

## Dental Insurance Plan for Small Groups



Benefits Proposal Presented To  
Sample

Presented By  
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Allied National Inc

Proposed Effective Date  
[8/1/2020

Underwritten by Fidelity Security Life Insurance Company

Plan Administered By



For more information visit us at [www.alliednational.com](http://www.alliednational.com)

This proposal is not intended for client presentation without a Dental Design brochure. This proposal is subject to the guidelines contained in the brochure. **IMPORTANT:** The rates quoted are based upon the census and benefits used herein and should be reviewed closely for accuracy. These rates are subject to change based upon actual participation and published rates at time of issue. These rates are not guaranteed. Final rates will be determined at the time of underwriting based on all information submitted with the case. Do not cancel your current coverage until underwriting approval has been received from Allied.  
Policy #DT-238, Form #M-9037, M-9179



Client Name: Sample Location: IL-62823 Effective Date: 8/1/2020

SIC: 5331 - Retail Trade/General Merchandise Stores/Variety Stores

Family Only Group: No

Annual Max Benefit: \$1500	Vision Plan Option : Silver Plan
Basic Benefits Waiting Period: 0 Months	Takeover Benefit: No
Basic/Major Deductible: \$75 Calendar Year	Orthodontia Benefit: No
Major Services: Included	
Endodontia Benefit Class: Major Services	

SEE NEXT PAGE FOR BENEFIT HIGHLIGHTS

MONTHLY RATES

Coverage Type	Dental Rate	Vision Rate	Number of Insureds	Monthly Premium
Employee Only	\$28.19	\$5.93	7	\$238.84
Employee & Spouse Only	\$56.38	\$11.84	1	\$68.22
Employee & Children* Only	\$66.25	\$18.96	1	\$85.21
Full Family	\$94.44	\$21.92	1	\$116.36
Monthly Premium				\$508.63
Monthly Administrative Charge				\$20.00
Total Monthly Cost				\$528.63

\*This quote uses an "all" children rate. When a group has a higher than normal average number of children per employee, rates may be increased to compensate for the number of children.

Vision rates assume 100% employer paid for this benefit. Rates may be adjusted if this benefit is contributory by the employee.

SIC:1 Area:4 AL:1 Basic: 1.05 TO:1 Ded:1 Max: 1.1/1.02 EndoAdult:1 EndoChild:1 Major:1/1 GS:0.95 TF:1.06 OTO:1 FAF:1.16 FCF:1.08 FOF:1.01



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### Plan Benefits Selected

Maximum Benefit (per person per year)	\$1500
Preventive & Diagnostic Services Plan Pays Deductible per person Waiting Period	100% None 0 Months
Basic Services Plan Pays Waiting Period	80% 0 Months
Major Services Plan Pays Waiting Period	50% 12 Months
Common Deductible for Basic & Major Services Per Person	\$75 Calendar Year
Optional Orthodontia (children only) Plan Pays Deductible per person Waiting Period Lifetime Benefit Max	Not Included

This plan includes the Aetna Dental PPO network. Voluntary use of its dentists may help reduce out-of-pocket costs. There are no penalties or provider restrictions. For non-network providers, all benefits subject to Reasonable & Customary Charges. Please see Allied Dental Design brochure for complete details of all other benefits. The PPO network is not affiliated with Fidelity Security Life Insurance Company.

### VISION PLAN OPTION - SILVER PLAN

Benefit	In-Network	Out-of-Network
Examination Once Every 12 months	Covered 100% After \$10 Copay	Reimbursed Amounts Up to \$35
Lenses Once Every 12 months	Covered 100% After \$10 Copay	Single Vision Up to \$30; Bi-focal up to \$40; Tri-focal up to \$50; Lenticular up to \$60
Lens Options Solid Tint Fashion Gradient Tint Scratch Resistant Coating (standard) Progressive (standard) Polycarbonate SV - under age 19 Polycarbonate BI - under age 19 Polycarbonate TRI - under age 19	N/A N/A N/A N/A Covered 100% Covered 100% Covered 100%	N/A N/A N/A N/A Up to \$25 Up to \$30 Up to \$30
Frames Once Every 12 months	Covered up to \$125 Retail allowance then 20% discount above \$125	Up to \$70
Contact Lenses Once Every 12 months Elective Medically Necessary Evaluation & Fitting	In Lieu of Lenses/Frames Covered up to \$125 Retail Allowance Covered 100% Covered 100% after \$20 Daily Wea or \$30 Extended Wear Copay	In Lieu of Lenses/Frames Up to \$105 Up to \$200 Daily Wear: \$20/ Extended Wear: \$30

# Allied™ Dental Design Plan Options

	Plan Design	What's Covered*
Preventive & Diagnostic Services	<ul style="list-style-type: none"> <li>• Pays 100%</li> <li>• No deductible or copay</li> </ul>	<ul style="list-style-type: none"> <li>• Prophylaxis: Limited to two treatments in a calendar year. Includes scaling and cleaning (3 cleanings if pregnant).</li> <li>• Fluoride Treatment: Limited to dependents under age 19 and limited to one treatment in a calendar year.</li> <li>• Space Maintainers: Limited to dependents under age 16 and to initial appliance only.</li> <li>• Diagnostic Services:               <ul style="list-style-type: none"> <li>• <i>Routine exams</i>: Limited to two exams per calendar year;</li> <li>• <i>X-rays</i>: Full mouth series – limited to once in any 36-consecutive month period;</li> <li>• <i>Bitewing films</i>: Limited to four films no less than six months apart;</li> <li>• <i>Panoramic film, maxilla and mandible</i>: Limited to once in any 60-consecutive month period.</li> <li>• Emergency palliative treatment.</li> </ul> </li> </ul>
Basic Services	<ul style="list-style-type: none"> <li>• Pays 80% after combined basic/major deductible</li> <li>• Choice of deductible:               <ul style="list-style-type: none"> <li>• \$50 calendar year</li> <li>• \$75 calendar year</li> <li>• \$100 lifetime</li> </ul> </li> <li>• 6-month waiting period for benefits with option for no waiting period</li> </ul>	<ul style="list-style-type: none"> <li>• Fillings (other than gold), pins, recementation of: inlays, onlays, crowns or bridges.</li> <li>• Oral Surgery: Simple extractions and other surgical procedures, plus anesthesia.</li> <li>• Denture relining or rebasing once every 24 consecutive months.</li> </ul>
Major Services	<ul style="list-style-type: none"> <li>• <b>Pays 50%</b> after combined basic/major deductible</li> <li>• 12-month waiting period</li> </ul> <p>Option available to remove major services for a discounted price</p>	<ul style="list-style-type: none"> <li>• Restorative Services: Implants, Inlays, onlays, crowns and posts</li> <li>• Prosthodontic Services: Bridges, denture work</li> <li>• Endodontic Services (option to move to basic services)</li> <li>• Periodontic Services</li> <li>• Complex Extractions</li> </ul>
Calendar Year Maximum	<ul style="list-style-type: none"> <li>• Per person per calendar year—choice of:               <ul style="list-style-type: none"> <li>• \$1,000</li> <li>• \$1,500</li> <li>• \$2,000</li> </ul> </li> </ul>	Applies to all services except orthodontics.
Optional Ortho for Dependent Children	<ul style="list-style-type: none"> <li>• 12-month waiting period</li> <li>• One-time \$50 per person deductible</li> <li>• 50% coinsurance</li> <li>• Maximum lifetime benefit \$1,000</li> </ul>	Available only to eligible dependent children under age 19 who are insured for orthodontia.
	*Benefits are subject to reasonable and customary charges.	



AGENT INFORMATION PAGE  
HOW TO SUBMIT A DENTAL DESIGN CASE

- 1) Confirm that the group meets participation and individual eligibility requirements.
- 2) Have the employer complete, sign and date the Employer Application. The Employer Applications should be signed by an owner, officer or partner of the enrolling company. The Agent should complete the Producer Information on the reverse of the form.
- 3) For groups insuring less than 10 employees, the employer must provide a complete copy of the company's most recent State Quarterly Unemployment Tax Report to confirm eligibility and participation.
- 4) Have each employee complete, sign and date an employee enrollment form. An employee or dependent covered by a spouse's employer's group dental plan may complete a waiver form and will not be included in participation requirements. (The number of acceptable employee waivers is detailed in the "PARTICIPATION REQUIREMENTS" section of the plan brochure).
- 5) All papers must be signed and dated on or before the requested effective date and be received by Allied within 5 working days beginning with the effective date in order to receive that effective date.
- 6) For groups applying for takeover benefits, please provide current plan benefit information (plan certificate) and most recent bill or renewal notices to demonstrate existence of current coverage. Also provide adequate information to establish each employee's prior plan effective date so proper waiting period credit may be given.
- 7) LICENSING INFORMATION: The producer must be licensed in the state of residence of the Employer in order for coverage to be approved. To receive commissions, a producer must be appointed with Fidelity Security Life Insurance Company. If currently appointed, send a copy of your appointment with the enrollment forms for the case you are submitting. If not currently appointed, the producer must send a copy of current state license.
- 8) PLEASE SUBMIT THE FOLLOWING:
  - \* A copy of the proposal used to sell the group (to verify benefits sold and rates)
  - \* Employer Application
  - \* Individual Employee Enrollment Forms
  - \* Waiver of coverage forms if applicable
  - \* Employer's COMPANY check (not personal) for one month's premium
  - \* Company's most recent State Quarterly Unemployment Tax Report for groups of less than 10 employees
  - \* Copy of agent's license or appointment
  - \* Takeover Information if necessary (see item 6)
- 9) UNDERWRITING RULES AND LIMITATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE  
QUESTIONS? Contact Allied National Sales Support at 888-767-7133.

MAIL ALL INFORMATION TO:  
ALLIED NATIONAL  
UNDERWRITING DEPARTMENT  
P. O. BOX 29187  
SHAWNEE MISSION, KS 66201-9187

All forms for Allied insurance plans can be found online at: [www.alliednational.com/download-forms](http://www.alliednational.com/download-forms)