

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H20I Individual Health - Vision/H20I.000 Health - Vision
Product Name: DDARIN-VIS-26
Project Name/Number: /

Filing at a Glance

Company: Delta Dental of Arkansas
Product Name: DDARIN-VIS-26
State: Arkansas
TOI: H20I Individual Health - Vision
Sub-TOI: H20I.000 Health - Vision
Filing Type: Form
Date Submitted: 08/09/2012
SERFF Tr Num: DDAR-128629378
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: 08/13/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H201 Individual Health - Vision/H201.000 Health - Vision
Product Name: DDARIN-VIS-26
Project Name/Number: /

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: 08/13/2012
 State Status Changed: 08/13/2012 Deemer Date:
 Created By: Sara Farris Submitted By: Sara Farris
 Corresponding Filing Tracking Number:

Filing Description:

DDAR is amending its individual vision policy and the outline of coverage to increase the dependent age limit from 19 to 26. This amendment also removes all references to full time student eligibility.

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	\$50.00	08/09/2012	61571596

SERFF Tracking #:

DDAR-128629378

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI:

H201 Individual Health - Vision/H201.000 Health - Vision

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/13/2012	08/13/2012

SERFF Tracking #:

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

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Disposition

Disposition Date: 08/13/2012

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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	DDARIN-VIS-26	Approved-Closed	Yes

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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-Closed 08/13/2012	DDARIN-VIS-26	POLA	DDARIN-VIS-26	Initial:	36.800	Vision Age 26 Amendment.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 Limited Benefit Policy Individual Vision and
Outline of Coverage**

The following changes are made to the Limited Benefit Policy Individual Vision:

- In the Definitions section, under the definition of “Dependent”, section (3) is deleted in its entirety and replaced with:

(3) Each unmarried child at least 19 years of age to age 26 who is primarily dependent upon You for support and maintenance.
- Under Eligibility and Enrollment, in the second paragraph, the phrase “nineteenth (19) birthday” is deleted and replaced with the phrase “twenty-sixth (26) birthday.”
- Under Eligibility and Enrollment, the fourth paragraph regarding full-time students is deleted in its entirety.
- Under Eligibility and Enrollment, in the sixth paragraph, the phrase “or student status” is deleted.

The following changes are made to the Outline of Coverage:

- The paragraph entitled Age Limitations is deleted in its entirety and replaced with the following:

AGE LIMITATIONS:

DDAR will cover single dependent children to the end of the month in which they turn 26. It is the responsibility of the POLICY HOLDER to terminate the coverage of an eligible dependent child when they reach the 26th birthday. DDAR does not automatically terminate the coverage.

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

DELTA DENTAL PLAN OF ARKANSAS, INC.

 Chief Executive Officer
Name and Title

SERFF Tracking #:

DDAR-128629378

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/13/2012
Comments:	Please see attached.		
Attachment(s):			
Compliance Certification DDARIN-VIS-26.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/13/2012
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	08/13/2012
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/13/2012
Bypass Reason:	n/a		
Comments:			

COMPLIANCE CERTIFICATION

I, the undersigned, do hereby certify and attest to the best of my knowledge and belief that:

1. The Flesch reading score of Form DDARIN-VIS-26 is 36.8, which is below that required by Arkansas law.
2. The nature of the amendment requires the use of terminology such as "eligibility" and "dependent", which inflate the Flesch reading score; and
3. Form DDARIN-VIS-26 should be approved with a Flesch reading score of 36.8.

Signed this 9th day of August, 2012.

A handwritten signature in black ink, appearing to read "Sara Farris". The signature is written in a cursive, flowing style.

Sara Farris, Director of Compliance