

## VISION CLAIMS ADMINISTRATION continued

### FILING A CLAIM

There is **no paperwork for you** when using a **participating provider**. Our providers agree to file claims directly with NVA.

When a non-participating provider is used, it is necessary to file a claim. No claim form is needed but is available on NVA's website or upon request. You can either submit the claim form and your itemized receipt, or submit the itemized receipt reflecting the total purchase to NVA along with:

- A photocopy of your vision identification card or
- Member name and address, group name, patient name and date of birth
- Claims can be submitted through NVA's website at [www.e-nva.com](http://www.e-nva.com)
- Claims can be submitted via e-mail for registered members at: [visionclaims@e-nva.com](mailto:visionclaims@e-nva.com) or faxed to 973-574-2430.

### PAYMENT OF CLAIMS

If a participating provider is used, payment for covered services is made directly to the provider.

If a non-participating provider is used, payment for services is made directly to the subscriber.

## VISION BENEFITS CONTACT INFORMATION:

Customer Service  
National Vision Administrators  
Nationwide: 866-468-2393 Ext 2532

## DENTAL BENEFITS CONTACT INFORMATION:

### GENERAL INFORMATION

Allied National  
P. O. Box 29189  
Shawnee Mission, KS 66201-9189  
Nationwide: 800-825-7531  
Locally: 913-945-4100

### PREMIUM AND BILLING

Allied National  
P.O. Box 29188  
Shawnee Mission, KS 66201-9188  
Nationwide: 800-825-7531  
Locally: 913-945-4100

### CHANGES AND ADDITIONS

Allied National  
P.O. Box 29187  
Shawnee Mission, KS 66201-9187  
Fax: 913-945-4397  
Email: [uas@alliednational.com](mailto:uas@alliednational.com)

### CLAIMS AND ADMINISTRATION

#### For Questions and Claim Assistance

Claims Department  
Allied National  
P.O. Box 29186  
Shawnee Mission, KS 66201-9186  
Nationwide: 800-825-7531  
Locally: 913-945-4100

#### For Claims Submissions

Zelis - Allied National  
Payer ID 22155  
P.O. Box 21444  
Eagan, MN 55121



**Fidelity Security  
Life Insurance Company**

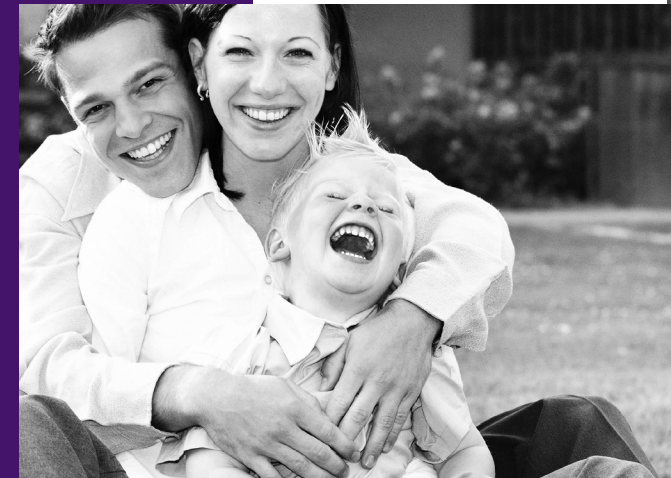
Kansas City, Mo.

Dental-DT-238, Form #M9037, M-9179  
Vision-VC-137, Form #M9142, M9167

## Group Administrative Guide

Small Business Advantage<sup>®</sup>  
powered by **ALLIED  
NATIONAL**

Dental  Design<sup>SM</sup>



Underwritten by:



**Fidelity Security  
Life Insurance Company**

Kansas City, Mo.



## CONTACT INFORMATION

Your agent is a great resource when you have questions about your Dental Design plan. But if your agent isn't available, never hesitate to contact us. At Allied, we strive to provide our clients with superb service every day, and we're always happy to hear from you. Our office hours are Monday through Friday 8:00 a.m. to 4:30 p.m., Central time. When you call or write, be prepared to tell us the member ID number on your insurance identification card.

**ALLIED NATIONAL**  
**P. O. Box 29189**  
**Shawnee Mission, KS 66201-9189**  
**NATIONWIDE: 800-825-7531**  
**LOCALLY: 913-945-4100**  
**Email: ClientServices@alliednational.com**

Allied uses an advanced, automated attendant phone and messaging system that enables us to process your calls quickly and efficiently. When you call, the automated attendant will provide prompts to get you to the right person. Allied's well-trained client service experts can find the answers to all of your questions.

With many client service representatives on the phone at all times, our phone lines tend to get very busy. If you can't get through to a representative right away, leave a message telling us your name, case number, phone number and the nature of your call; or email us at [clientservices@alliednational.com](mailto:clientservices@alliednational.com).

Sometimes leaving a voice mail is easier than waiting, and we guarantee to call you back as soon as possible.

## PREMIUMS AND PREMIUM BILLINGS

Allied mails premium billing notices around the 18th of each month prior to the month that it's due. Premiums are always due on the first of the month. To avoid a lapse in coverage, bills must be paid within the 31-day grace period that begins on the first day of the month due.

Each bill will show current premium and fees due, charges or credits, and if not paid, the amount due for the prior month. The administration fee appears as a separate charge on your bill. This fee covers the cost of administering your coverage (billings, insurance records, etc.). We will notify you in advance of premium rate changes.

Allied's billing cycle follows the schedule shown below:

- Your first premium notice will be mailed around the 18th of each month prior to when it's due.
- If you fail to pay for your premium when it is due, it will show up as an unpaid prior month charge on your next bill. The charge for the current month will also appear.
- Failure to pay your premium within the 31-day grace period that begins on the first day of the month due date will result in a lapse of coverage as of the due date for the unpaid month.
- A lapsed case may not be reinstated. It may be rewritten with administrator approval but only with new

applications, a new effective date and new benefit waiting periods. Allied reserves the right to decline any case that it considers detrimental to the plan.

Any check returned by your bank as non-negotiable will be treated as if no premium payment has been made and will result in a service charge to your account. Checks should be made payable to Allied National and should be returned with the remittance stub from the premium notice in the envelope provided. Premium payments MUST be made with a company or business check. Personal checks are not acceptable for group insurance payments.

Please send premium to:

**ALLIED NATIONAL**  
**P.O. Box 29188**  
**Shawnee Mission, KS 66201-9188**

A good way to eliminate unnecessary hassles and to ensure employees get the most out of their benefits, is to always remit premium payments on time. Why? When a dentist calls to verify coverage they are told coverage is not paid for the current month and the dentist might then require the employee to pay up front at the time of service.

As a payment option, Allied has a preauthorized bank draft available where funds will automatically be paid through your company's bank account on a monthly basis. It's simple, costs nothing, and can help you keep your insurance payments on track and avoid lapse in coverage. Contact Allied's Client Services Department at 800-825-7531 for information on how to enroll in this program.

## CHANGES AND ADDITIONS

### ADDING NEW EMPLOYEES

When you hire new employees, have them complete an enrollment form for insurance as soon as possible. We can not add new employees to your group coverage until we have received their forms and they have been approved. Please fax, email or mail enrollment forms to the Allied Underwriting Department:

**Address: ALLIED NATIONAL**  
**P.O. Box 29187**  
**Shawnee Mission, KS 66201-9187**

**Fax: 913-945-4397**

**Email: [uas@alliednational.com](mailto:uas@alliednational.com)**

Each employee's effective date will be based upon your selected waiting period. You'll find enrollment forms and reply envelopes in your Employer Information Kit. If you need more, call us at 800-825-7531 or download them from our website at [www.alliednational.com](http://www.alliednational.com).

An employee must enroll for coverage during their eligibility period and no later than 31 days after becoming eligible.

Eligibility begins following completion of the one-, two- or three-month waiting period as selected by the employer on the application.

### LATE ENTRANTS

An employee enrolling more than 31 days after becoming eligible for any coverage is considered a late entrant. Late entrants cannot obtain coverage until the next open enrollment period.

### BILLING OF NEW EMPLOYEES

Do not send premium for new applicants until billed for them. If approved for coverage, their Certificate of Insurance will be made effective on the first of the month following completion of the waiting period and receipt of application. Their names will be shown on the first billing mailed after the certificates of insurance have been issued. An employee issued in advance will be shown as pending his or her future effective date. A newly insured employee's name may appear more than one time on the first bill generated after enrollment. This can happen if the application for the employee is received after the bill for his/her first month has already been generated. If you notice this, look at the column headed DUE DATE. You will see that multiple months are listed.

### TERMINATION OF EMPLOYEE COVERAGE

Follow these steps to terminate employee coverage:

- 1) On the back of the premium remittance stub, complete the Insured Changes section by writing the full name of the employee, description of the change requested (i.e. termination) and the date last worked.
- 2) Deduct the current month's premium charge only for the terminated employee from the total balance due. Do not take more than one month's premium credit.
- 3) Termination may be mailed, faxed or emailed to the Allied mailing address, fax or email listed under the "Changes and Additions" section in this guide.

If an employee has worked even one day of the month, your policy requires that premium must be paid for that employee for that month. Therefore, do not cross out the employee in the month during which he or she worked. Be sure to terminate former employees in a timely manner to avoid paying extra premium for them.

### EMPLOYEE CHANGE REQUEST

To make an individual employee name change or change in coverage, fill out an Employee Change Request form and send it to the Allied Underwriting Department. You'll find a small supply of this form in your Employer Information Kit. If you need more, contact our Client Services Department at 800-825-7531. This request may be mailed, faxed or emailed to the Allied mailing address, fax or email listed under the "Changes and Additions" section in this guide.

### CHANGES IN DEPENDENT INSURANCE

To add a dependent to individual employee coverage (a spouse or children), complete Part II of the Employee Change Request form by showing for whom coverage should be added and the date the dependent was acquired. Please also send us a completed enrollment form for the new insured. The qualifying event and date needs to be identified.

An employee must enroll for dependent insurance within 31 days of eligibility. If they do not, this is considered a late entrant. An employee who enrolls for dependent's insurance more than 31 days after becoming eligible will be considered a late entrant and are subject to late entrant waiting periods as previously indicated under late entrant rules. Also, remember that there's no need to pay premium for addition of dependents until you are billed by Allied.

To terminate dependent insurance, complete an Employee Change Request form and send it to Allied immediately. Do not take credit for termination. Allied will extend any credit due on the next bill processed after the effective date of the change.

This request may be mailed, faxed or emailed to the Allied mailing address, fax or email listed under the "Changes and Additions" section in this guide.

### CHANGE OF BUSINESS ADDRESS

Notify Allied in writing if your company changes its address. Please indicate both old and new addresses on the letter of notification. This request may be mailed, faxed or emailed to the Allied mailing address, fax or email listed under the "Changes and Additions" section in this guide.

## CLAIMS ADMINISTRATION-DENTAL

Allied will process all Dental Design claims. Please refer questions regarding dental claims and benefits to:

<b>For Questions/Claim Assistance:</b>	<b>For Claims Submissions:</b>
<b>Claims Department</b>	<b>Zelis - Allied National</b>
<b>Allied National</b>	<b>Payer ID 22155</b>
<b>P.O. Box 29186</b>	<b>P.O. Box 21444</b>
<b>Shawnee Mission, KS</b>	<b>Eagan, MN</b>
<b>66201-9186</b>	<b>55121</b>
<b>800-825-7531</b>	

All claims forms need to be submitted to Allied National. We know you'll be happy with our top-notch claims service and state-of-the-art dental claim system.

### PRETREATMENT REVIEW FOR ALLIED DENTAL DESIGN

If a dental examination reveals that treatment is expected to exceed \$500, the treating dentist must submit a report to the insurance carrier within 20 days of the exam. The report must describe the proposed treatment and itemize expected charges. The insurance carrier will review and evaluate the report and send the dentist an estimate of benefits to be paid. Emergency treatment, oral examinations, cleaning and X-rays may be performed before the review is prepared.

## VISION CLAIMS ADMINISTRATION

Call 866-468-2393, Ext 2532. NVA's Customer Service Representatives have on-line access to all information necessary to answer member questions relating to claim processing.

*(continued on back)*