

State: Arkansas **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Dental Unit 2
Project Name/Number: /

Filing at a Glance

Company: Principal Life Insurance Company
Product Name: Dental Unit 2
State: Arkansas
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form
Date Submitted: 09/28/2012
SERFF Tr Num: PRLF-128707099
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: 01/01/2013
Date Requested:
Author(s): Mark Curtis, Brenda Mcleran, Ann McCoy, Lynne Wollenhaupt
Reviewer(s): Donna Lambert (primary)
Disposition Date: 10/04/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Dental Unit 2
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 08/06/2012
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 10/04/2012
State Status Changed: 10/04/2012 Deemer Date:
Created By: Lynne Wollenhaupt Submitted By: Lynne Wollenhaupt
Corresponding Filing Tracking Number:

Filing Description:

Principal Life Insurance Company
NAIC No. 61271-332
FEIN # 42-0127290
Group Dental Insurance Forms and
Policy Amendment GC 804 (RST)
Booklet-Certificate Rider GH 163 (RST)

Enclosed for your review and approval are copies of the Policy Amendment and Booklet-Certificate Rider listed above. These are new forms and are not replacing any forms previously approved. These forms are being submitted on a general use basis to revise Dental Unit 2 - Restorations. This filing has been filed and approved in our domicile state of Iowa on August 6, 2012.

This new language will replace the current language for all existing customers and new customers on January 1, 2013. The language better explains our claims administrative practices for fillings.

We are requesting a proposed effective date of January 1, 2013.

If approved, the Policy Amendment and Booklet-Certificate Rider will be used with the following previously approved forms:

Policy Form Series GC 7100 and the corresponding booklet-certificate forms series GH 1100, approved by your department on June 09, 2006 with subsequent revisions also filed and approved.

The Policy Amendment and Booklet-Certificate Rider will be used as presented for approval or the Dental Unit-2 Restoration text may be incorporated into the group policy and booklet-certificate of the policyholder.

We have included a Statement of Variability to assist in your review of these forms. We are also attaching all required certification forms.

Rates will not be impacted by this filing.

Thank you for your consideration of this submission.

Lynne Wollenhaupt

State: Arkansas **Filing Company:** Principal Life Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Dental Unit 2
Project Name/Number: /

Company and Contact

Filing Contact Information

Lynne Wollenhaupt, State/Federa Compliance Analyst
 711 High Street
 K-005-E81
 Des Moines, IA 50392-0002
 wollenhaupt.lynne@principal.com
 800-986-3343 [Phone] 70616 [Ext]
 515-246-4906 [FAX]

Filing Company Information

Principal Life Insurance Company
 711 High Street
 Des Moines, IA 50392-0002
 (800) 986-3343 ext. [Phone]
 CoCode: 61271
 Group Code: 332
 Group Name:
 FEIN Number: 42-0127290
 State of Domicile: Iowa
 Company Type: Life & Health
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 per form. 2 Forms = \$100.00
 Per Company: No

| Company | Amount | Date Processed | Transaction # |
|----------------------------------|----------|----------------|---------------|
| Principal Life Insurance Company | \$100.00 | 09/28/2012 | 63208748 |

SERFF Tracking #:

PRLF-128707099

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Principal Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

Dental Unit 2

Project Name/Number:

/

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Donna Lambert | 10/04/2012 | 10/04/2012 |

SERFF Tracking #:

PRLF-128707099

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

Arkansas

Filing Company:

Principal Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

Dental Unit 2

Project Name/Number:

/

Disposition

Disposition Date: 10/04/2012

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 | | Yes |
| Supporting Document | Statement of Variability - Policy | Approved | Yes |
| Supporting Document | Statement of Variability - Booklet-Certificate Rider | Approved | Yes |
| Form | Policy Amendment | Approved | Yes |
| Form | Booklet-Certificate Rider | Approved | Yes |

SERFF Tracking #:

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State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Principal Life Insurance Company

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

Product Name: Dental Unit 2

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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 10/04/2012 | GC 804 (RST) | POLA | Policy Amendment | Initial: | 51.300 | GC 804 (RST).pdf |
| 2 | Approved 10/04/2012 | GH 163 (RST) | CERA | Booklet-Certificate Rider | Initial: | 63.200 | GH 163 (RST).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 |

**DENTAL – UNIT 2 RESTORATION
AMENDMENT TO BE ATTACHED TO AND MADE A PART OF
PRINCIPAL LIFE INSURANCE COMPANY GROUP POLICY NO. [GDE 99999]
ISSUED TO**

[JOHN DOE COMPANY]

The above Group Policy is hereby amended, effective as of January 1, 2013, as follows:

Insurance under the above Group Policy to which this Amendment is attached is hereby amended with respect to and to the extent provided below.

Policy Form [GC 7117] PART IV-BENEFITS [Section B (3) – Dental Expense Insurance – Schedule of Dental Procedures – Unit 2

[76A] **[Restorations**

Fillings (amalgam *or resin-based* composite)

Anterior

A mesial-lingual, distal-lingual, mesial-buccal or distal-buccal *restoration* will be considered a single surface restoration

Multiple restorations on adjacent surfaces of the same tooth are considered connected. Benefits will be based on the benefit for a single restoration reflecting the number of different surfaces.

Multiple restorations on the same surface of the same tooth will be based on the benefit for a single surface restoration.

Posterior

Multiple restorations on adjacent surfaces of the same tooth are considered connected. Benefits will be based on the benefit for a single restoration reflecting the number of different surfaces.

Multiple restorations on the same surface of the same tooth will be based on the benefit for a single surface restoration.

Replacement

[76A1] Replacement of existing fillings are covered only if at least [12][24][36] consecutive months have passed since placement of prior fillings, unless required by new decay in an additional tooth surface.

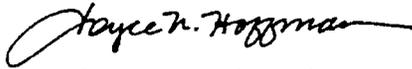
[76B] [Benefits for composite restorations on *posterior* teeth will be based on the benefits for the corresponding amalgam restorations.]

[76C] [Benefits for composite restorations on *posterior* teeth will be paid under Unit 3.]

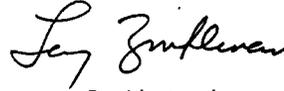
All other benefits and provisions of the Group Policy remain in effect.

This Amendment will become effective as a written agreement between The Principal and the Policyholder on the first premium due date following the effective date shown above for which premium due under this Group Policy is received by The Principal.

Principal Life Insurance Company
711 High Street
Des Moines, Iowa 50392-0002



Senior Vice President and
Corporate Secretary



President and
Chief Executive Officer

**BOOKLET-CERTIFICATE RIDER
DENTAL – UNIT 2 RESTORATION**

Effective as of January 1, 2013, the Group Dental booklet-certificate to which this Rider is attached is hereby amended with respect to and to the extent provided below.

Booklet-certificate form [GH 1110] [SCHEDULE OF DENTAL PROCEDURES – UNIT 2, is revised to read as follows:

[76A] **Restorations**

Fillings (amalgam *or resin-based* composite)

Anterior

Mesial-lingual, distal-lingual, mesial-buccal, and distal buccal *restoration* will be considered single surface restorations.

Multiple restorations on adjacent surfaces of the same tooth are considered connected. Benefits will be based on the benefit for a single restoration reflecting the number of different surfaces.

Multiple restorations on the same surface of the same tooth will be based on the benefit for a single surface restoration.

Posterior

Multiple restorations on adjacent surfaces of the same tooth are considered connected. Benefits will be based on the benefit for a single restoration reflecting the number of different surfaces.

Multiple restorations on the same surface of the same tooth will be based on the benefit for a single surface restoration.

Replacement

[76A1] Replacement of existing fillings are covered only if at least [12][24][36] consecutive months have passed since placement of prior fillings, unless required by new decay in an additional tooth surface.

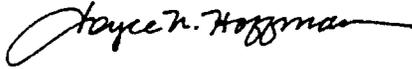
[76B] [Benefits for composite restorations on *posterior* teeth will be based on the benefits for the corresponding amalgam restorations.]

[76C] [Benefits for composite restorations on *posterior* teeth will be paid under Unit 3.]

All other benefits and provisions of the booklet-certificate remain in effect.

See your employer if you have questions concerning this Rider.

Principal Life Insurance Company
711 High Street
Des Moines, Iowa 50392-0002



Senior Vice President and
Corporate Secretary



President and
Chief Executive Officer

SERFF Tracking #:

PRLF-128707099

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

Arkansas

Filing Company:

Principal Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

Dental Unit 2

Project Name/Number:

/

Supporting Document Schedules

| | | Item Status: | Status Date: |
|----------------------|----------------------|---------------------|---------------------|
| Satisfied - Item: | Flesch Certification | Approved | 10/04/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| Readability Cert.pdf | | | |

| | | Item Status: | Status Date: |
|------------------|--|---------------------|---------------------|
| Bypassed - Item: | Application | | |
| Bypass Reason: | N/A - not a policy filing. Endorsement/Rider only. | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|---------------------------------------|-----------------------------------|---------------------|---------------------|
| Satisfied - Item: | Statement of Variability - Policy | Approved | 10/04/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| Statement of Variability - Policy.pdf | | | |

| | | Item Status: | Status Date: |
|---|--|---------------------|---------------------|
| Satisfied - Item: | Statement of Variability - Booklet-Certificate Rider | Approved | 10/04/2012 |
| Comments: | | | |
| Attachment(s): | | | |
| Statement of Variability -Booklet-Certificate Rider.pdf | | | |

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

CERTIFICATION OF READABILITY

RE Group Accident & Health Forms
Group Dental Expense Insurance Forms
Policy Amendment GC 804 (RST)
Booklet-Certificate Rider GH 163 (RST)
Principal Life Insurance Company NAIC No. 61271-332
FEIN # 42-0127290

I, Kimberly Douglas, an Officer of Principal Life Insurance Company hereby certify that the attached form(s) has (have) achieved a Flesch Reading Ease Score of:

| Form No. | Form Name | Flesch Score |
|--------------|--|--------------|
| GC 804 (RST) | Dental Restoration Policy Amendment | 51.3 |
| GH 163 (RST) | Dental Restoration Booklet-Certificate Rider | 63.2 |
| | | |
| | | |

and complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

PRINCIPAL LIFE INSURANCE COMPANY



Kimberly Douglas, Director
Group Life and Health Compliance

September 28, 2012

Date

12/1999

Principal[®]
*Financial
Group*

STATEMENT OF VARIABILITY TO POLICY AMENDMENT FOR
DENTAL UNIT -2 GC 804 (RST)
DATED SEPTEMBER 14, 2012

Policy Forms GC 7117– Dental Care Units 2

[76A] Restorations will standardly be covered under Unit 2; however, there is also an option for these to be covered under Unit 1.

[76A1] Standard will be 24 consecutive months. However, variables of 12 and 36 consecutive months are available upon Policyholders request.

[76B] This variable will be standard.

[76C] This variable is an option. Also, another option is available to remove this variable and the variable with Footnote [76B] to pay composite fillings the same as any other filling.

STATEMENT OF VARIABILITY TO BOOKLET-CERTIFICATE RIDER FOR
DENTAL CARE UNIT-2 GH 163 (RST)
DATED SEPTEMBER 14, 2012

Booklet-Certificate Form GC 1110– Dental Care Units 2

[76A] Restorations will standardly be covered under Unit 2; however, there is also an option for these to be covered under Unit 1.

[76A1] Standard will be 24 consecutive months. However, variables of 12 and 36 consecutive months are available upon Policyholders request.

[76B] This variable will be standard.

[76C] This variable is an option. Also, another option is available to remove this variable and the variable with Footnote [76B] to pay composite fillings the same as any other filling.