

SERFF Tracking Number: ARBB-128306869 State: Arkansas  
Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number:  
Company Tracking Number: 23-2643 7/12  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: Amendment  
Project Name/Number: Special Amendment/23-2643 7/12

## Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Amendment

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: ARBB-128306869 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Co Tr Num: 23-2643 7/12

State Status: Approved-Closed

Authors: Christi Kittler, Yvonne  
McNaughton, Frank Sewall, Rita  
Thatcher, Evelyn Laney

Reviewer(s): Rosalind Minor

Disposition Date: 04/26/2012

Date Submitted: 04/26/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Special Amendment

Project Number: 23-2643 7/12

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Arkansas is state  
of domicile.

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: 04/26/2012

State Status Changed: 04/26/2012

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

Filing Description:

Attached please find form 23-2643 7/12 for your review and approval if indicated.

This amendment transfers surgical periodontal codes in the Major fee schedule to the Basic fee Schedule for the University of the Ozarks Dental group. It will be used, only, for that group.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further

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certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the policies to which this amendment is attached.

Please feel free to contact me at 378-2165 with any questions you may have.

State Narrative:

## Company and Contact

### Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com  
 320 West Capitol, Ste 211 501-378-2165 [Phone]  
 Little Rock, AR 72201 501-378-2975 [FAX]

### Filing Company Information

Arkansas Blue Cross and Blue Shield CoCode: 83470 State of Domicile: Arkansas  
 601 S. Gaines Street Group Code: Company Type:  
 Little Rock, AR 72201 Group Name: State ID Number: N/A  
 (501) 378-2967 ext. [Phone] FEIN Number: 71-0226428

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	04/26/2012	58574484

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/26/2012	04/26/2012

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## Disposition

Disposition Date: 04/26/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ARBB-128306869</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>23-2643 7/12</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Amendment</i>		
<i>Project Name/Number:</i>	<i>Special Amendment/23-2643 7/12</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: 23-2643 7/12**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 04/26/2012	23-2643 7/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		43.200	23-2643 7- 12OzarksVol Dental.pdf



**AMENDMENT NO. 2643**

**COVERED SERVICES, H. Basic Services (Service Category B.)** is hereby amended to move the following codes from Major Services (Service Category C.) to Basic Services (Service Category B.).

(\* – Indicates that X-rays are required upon claim submission.)

<b>Service Category</b>	<b>Proc Code</b>	<b>Description</b>
B	D4210	* GINGIVECTOMY/GINGIVOPLASTY – PER QUADRANT
B	D4211	* GINGIVECTOMY/GINGIVOPLASTY– ONE TO THREE TEETH, PER QUADRANT
B	D4240	GINGIVAL FLAP, INCLUDING ROOT PLANING – PER QUADRANT
B	D4241	GINGIVAL FLAP, INCLUDING ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT
B	D4249	CROWN LENGTHENING – HARD/SOFT TISSUE, BY REPORT
B	D4260	* OSSEOUS SURGERY (INCLUDING FLAP ENTRY & CLOSURE – PER QUADRANT
B	D4261	* OSSEOUS SURGERY (INCLUDING FLAP ENTRY & CLOSURE– ONE TO THREE TEETH, PER QUADRANT)
B	D4263	* BONE REPLACEMENT GRAFT – SINGLE SITE
B	D4264	* BONE REPLACEMENT GRAFT – EACH ADDITIONAL SITE IN QUADRANT
B	D4266	GUIDED TISSUE REGENERATION – RESORBABLE BARRIER PER SITE PER TOOTH
B	D4267	GUIDED TISSUE REGENERATION – NONRESORBABLE BARRIER PER SITE PER TOOTH
B	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE
B	D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE)
B	D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE
B	D4275	SOFT TISSUE ALLOGRAFT
B	D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT

**COVERED SERVICES, I. Special Limitations for Basic Services (Service Category B.)** is hereby amended move the following provision from Major Services (Service Category C.) to Basic Services (Service Category B.).

One (1) per tooth per lifetime:

- a. Crown lengthening (D4249), only covered when bone is removed.
- b. Guided tissue regeneration is allowed once per site (two adjacent teeth).  
Dental Advisor review is required.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield DentalBlue Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

*P. Mark White*

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P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
Little Rock, Arkansas 72201

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Please see attached. <b>Attachment:</b> Flesch Certification Form 23-2643 7-12.pdf	Approved-Closed	04/26/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not required. <b>Comments:</b>	Approved-Closed	04/26/2012



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield  
Amendment Nos. 23-2643 7/12**

**FLESCH READING EASE  
CERTIFICATION**

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 43.2 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

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Name

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Vice President  
Title

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April 26, 2012  
Date