

State: Arkansas **Filing Company:** United Concordia Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Group Dental AMR 2012
Project Name/Number: AMR Rider 2012/AR/UCIC/007-12

Filing at a Glance

Company: United Concordia Insurance Company
Product Name: Group Dental AMR 2012
State: Arkansas
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form
Date Submitted: 08/10/2012
SERFF Tr Num: UCIN-128617691
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AR/UCIC/007-12

Implementation: On Approval
Date Requested:
Author(s): Krista Maddigan, Stacy Miller, Bob Hackman, Lindsay Anness, Rob Frew
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 08/13/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** United Concordia Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Group Dental AMR 2012
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General Information

Project Name: AMR Rider 2012 Status of Filing in Domicile: Not Filed
 Project Number: AR/UCIC/007-12 Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer, Association Overall Rate Impact:
 Filing Status Changed: 08/13/2012
 State Status Changed: 08/13/2012 Deemer Date:
 Created By: Stacy Miller Submitted By: Stacy Miller
 Corresponding Filing Tracking Number:

Filing Description:

The Annual Maximum Rollover rider included with this filing replaces the version approved by the Department with form number R-AMR (08/11) under UCIN-127392584 on 10/04/2011. The prior version was never issued.

This rider provides an opportunity for members to rollover unused portions of their plan's annual maximum from one plan year to the next, up to a maximum rollover balance. The benefits of the rider are available to all enrolled members when the policyholder purchases the rider.

This revision reduces the time from the effective date of the rider to the first calculation of the rollover benefit from one year to 100 days. The bracketed language in this rider permits variation based on customer or market demands. A Statement of Variability for the bracketed language is included with this filing.

Company and Contact

Filing Contact Information

Stacy Miller, Regulatory Compliance stacy.miller@highmark.com
 Consultant
 4401 Deer Path Road 717-260-7252 [Phone]
 DPLR4 717-260-7494 [FAX]
 Harrisburg, PA 17110

Filing Company Information

United Concordia Insurance CoCode: 85766 State of Domicile: Arizona
 Company Group Code: 812 Company Type: LAH
 4401 Deer Path Road Group Name: Highmark State ID Number:
 Harrisburg, PA 17110 FEIN Number: 86-0307623
 (800) 929-0538 ext. 57225[Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per rider.

State: Arkansas **Filing Company:** United Concordia Insurance Company
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Per Company: No

Company	Amount	Date Processed	Transaction #
United Concordia Insurance Company	\$50.00	08/10/2012	61584297

State: Arkansas Filing Company: United Concordia Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Group Dental AMR 2012
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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 #:

UCIN-128617691

State Tracking #:

Company Tracking #:

AR/UCIC/007-12

State:

Arkansas

Filing Company:

United Concordia Insurance Company

TOI/Sub-TOI:

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

Product Name:

Group Dental AMR 2012

Project Name/Number:

AMR Rider 2012/AR/UCIC/007-12

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	Annual Maximum Rollover Rider Statement of Variability	Approved-Closed	Yes
Supporting Document	Annual Maximum Rollover Rider Markup	Approved-Closed	Yes
Form	Annual Maximum Rollover Rider	Approved-Closed	Yes

State: Arkansas
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Group Dental AMR 2012
Project Name/Number: AMR Rider 2012/AR/UCIC/007-12

Filing Company: United Concordia Insurance Company

Form Schedule

Lead Form Number: R-AMR (08/12)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/13/2012	R-AMR (08/12)	CERA	Annual Maximum Rollover Rider	Revised: Replaced Form #: R-AMR (08/11) Previous Filing #: UCIN-127392584	70.200	AMR Master 2012 w network.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

UNITED CONCORDIA

Annual Maximum Rollover Benefit Rider to the Schedule of Benefits

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Schedule of Benefits.

DEFINITIONS

The following definitions apply when used in this Rider.

Accumulation Period – The calendar year or contract year, as defined on the Schedule of Benefits, during which Plan benefits are counted toward the Plan's annual Deductible and annual Maximum.

Qualifying Member – A Member that is eligible for a Rollover Benefit because he/she met all of the following requirements:

1. The Member was continuously enrolled in the Plan for the last {{ninety (90); one hundred (100)}} days; {three (3); six (6)} months} of the prior Accumulation Period.
2. {Any dental claim for a Covered Service; A claim for a covered dental exam} was submitted for the Member during the prior Accumulation Period.
3. The Member's total dental claims for the prior Accumulation Period do not exceed fifty percent (50%) of the annual Maximum for that Accumulation Period, as defined on the Schedule of Benefits.
4. The Member's Rollover Benefit account has not reached the Rollover Limit.

Each year, We will determine which Members are Qualifying Members within ninety (90) days after the end of the prior Accumulation Period.

{Network Bonus – A dollar amount in addition to the Rollover Benefit that is awarded to a Qualifying Member's Rollover Benefit account for receiving Covered Services from {only Participating Dentists; at least one (1) Participating Dentist} during the prior Accumulation Period.}

Rollover Benefit – A dollar amount awarded to a Qualifying Member that the Plan will apply to dental claims for Covered Services after the Member reaches the annual Maximum for the Accumulation Period.

Rollover Limit – The maximum balance permitted in the Member's Rollover Benefit account in any Accumulation Period.

RIDER LIMITS

The following limits apply to the benefits of this Rider:

Rollover Benefit:	{\$100 - \$1000} per Accumulation Period
Rollover Limit:	{\$200 - \$2000} per Rollover Benefit account
{Network Bonus:	{ \$50 - \$500} per Accumulation Period }

HOW THE ROLLOVER BENEFIT WORKS

Each Member has a Rollover Benefit account. The balance in this account can increase from one Accumulation Period to the next until it reaches the Rollover Limit, defined above.

{During the Accumulation Period starting on the effective date of this Rider, We will credit the Member's Rollover Benefit account up to the Rollover Limit for any unused amount in a similar account from the Policyholder's prior plan.}

During the first ninety (90) days of each Accumulation Period starting at least {{ninety (90); one hundred (100)} days; {three (3); six (6)} months} after the effective date of this Rider, We will credit each Qualifying Member's Rollover Benefit account with a dollar amount up to the Rollover Benefit, defined above. The Rollover Benefit may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit. {A Network Bonus, if applicable, will also be credited to each Qualifying Member's Rollover Benefit account at this time. The Network Bonus may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit.}

The Plan will use the Member's Rollover Benefit account to pay dental claims for any Covered Service that exceeds the Member's annual Maximum during the Accumulation Period. The Member's Rollover Benefit account will not be applied to any of the following expenses related to a Member's dental services:

1. Deductibles;
2. Coinsurance;
3. amounts that exceed the Maximum Allowable Charge;
4. claims that exceed the Plan's limitations or that are excluded from coverage, as defined in the Schedule of Exclusions and Limitations;
5. orthodontic benefits.

WHEN THE ROLLOVER BENEFIT ENDS

The Rollover Benefit account is only available while:

1. the Member is eligible for and enrolled in the Policyholder's Plan; and
2. the Policyholder offers this Annual Maximum Rollover Benefit Rider as part of its Plan.

Members lose any remaining balance in their Rollover Benefit accounts when:

1. they change from one Policyholder's Plan to another Policyholder's Plan; or
2. they voluntarily disenroll from their Group's Plan; or
3. they are no longer eligible for their Group's Plan; or
4. their Group stops offering this Annual Maximum Rollover Benefit Rider as part of its Plan; or
5. their Group's Plan is terminated for any reason.

GENERAL PROVISIONS

Except where specifically changed by this Rider, all of the terms and conditions of Your dental Plan's Certificate of Insurance and Schedule of Benefits, to which this Rider is attached, also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance or Schedule of Benefits, this Rider shall control.

SERFF Tracking #:

UCIN-128617691

State Tracking #:

Company Tracking #:

AR/UCIC/007-12

State:

Arkansas

Filing Company:

United Concordia Insurance Company

TOI/Sub-TOI:

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

Product Name:

Group Dental AMR 2012

Project Name/Number:

AMR Rider 2012/AR/UCIC/007-12

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/13/2012
Comments:			
Attachment(s):			
Readability Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/13/2012
Bypass Reason:	The Company is not submitting a policy in this filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Annual Maximum Rollover Rider Statement of Variability	Approved-Closed	08/13/2012
Comments:	Although not required, the Company is filing the attached Statement of Variability for informational purposes in support of the Annual Maximum Rollover Rider.		
Attachment(s):			
AMR Master 2012 w network bonus SOV.pdf			

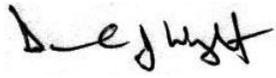
		Item Status:	Status Date:
Satisfied - Item:	Annual Maximum Rollover Rider Markup	Approved-Closed	08/13/2012
Comments:	Although not required, the Company is filing the attached markup for informational purposes in support of the Annual Maximum Rollover Rider.		
Attachment(s):			
AMR Master 2012 w network Mark-up.pdf			

READABILITY CERTIFICATION

I, Daniel J. Wright, Vice President and Treasurer of United Concordia Insurance Company do hereby certify and affirm that the attached **Annual Maximum Rollover Rider (R-AMR (08/12))** rates **70.2**, on the Flesch Reading Ease Test Scale, meeting the minimum Flesch Score of 40 required by the state of Arkansas cited as, ACA 23-80-206.

Date: August 10, 2012

Signature: _____


Daniel J. Wright
Vice President and Treasurer

United Concordia
STATEMENT OF VARIABILITY

**This statement of variability applies to the following form:
R-AMR (08/12)**

The above-referenced form is attached following this statement. Variable language is referenced in numbered sequence order. All variable language is supplied as referenced below.

1. The period of enrollment required can vary and will be expressed in days or months. Minimum and maximum values are shown.
2. One of the two phrases shown will be included based upon the benefit offered.
3. This language is included in its entirety or, if the provision or definition does not apply to the benefit offered, it is completely removed.
4. This defines the total limit, within the specified dollar range, for the particular benefit offered.

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DEFINITIONS

The following definitions apply when used in this Rider.

Accumulation Period – The calendar year or contract year, as defined on the Schedule of Benefits, during which Plan benefits are counted toward the Plan's annual Deductible and annual Maximum.

Qualifying Member – A Member that is eligible for a Rollover Benefit because he/she met all of the following requirements:

1. The Member was continuously enrolled in the Plan for the last (1) ninety (90); one hundred (100) days; {three (3); six (6)} months; (1) the prior Accumulation Period.
- (2) {Any dental claim for a Covered Service; A claim for a covered dental exam} (2)s submitted for the Member during the prior Accumulation Period.
3. The Member's total dental claims for the prior Accumulation Period do not exceed fifty percent (50%) of the annual Maximum for that Accumulation Period, as defined on the Schedule of Benefits.
4. The Member's Rollover Benefit account has not reached the Rollover Limit.

Each year, We will determine which Members are Qualifying Members within ninety (90) days after the end of the prior Accumulation Period.

(3) **Network Bonus** – A dollar amount in addition to the Rollover Benefit (2) is awarded to a Qualifying Member's Rollover Benefit account (2) receiving Covered Services from (only Participating Dentists; at least one (1) Participating Dentist; during the prior Accumulation Period.) (3)

Rollover Benefit – A dollar amount awarded to a Qualifying Member that the Plan will apply to dental claims for Covered Services after the Member reaches the annual Maximum for the Accumulation Period.

Rollover Limit – The maximum balance permitted in the Member's Rollover Benefit account in any Accumulation Period.

RIDER LIMITS

The following limits apply to the benefits of this Rider:

Rollover Benefit: (4) \$100 - \$100 (4) per Accumulation Period

Rollover Limit: (4) \$200 - \$200 (4) per Rollover Benefit account

(3) **Network Bonus:** (4) \$50 - \$500 (4) per Accumulation Period (3)

HOW THE ROLLOVER BENEFIT WORKS

Each Member has a Rollover Benefit account. The balance in this account can increase from one Accumulation Period to the next until it reaches the Rollover Limit, defined above.

3 {During the Accumulation Period starting on the effective date of this Rider, We will credit the Member's Rollover Benefit account up to the Rollover Limit for any unused amount in a similar account from the Policyholder's prior plan.} 3

During the first ninety (90) days of each Accumulation Period starting at least 1 {ninety (90); one hundred (100)} days; {three (3); six (6)} months, 1 after the effective date of this Rider,, We will credit each Qualifying Member's Rollover Benefit account with a dollar amount up to the Rollover Benefit, defined above. The Rollover Benefit may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit. 3 Network Bonus, if applicable, will also be credited to each Qualifying Member's Rollover Benefit account at this time. The Network Bonus may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit.} 3

The Plan will use the Member's Rollover Benefit account to pay dental claims for any Covered Service that exceeds the Member's annual Maximum during the Accumulation Period. The Member's Rollover Benefit account will not be applied to any of the following expenses related to a Member's dental services:

1. Deductibles;
2. Coinsurance;
3. amounts that exceed the Maximum Allowable Charge;
4. claims that exceed the Plan's limitations or that are excluded from coverage, as defined in the Schedule of Exclusions and Limitations;
5. orthodontic benefits.

WHEN THE ROLLOVER BENEFIT ENDS

The Rollover Benefit account is only available while:

1. the Member is eligible for and enrolled in the Policyholder's Plan; and
2. the Policyholder offers this Annual Maximum Rollover Benefit Rider as part of its Plan.

Members lose any remaining balance in their Rollover Benefit accounts when:

1. they change from one Policyholder's Plan to another Policyholder's Plan; or
2. they voluntarily disenroll from their Group's Plan; or
3. they are no longer eligible for their Group's Plan; or
4. their Group stops offering this Annual Maximum Rollover Benefit Rider as part of its Plan.
5. their Group's Plan is terminated for any reason.

GENERAL PROVISIONS

Except where specifically changed by this Rider, all of the terms and conditions of Your dental Plan's Certificate of Insurance and Schedule of Benefits, to which this Rider is attached, also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance or Schedule of Benefits, this Rider shall control.

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1. The Member was continuously enrolled in the Plan for the last {{ninety (90); one hundred (100)} days; {three (3)-months; six (6)} months} of the prior Accumulation Period.
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{During the Accumulation Period starting on the effective date of this Rider, We will credit the Member's Rollover Benefit account up to the Rollover Limit for any unused amount in a similar account from the Policyholder's prior plan.}

During the first ninety (90) days of each Accumulation Period starting at least {{ninety (90); one hundred (100)} days; {three (3); six (6)} months} ~~one (1) year~~ after the effective date of this Rider, We will credit each Qualifying Member's Rollover Benefit account with a dollar amount up to the Rollover Benefit, defined above. The Rollover Benefit may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit. {A Network Bonus, if applicable, will also be credited to each Qualifying Member's Rollover Benefit account at this time. The Network Bonus may be reduced so that the balance of the Rollover Benefit account does not exceed the Rollover Limit.}

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