

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

Filing at a Glance

Company: Delta Dental of Arkansas
Product Name: GL SOB
State: Arkansas
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form
Date Submitted: 09/18/2012
SERFF Tr Num: DDAR-128689884
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: 09/18/2012
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
Product Name: GL SOB
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: 09/18/2012
 State Status Changed: 09/18/2012 Deemer Date:
 Created By: Sara Farris Submitted By: Sara Farris
 Corresponding Filing Tracking Number:

Filing Description:
 A large group is changing its Schedules of Benefits.

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	\$150.00	09/18/2012	62777702

SERFF Tracking #:

DDAR-128689884

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: GL SOB

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/18/2012	09/18/2012

SERFF Tracking #:

DDAR-128689884

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: GL SOB

Project Name/Number: /

Disposition

Disposition Date: 09/18/2012

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	No
Supporting Document	Application	Approved-Closed	No
Form	DDAR-GL-SOB-PLUS-12	Approved-Closed	No
Form	DDAR-GL-SOB-PPO-12C	Approved-Closed	No
Form	DDAR-GL-SOB-PLUS-13	Approved-Closed	No

SERFF Tracking #:

DDAR-128689884

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: GL SOB

Project Name/Number: /

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 09/18/2012		SCH	DDAR-GL-SOB-PLUS-12	Initial:	0.000	DDAR-GL -SOB-PLUS-12.pdf
2	Approved-Closed 09/18/2012		SCH	DDAR-GL-SOB-PPO-12C	Initial:	0.000	DDAR-GL-SOB-PPO-12C.pdf
3	Approved-Closed 09/18/2012		SCH	DDAR-GL-SOB-PLUS-13	Initial:	0.000	DDAR-GL-SOB-PLUS-13.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 PPO Plus Premier

Schedule of Benefits for Golden Living

Original Effective Date: January 1, 2012 12:01 a.m. Central Standard Time

Group Number: 9617

Annual Deductible: \$35 for in and out of network benefits received in

- Coverage A
- Coverage B
- Coverage C

With a maximum of \$70 per family per benefit period.

Annual Maximum Payment:

- **In Network:** \$1,500 per person per benefit period.
- **Out of Network:** \$1,500 per person per benefit period.

Benefit period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

In Network 80% MPA

Out Of Network 80% MPA

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Problem focused/emergency examinations not more than two (2) in any benefit period.
- Bitewing x-rays limited to one set of four (4) films in any benefit period
- Vertical bitewing x-rays limited to one set every three (3) years.
- Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.
- Topical application of fluoride one (1) per benefit period for dependent children to age sixteen (16).
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age sixteen (16).
- Space maintainers for prematurely lost teeth of eligible dependent children to age fifteen (15).

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Coverage B – Basic Restorative Services**In Network 80% MPA
Out Of Network 80% MPA**

- Periapical x-rays (single films up to 13).
- Other x-rays (intra-oral and extra-oral).
- Minor emergency treatment for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- Amalgam (silver) and composite filling restorations. Composite fillings are not a covered benefit on molars but will be given the allowance of an amalgam restoration.
- Simple extractions.
- Brush biopsy.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery and impacted teeth (partially and completely bony).
- Non-surgical periodontics allowed once in a twenty four (24) month period.
- Surgical periodontics (gingivectomy and gingival flap procedures) allowed once in a thirty six (36) month period.
- Periodontal maintenance; limited to two (2) per benefit period following active periodontal treatment.
- Occlusal adjustment (other than with an appliance or restoration.)
- Endodontics, including pulpal therapy but excluding root canal therapy for molars.
- Office visit after hours as long as no other covered definitive work is performed.
- Stainless steel crowns used as a restoration to natural teeth when the teeth cannot be restored with a filling material.
- Recement of inlays, crowns and bridges except when recementation occurs within six (6) consecutive months of the seating date. If recementation occurs within six (6) months of the seating date, it is considered part of the original procedure.

Coverage C – Major Restorative Services**In Network 50% MPA
Out Of Network 50%MPA**

- Occlusal guard one (1) in thirty six (36) month period.
- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations, allowed once in a ninety six (96) month period. High noble crowns are not a benefit and will be given the allowance of the noble metal procedure. The benefit for porcelain/ceramic for composite/resin inlays, onlays, crowns, bridge abutments, and bridge pontics on molar teeth is to be based on the amount payable for the corresponding cast metal procedure.
- Endodontics, root canal therapy for molars.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete denture, allowed once in a ninety six (96) month period.
- Repair of fixed bridges, allowed only after six (6) months of initial placement.
- Complete or partial denture reline, including chair side or laboratory procedures to improve the fit of the appliance to the tissue, allowed only after six (6) months of initial placement.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance, allowed only after six (6) months of initial placement.
- Denture adjustments , allowed only after six (6) months of initial placement.
- Repairs for removable partials and dentures, allowed only after six (6) months of initial placement.
- Surgical periodontics (osseous surgery and soft tissue grafts), allowed once in a thirty six (36) month period.
- General anesthesia and intravenous sedation.
- Removal of impacted teeth (partially and completely bony).

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Rider(s)

Child Orthodontic Rider – Orthodontic services
Lifetime Maximum Payment : \$1,250

In Network 50%MPA
Out Of Network 50% MPA

Adult Orthodontic Rider – Orthodontic services
Lifetime Maximum Payment : \$1,250

In Network 50%MPA
Out Of Network 50% MPA

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan, unless in the case of a take over group. Please refer to the Ortho Rider.

Carry Over Benefit Rider

Carry over benefit: **\$375**

Claims threshold: **\$749**

Carry over benefit maximum: **\$1,500**

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Delta Dental PPO

Schedule of Benefits for Golden Living

Original Effective Date: January 1, 2012 12:01 a.m. Central Standard Time

Group Number: 9616

Annual Deductible: In Network \$35 and Out of Network \$50 for benefits received in

- Coverage A – out of network only
- Coverage B
- Coverage C

With a maximum of \$70 per family per benefit period in network and \$150 per family per benefit period out of network.

Annual Maximum Payment:

- **PPO In Network:** \$1,500 per person per benefit period.
- **Out of Network:** \$1,000 per person per benefit period.

Benefit period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

In Network 100% MPA

Out Of Network 75% MPA

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Problem focused/emergency examinations not more than two (2) in any benefit period.
- Bitewing x-rays limited to one set of four (4) films in any benefit period
- Vertical bitewing x-rays limited to one set every three (3) years.
- Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.
- Topical application of fluoride one (1) per benefit period for dependent children to age sixteen (16).
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age sixteen (16).
- Space maintainers for prematurely lost teeth of eligible dependent children to age fifteen (15).

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Coverage B – Basic Restorative Services**PPO In Network 80% MPA
Out Of Network 55% MPA**

- Periapical x-rays (single films up to 13).
- Other x-rays (intra-oral and extra-oral).
- Minor emergency treatment for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- Amalgam (silver) and composite filling restorations. Composite fillings are not a covered benefit on molars but will be given the allowance of an amalgam restoration.
- Simple extractions.
- Brush biopsy.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery and impacted teeth (partially and completely bony).
- Non-surgical periodontics allowed once in a twenty four (24) month period.
- Surgical periodontics (gingivectomy and gingival flap procedures) allowed once in a thirty six (36) month period.
- Periodontal maintenance; limited to two (2) per benefit period following active periodontal treatment.
- Occlusal adjustment (other than with an appliance or restoration.)
- Endodontics, including pulpal therapy but excluding root canal therapy for molars.
- Office visit after hours as long as no other covered definitive work is performed.
- Stainless steel crowns used as a restoration to natural teeth when the teeth cannot be restored with a filling material.
- Recement of inlays, crowns and bridges except when recementation occurs within six (6) consecutive months of the seating date. If recementation occurs within six (6) months of the seating date, it is considered part of the original procedure.

Coverage C – Major Restorative Services**PPO In Network 50% MPA
Out Of Network 40%MPA**

- Occlusal guard one (1) in thirty six (36) month period.
- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations, allowed once in a ninety six (96) month period. High noble crowns are not a benefit and will be given the allowance of the noble metal procedure. The benefit for porcelain/ceramic for composite/resin inlays, onlays, crowns, bridge abutments, and bridge pontics on molar teeth is to be based on the amount payable for the corresponding cast metal procedure.
- Endodontics, root canal therapy for molars.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete denture, allowed once in a ninety six (96) month period.
- Repair of fixed bridges, allowed only after six (6) months of initial placement.
- Complete or partial denture reline, including chair side or laboratory procedures to improve the fit of the appliance to the tissue, allowed only after six (6) months of initial placement.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance, allowed only after six (6) months of initial placement.
- Denture adjustments , allowed only after six (6) months of initial placement.
- Repairs for removable partials and dentures, allowed only after six (6) months of initial placement.
- Surgical periodontics (osseous surgery and soft tissue grafts), allowed once in a thirty six (36) month period.
- General anesthesia and intravenous sedation.
- Removal of impacted teeth (partially and completely bony).

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Rider(s)

Child Orthodontic Rider – Orthodontic services
Lifetime Maximum Payment : \$1,250

PPO In Network 50%MPA
Out Of Network 25% MPA

Adult Orthodontic Rider – Orthodontic services
Lifetime Maximum Payment : \$1,250

PPO In Network 50%MPA
Out Of Network 25% MPA

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan, unless in the case of a take over group. Please refer to the Ortho Rider.

Carry Over Benefit Rider

Carry Over benefit: **\$375**

Claims threshold: **\$749**

Carry Over benefit maximum: **\$1,500**

For Carry Over benefit to apply to claim payments, you must either:

1. Exhaust your \$1,500 In Network Annual Maximum, **or**
2. Exhaust your \$1,000 Out Of Network Annual Maximum and have an additional \$500 of claims paid to an In Network provider.

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Delta Dental PPO Plus Premier

Schedule of Benefits for Golden Living

Original Effective Date: January 1, 2012 12:01 a.m. Central Standard Time,

Amended and Effective Date: January 1, 2013 12:01 a.m. Central Standard Time

Group Number: 9617

Annual Deductible: In network \$35 and Out of Network \$50 for benefits received in

- Coverage A - out of network only
- Coverage B
- Coverage C

With a maximum of \$70 per family per benefit period in network and \$150 per family per benefit period out of network.

Annual Maximum Payment:

- **In Network:** \$1,500 per person per benefit period.
- **Out of Network:** \$1,000 per person per benefit period.

Benefit period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

In Network 100% MPA

Out Of Network 75% MPA

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Problem focused/emergency examinations not more than two (2) in any benefit period.
- Bitewing x-rays limited to one set of four (4) films in any benefit period
- Vertical bitewing x-rays limited to one set every three (3) years.
- Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.
- Topical application of fluoride one (1) per benefit period for dependent children to age sixteen (16).
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age sixteen (16).
- Space maintainers for prematurely lost teeth of eligible dependent children to age fifteen (15).

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Coverage B – Basic Restorative Services**In Network 80% MPA
Out Of Network 55% MPA**

- Periapical x-rays (single films up to 13).
- Other x-rays (intra-oral and extra-oral).
- Minor emergency treatment for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- Amalgam (silver) and composite filling restorations. Composite fillings are not a covered benefit on molars but will be given the allowance of an amalgam restoration.
- Simple extractions.
- Brush biopsy.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery and impacted teeth (partially and completely bony).
- Non-surgical periodontics allowed once in a twenty four (24) month period.
- Surgical periodontics (gingivectomy and gingival flap procedures) allowed once in a thirty six (36) month period.
- Periodontal maintenance; limited to two (2) per benefit period following active periodontal treatment.
- Occlusal adjustment (other than with an appliance or restoration.)
- Endodontics, including pulpal therapy but excluding root canal therapy for molars.
- Office visit after hours as long as no other covered definitive work is performed.
- Stainless steel crowns used as a restoration to natural teeth when the teeth cannot be restored with a filling material.
- Recement of inlays, crowns and bridges except when recementation occurs within six (6) consecutive months of the seating date. If recementation occurs within six (6) months of the seating date, it is considered part of the original procedure.

Coverage C – Major Restorative Services**In Network 50% MPA
Out Of Network 40%MPA**

- Occlusal guard one (1) in thirty six (36) month period.
- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations, allowed once in a ninety six (96) month period. High noble crowns are not a benefit and will be given the allowance of the noble metal procedure. The benefit for porcelain/ceramic for composite/resin inlays, onlays, crowns, bridge abutments, and bridge pontics on molar teeth is to be based on the amount payable for the corresponding cast metal procedure.
- Endodontics, root canal therapy for molars.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete denture, allowed once in a ninety six (96) month period.
- Repair of fixed bridges, allowed only after six (6) months of initial placement.
- Complete or partial denture reline, including chair side or laboratory procedures to improve the fit of the appliance to the tissue, allowed only after six (6) months of initial placement.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance, allowed only after six (6) months of initial placement.
- Denture adjustments , allowed only after six (6) months of initial placement.
- Repairs for removable partials and dentures, allowed only after six (6) months of initial placement.
- Surgical periodontics (osseous surgery and soft tissue grafts), allowed once in a thirty six (36) month period.
- General anesthesia and intravenous sedation.
- Removal of impacted teeth (partially and completely bony).

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Rider(s)

Child Orthodontic Rider – Orthodontic services
Lifetime Maximum Payment : \$1,250

In Network 50%MPA
Out Of Network 25% MPA

Adult Orthodontic Rider – Orthodontic services
Lifetime Maximum Payment : \$1,250

In Network 50%MPA
Out Of Network 25% MPA

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan, unless in the case of a take over group. Please refer to the Ortho Rider.

Carry Over Benefit Rider

Carry over benefit: **\$375**

Claims threshold: **\$749**

Carry over benefit maximum: **\$1,500**

For Carry Over benefit to apply to claim payments, you must either:

1. Exhaust your \$1,500 In Network Annual Maximum, **or**
2. Exhaust your \$1,000 Out Of Network Annual Maximum and have an additional \$500 of claims paid to an In Network provider.

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

SERFF Tracking #:

DDAR-128689884

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:

GL SOB

Project Name/Number:

/

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	09/18/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/18/2012
Bypass Reason:	N/A		
Comments:			