/1/XX.
Call 1-866-XXX-XXXX for current information.

D.

Authorization

I have read the information contained in this application and choose to enroll. I understand the benefits and restrictions of the AARP Dental Insurance plan and the material provided with the application. I understand that my enrollment is subject to verification of funds. Eligibility will begin on the first day of the month following the date of enrollment form. I understand that the Electronic Funds Transfers will be automatically deducted from my bank account. I understand that I will not be eligible to re-enroll within a 12-month period if I am not in good standing. The information contained in this application is true and complete.

Replaced with: "Insured by Dentegra Insurance Company. Dentegra Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers."

X _____
Applicant Signature Date

~~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.~~
~~Underwritten by Dentegra Insurance Company and administered by Delta Dental Insurance Company. Dentegra Insurance Company pays a royalty fee to AARP for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.~~

Changed to "[(Rev. X/XX)]"



**WESTMONT
ASSOCIATES, INC.**

RECEIVED
JUN 2 2004

June 2, 2004

Ms. Rosalind Minor
Life & Health Division
Arkansas Department of Insurance
1200 W. 3rd Street
Little Rock, AR 72201-1904

RECEIVED

JUN - 3 2004

**LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT**

Via UPS Next Day Delivery

RE: Dentegra Insurance Company (formerly know as Provantis Insurance Company)

NAIC Group Code: 2479 - NAIC Company Code: 73474

CC-DN-AR(DELTAUSA1-2004)D:Certificate of Coverage

APPROVED
JUN 21 2004
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Dear Ms. Minor:

In response to your letter of May 10, 2004, enclosed please find an original and one copy of the revised Certificate of Coverage with the following revisions:

1. On page 2 the address and phone number of the Arkansas Insurance Department have been corrected.
2. On Page 4, the time limit for furnishing proof of incapacity for handicapped dependents has been removed.
3. On Page 4, increasing coverage for newborns to at least 90 days.
4. On page 4, increasing coverage for minors for whom the insured has filed a petition to adopt to 60 days.

We trust these changes address your concerns, and we look forward to your department's approval. If you should have any questions, please contact our office.

Respectfully Submitted,

Charles A. Markus
(chuck@westmontlaw.com)

Enclosures

- Certificate of Coverage (original + 1 copy)



www.dentegra.com

October 5, 2012

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Dentegra Insurance Company (DIC) Form Filing
Form Numbers: ARP-DIC-COC-AMEND-AR-3 (Amendment)
DN1AR (Enrollment Form)
Proposed Effective Date: January 1, 2013
NAIC #: 73474
SERFF Tracking #: DDPA-128709439

Dear Sir or Madam:

Dentegra Insurance Company is submitting the above-referenced Group Dental Insurance form filing for approval for the AARP Dental Insurance Plan.

The enclosed amendment is a new form and does not replace any on file with your Department. The purpose of the amendment is to clarify eligibility language, benefit limitations and three defined terms. This amendment modifies the following forms approved by your Department: Certificate of Coverage (Form No. CC-DN-AR(DELTUSA1-2004)D, approved June 21, 2004); Amendment No. 1 (Form No. ARP-DIC-COC-AMEND-AR-1 approved October 11, 2010 under SERFF Tracking No. DDPA-126841774); and Amendment No. 2 (Form No. ARP-DIC-COC-AMEND-AR-2 approved October 3, 2011 under SERFF Tracking No. DDPA-127657614).

The enclosed enrollment form (Form No. DN1AR) was approved by your Department on February 13, 2009 under SERFF Tracking No. DDPA-126010870. This form replaces the form currently on file with your Department.

Our effective date of use of the forms will be January 1, 2013 or the earlier of the date the filing is approved or deemed approved by your Department.

Included with this filing are fees in the amount of \$100.00.

Thank you for your assistance with this submission. If you have any questions or need additional information, please contact me at 916-851-5536 or dleriche@delta.org.

Sincerely,

Debra LeRiche
Regulatory Analyst