

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

## Filing at a Glance

Company: Delta Dental of Arkansas  
Product Name: LRDC  
State: Arkansas  
TOI: H10G Group Health - Dental  
Sub-TOI: H10G.000 Health - Dental  
Filing Type: Form  
Date Submitted: 11/16/2012  
SERFF Tr Num: DDAR-128775326  
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: 11/16/2012  
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  
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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: 11/16/2012  
 State Status Changed: 11/16/2012 Deemer Date:  
 Created By: Sara Farris Submitted By: Sara Farris  
 Corresponding Filing Tracking Number:

### Filing Description:

One of our groups has changed the category of employees eligiblie for initial plan enrollment. All employees currently covered will remain covered unless otherwise terminated in accordance with the 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	11/16/2012	64989571

SERFF Tracking #:

DDAR-128775326

State Tracking #:

Company Tracking #:

State: Arkansas

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/16/2012	11/16/2012

SERFF Tracking #:

DDAR-128775326

State Tracking #:

Company Tracking #:

State: Arkansas

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## Disposition

Disposition Date: 11/16/2012

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	LRDC2012Contract	Approved-Closed	Yes
Form	LRDC2012Cert	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 11/16/2012	LRDC2012Contract		POLA	Initial		0.000	LRDC Contract.pdf
2	Approved-Closed 11/16/2012	LRDC2012Cert		CERA	Initial		0.000	LRDC Cert.pdf

### Form Type Legend:

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

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

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

The following changes are made to the Group Contract:

Beginning on [November 1, 2012- V], only EMLOYEES who are physicians or managers and their DEPENDENTS will be eligible for initial plan enrollment.

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 Certificate of Coverage**

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

The following language is added to the Certificate of Coverage:

Beginning on [November 1, 2012- V], only EMPLOYEES who are physicians or managers and their DEPENDENTS will be eligible for initial plan enrollment.

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-128775326

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:

LRDC

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/

## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	11/16/2012
Bypass Reason:	n/a		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/16/2012
Bypass Reason:	n/a		