



Dental Insurance Plan for Small Groups



Enjoy the freedom of
choosing any dentist
and the options
to fit any budget.

Small Business Advantage[®]
powered by **ALLIED**
NATIONAL
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Underwritten by:



Fidelity Security
Life Insurance Company
Kansas City, MO

Dental Design

The Dental Plan for Small Groups

Allied Small Business Advantage plans are designed for the small employer looking for benefits and options available to larger companies. Allied specializes in benefits for small businesses and brings the Allied advantages of choice, flexibility and service to our insurance customers.

The Flexibility You Seek

Designed for groups of 2-99, Allied™ Dental Design offers affordable dental insurance benefits and many plan options that allow groups to choose the type of coverage that best fits their needs and budget.



Plan Features

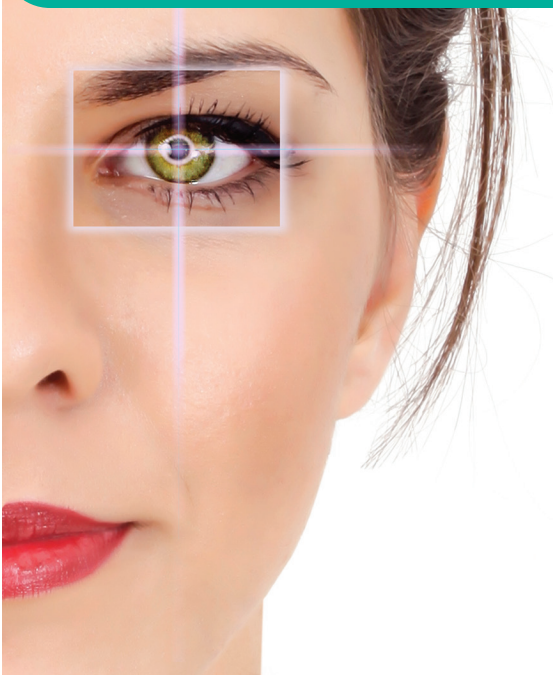
- Insureds can choose any dentist for services without a penalty. However, the Aetna Dental PPO Network is automatically included, except in Texas and Virginia. Voluntary use of its dentists may help reduce coinsurance costs and eliminate balance billing by the dentist.
- 100 percent preventive care benefits with no deductible.
- Orthodontia benefit option for all size groups.
- Takeover benefits available for all size groups.
- Choice of deductible and benefit maximums.
- Increasing annual maximum benefit at renewal.

Small Business Advantage®

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Vision Care Option



Coverage Needs

Dental Design offers a vision plan option for plan participants and their dependents. Several plan options are available (*detailed on page 4*) to fit the benefit needs of every group.

Once dental plan participation has been reached, plan participants may elect the vision option (including employees who have waived dental coverage).

Plan features:

- Choice of Silver, Gold or Gold Materials Only plans
- In- or out-of-network benefits
- Exams, lenses, frames and contacts covered

Vision plan benefits are administered by National Vision Administrators. Allied National provides eligibility and billing administration.

Allied™ Dental Design Plan Options

| | Plan Design | What's Covered* |
|---------------------------------------|--|---|
| Preventive & Diagnostic Services | <ul style="list-style-type: none"> • Pays 100% • No deductible or copay | <ul style="list-style-type: none"> • Prophylaxis: Limited to two treatments in a calendar year. Includes scaling and cleaning (3 cleanings if pregnant). • Fluoride Treatment: Limited to dependents under age 19 and limited to one treatment in a calendar year. • Space Maintainers: Limited to dependents under age 16 and to initial appliance only. • Diagnostic Services: <ul style="list-style-type: none"> • <i>Routine exams</i>: Limited to two exams per calendar year; • <i>X-rays</i>: Full mouth series – limited to once in any 36-consecutive month period; • <i>Bitewing films</i>: Limited to four films no less than six months apart; • <i>Panoramic film, maxilla and mandible</i>: Limited to once in any 60-consecutive month period. • Emergency palliative treatment. |
| Basic Services | <ul style="list-style-type: none"> • Pays 80% after combined basic/major deductible • Choice of deductible: <ul style="list-style-type: none"> • \$50 calendar year • \$75 calendar year • \$100 lifetime • 6-month waiting period for benefits with option for no waiting period | <ul style="list-style-type: none"> • Fillings (other than gold), pins, recementation of: inlays, onlays, crowns or bridges. • Oral Surgery: Simple extractions and other surgical procedures, plus anesthesia. • Denture relining or rebasing once every 24 consecutive months. |
| Major Services | <ul style="list-style-type: none"> • Pays 50% after combined basic/major deductible • 12-month waiting period Option available to remove major services for a discounted price | <ul style="list-style-type: none"> • Restorative Services: Implants, Inlays, onlays, crowns and posts • Prosthodontic Services: Bridges, denture work • Endodontic Services (option to move to basic services) • Periodontic Services • Complex Extractions |
| Calendar Year Maximum | <ul style="list-style-type: none"> • Per person per calendar year—choice of: <ul style="list-style-type: none"> • \$1,000 • \$1,500 • \$2,000 | <p>Applies to all services except orthodontics.</p> <p>Annual maximum increases by 25% of original value after two full calendar years. Maximum accumulated increase per insured person 50% of calendar year limit.</p> <p>Insured must have received at least one preventive service and total benefits paid were less than 50% of their annual maximum benefit in the prior year to receive the annual increase.</p> |
| Optional Ortho for Dependent Children | <ul style="list-style-type: none"> • 12-month waiting period • One-time \$50 per person deductible • 50% coinsurance • Maximum lifetime benefit \$1,000 | <p>Available only to eligible dependent children under age 19 who are insured for orthodontia.</p> |

Vision Care Option

| Benefit | Silver Plan | | Gold Plan | | Gold Materials Only | |
|--|---|--|---|--|---|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Examination Once every 12 months | Covered 100% After \$10 Copay | Reimbursed Up to \$35 | Covered 100% | Reimbursed Up to \$35 | N/A | N/A |
| Lenses Standard glass or plastic 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 | Covered 100% | Single Vision Up to \$30 Bi-focal up to \$40 Tri-focal up to \$50 Lenticular up to \$60 | Covered 100% | Single Vision Up to \$30 Bi-focal up to \$40 Tri-focal up to \$50 Lenticular up to \$60 |
| Lens Options | | | | | | |
| Solid Tint | N/A | N/A | Covered 100% | Up to \$10 | Covered 100% | Up to \$10 |
| Fashion Gradient Tint | N/A | N/A | Covered 100% | Up to \$12 | Covered 100% | Up to \$12 |
| Scratch Resistant Coating (Standard) | N/A | N/A | Covered 100% | Up to \$10 | Covered 100% | Up to \$10 |
| Progressive (Standard) | N/A | N/A | Covered 100% | Up to \$50 | Covered 100% | Up to \$50 |
| Polycarbonate SV – under age 19 | Covered 100% | Up to \$25 | Covered 100% | Up to \$25 | Covered 100% | Up to \$25 |
| Polycarbonate BI – under age 19 | Covered 100% | Up to \$30 | Covered 100% | Up to \$30 | Covered 100% | Up to \$30 |
| Polycarbonate TRI – under age 19 | Covered 100% | Up to \$30 | Covered 100% | Up to \$30 | Covered 100% | Up to \$30 |
| Frame Once every 12 months | Covered up to \$125 Retail Allowance – then 20% discount above \$125 | Up to \$70 | Covered up to \$175 Retail Allowance – then 20% discount above \$175 | Up to \$100 | Covered up to \$175 Retail Allowance – then 20% discount above \$175 | Up to \$100 |
| Contact Lenses | | | | | | |
| Once every 12 months | In Lieu of Lenses/ Frames | In Lieu of Lenses/ Frames | In Lieu of Lenses/ Frames | In Lieu of Lenses/ Frames | In Lieu of Lenses/ Frames | In Lieu of Lenses/ Frames |
| Elective | Covered up to \$125 Retail Allowance | Up to \$105 | Covered up to \$175 Retail Allowance | Up to \$125 | Covered up to \$175 Retail Allowance | Up to \$125 |
| Medically Necessary | Covered 100% | \$200 | Covered 100% | \$200 | Covered 100% | \$200 |
| Evaluation & Fitting | Covered 100% after \$20 Daily Wear/\$30 Extended Wear copay | Daily Wear: \$20/ Extended Wear: \$30 | Covered 100% | Daily Wear: \$20/ Extended Wear: \$30 | Covered 100% | Daily Wear: \$20/ Extended Wear: \$30 |

General Information

Eligibility

All permanent full-time employees, including owners, partners and officers working at least 30 hours weekly (less than 30 hours weekly when required by law or to coordinate with a health plan) on a regular basis at their regular place of employment and having Federal and Social Security taxes withheld are eligible.

Eligible dependents are typically the spouse or domestic partner of an employee and unmarried children from birth through 25 years of age (definitions may vary by state and dependent on the parent for more than half of their support). Children include natural, adopted or stepchildren supported by the employee. Dependents in military service are not eligible.

Coverage begins on either the case effective date or the first day of the month coinciding with or following the completion of the waiting period of employment as selected by the employer. An eligible employee who enrolls (and is not a late entrant) and whose application is approved by the Administrator shall become insured on the first day of the calendar month coinciding with or next following the completion of their waiting period, provided he/she is actively at work full-time on that date.

The company reserves the right to decline coverage for any group deemed detrimental to the plan.

Dental Design is available in: AL, AR, AZ, CA, GA, IA, IL, IN, KS, KY, MO, NC, NE, NV, OH, OK, OR, PA, SC, SD, TN, TX, VA, WI, WV, WY.

General Information

The Vision Plan currently is available in these states: AL, AZ, AR, GA, IL, IN, KY, MO, OH, OK, PA, TN, TX, VA and WI, and is pending availability in all other dental states.

Late Entrants

A late entrant is any person (employee or dependent) who enrolls more than 31 days after completing their waiting period or becomes insured again after his insurance ended due to nonpayment of premium. A late entrant is not eligible to apply until the next open enrollment period.

Participation Requirements

Employers must meet and maintain the following participation requirements. Employers falling below these participation requirements have three months to reattain the requirements or they will be terminated by the Administrator by giving the employer at least 30 days written notice.

75% of eligible employees are required to participate. 50% dependent participation is required. Employee and dependent waivers are accepted for those with group dental coverage through a spouse's employer. Waivers are not counted against participation. We will accept an unlimited number of valid waivers. A minimum of two insured employees must be maintained.

Vision participation is satisfied by maintaining dental participation.

Employer Contribution

The employer must contribute at least 25% of employee premiums. Contribution to dependent cost is recommended but not required.

Replacement of Existing Coverage

The following takeover provisions are applicable only to employers who have a group dental plan in force at the time of application and indicate so on the master application. Takeover benefits are available only to those individuals insured under the employer's replaced dental plan in effect at the time of the employer's application for the Allied™ Dental Design Plan. New hires or future additions will not get credit for prior coverage under an employer's plan.

The waiting period(s) for each type of service will be credited for the time satisfied for that type of service under the previous plan. If orthodontia is applied for under this plan and the employer's current plan does not cover orthodontia, no takeover credit will be given for the orthodontia waiting period.

Employees enrolled under the prior dental carrier's plan will receive deductible credit toward the new plan's deductible during the first calendar year for amounts paid in the same year to satisfy the prior plan's deductible. Benefits paid by the prior carrier during the first calendar year the new plan is in force, will be deducted from the maximum during this first year.

The covered employer's application must be accompanied by a current month's billing from the current carrier, a copy of an in force certificate as well as proof of the effective date for each employee (and dependent) if insured under the employer's previous plan. Proof is considered to be a copy of the current carrier's billing and then one statement or renewal notice from the same carrier 12 months prior to the effective date.

No Ineligible Industries

All employers may apply for Dental Design coverage. Select industries are discounted or loaded.

100 percent Family Groups require a 20% load in addition to any industry load.

Pretreatment Review

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 Limitations and Exclusions

Fees charged by a provider for services other than a covered benefit must be paid in full by the insured person to the provider. Such fees or materials are not covered under the policy.

Benefit allowances provide no remaining balance for future use with the same benefit frequency.

No benefits will be paid for services or materials connected with or charges arising from:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Any vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear
- Services provided as a result of any Worker's Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
- Plano (non-prescription) lenses and/or contact lenses
- Non-prescription sunglasses
- Two pair of glasses in lieu of bifocals/trifocals
- Services or materials provided by any other group benefit plan providing vision care
- Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available.

Some benefits, provisions, exclusions or limitations listed herein may vary depending on your state of residence.

Dental Exclusions and Limitations

Notwithstanding any provision in the Policy to the contrary, the Policy does not provide any benefits for the following charges, services or supplies:

1. that, in the absence of insurance, the Insured would not be required to pay;
2. related to self-inflicted injuries (while sane in Colorado or Missouri);
3. related to war or an act of war, whether or not declared;
4. related to the Insured's commission of a felony or an assault on another person;
5. related to a riot, nuclear accident or a major disaster;
6. caused by, related to, or as a condition of employment, including self-employment. This exclusion applies even if Workers' Compensation or any Occupational Disease or similar law does not cover the charges;
7. that are more than Reasonable and Customary Charges;
8. that are incurred, or for which treatment began, before the Insured's effective date of coverage or after the Insured's termination of coverage;
9. related to congenital or development malformations existing when the Insured's coverage became effective under the Policy;
10. that are not Medically Necessary, appropriate or are primarily for cosmetic reasons;
11. that are Experimental/Investigational;
12. related to surgical implants or transplants of any type (including prosthetic devices attached to them);
13. related to temporomandibular joint syndrome;
14. related to periodontal splinting;
15. related to facings on crowns, or pontics posterior to the second bicuspid;
16. for replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any five-year period;
17. related to relining of dentures more often than once in any two-year period;
18. related to lost, stolen, missing or duplicate dentures, bridges or space maintainers;
19. related to fixed or removable bridgework involving replacement of a natural tooth or teeth that were lost prior to the Insured's effective date of coverage under the Policy. Benefits may be payable for bridgework required for loss of teeth while insured under the Policy, if such bridgework is not an abutment for non-covered bridgework;
20. related to prescription drugs and analgesia pre-medication;
21. related to charges for telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending physician statements and any other services or supplies that are not part of the direct treatment of the Insured;
22. that are not made by a Dentist;
23. related to dental education or training programs (this includes oral hygiene or plaque control programs);
24. related to counseling on diet and nutrition;
25. received from a provider who: a) is the Insured's spouse, child, brother, sister, parent or in-law; b) resides with the Insured; or c) is acting outside the scope of his or her license;
26. caused by or related to an Insured's military service, including service in a military reserve unit;
27. for services and supplies not included in a Covered Procedure;
28. related to orthodontia, unless this coverage is elected on the Application and the required premium is paid;
29. related to prosthodontics, unless this coverage is elected on the Application and the required premium is paid;
30. that are payable under any medical insurance;
31. made by any government entity unless the Insured is required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made;
32. related to the use of materials, other than fluorides or sealants, to prevent tooth decay;
33. for bite registrations;
34. bacteriologic cultures in connection with a covered dental service; or
35. therapeutic injections administered by a Dentist.
36. related to treatment, services or supplies which are not rendered in accordance with generally accepted standards of dental practice;
37. related to removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments;
38. related to overdentures and related services, including root canal therapy on teeth that support an overdenture;
39. related to cosmetic dentistry, including but not limited to veneers and teeth whitening or bleaching;
40. related to cast restorations, inlays, onlays and crowns for teeth that are not broken down by extensive decay or accidental injury or for teeth that can be restored by other means (such as an amalgam or composite filling);
41. related to crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology;
42. replacement of third molars; or
43. related to treatment, services or supplies performed outside of the United States.

Termination of Insurance

Termination Of Insurance. An Insured will cease to be insured under the Policy at 12:01 A.M. on the earliest of the following events:

1. the date the Policy terminates;
2. the date the Insured is no longer eligible for insurance under the Policy;
3. the last day for which premium has been paid;
4. the day Your employment terminates;
5. the day You are no longer Actively at Work due to a labor dispute, including, but not limited to, any strike, work slowdown or lockout; or
6. the day the Insured enters the Armed Forces of any country or international authority on a full-time basis.

Insurance for a Dependent will terminate at 12:01 A.M. on the earliest of the following events:

1. the date the Policy terminates;
2. the day You request that insurance for a Dependent be terminated;
3. the last day for which premium for a Dependent's insurance has been paid;
4. the day Your coverage terminates;
5. the day the Dependent is no longer a Dependent, as defined in the Definitions section; or
6. the day insurance coverage for Dependents is no longer offered under the Policy.

Termination Of Contract

Termination of the Policy for any reason will not affect any claim which occurs prior to the date of termination.

New Case Information

What size case may be written?

Groups of two or more may be quoted and written in the field using free proposal software for quick illustrations on a personal computer. Or, agents can send Allied a group census for a fast proposal returned to you by email.

When is a new case effective?

A new case may be effective any day of the month if all papers are signed and dated on or before the requested effective date and Allied receives them in complete and acceptable form within five working days of that date (including the effective date). When other than the first of the month the effective date is granted, second month

premiums will be prorated so that the billing due dates and renewal always fall on the first day of the month.

How are cases issued?

Cases submitted to Allied are reviewed by expert underwriters, and if received in a complete and acceptable form, are granted quick approval. In about five working days, Allied will send you an administrative kit to deliver to and review with the employer. The kit includes copies of an acceptance letter for both the agent and employer, certificates of insurance, identification cards and an employer kit containing administrative instructions and service forms.

Case Submission

1. Confirm that the group meets participation and individual eligibility requirements.
2. Have the employer complete, sign and date the employer's application for their state. The agent should complete the producer information on the reverse of the employer's application. For groups of 2-9 employees, the employer must also provide a complete copy of the company's most recent state unemployment tax report.
3. Have each employee complete, sign and date an employee enrollment form. An employee or dependent covered by a spouse's group dental plan may complete a waiver form and will not be included in participation requirements. Blank enrollment forms may be photocopied for use.
4. All papers must be signed and dated on or before the requested effective date and be received by Allied within five working days beginning with the requested effective date in order to receive that effective date.
5. To receive commissions, you must be appointed with the insurance carrier. If you are not appointed, contact Allied at 888-767-7133 for any advance appointment requirements and appointment forms. If you are currently appointed, please provide a copy of your state license and confirmation of appointment.
6. The following is required for all submitted cases:
 - Employer's membership enrollment form
 - Copy of proposal
 - Individual employee enrollment forms
 - Waiver of coverage forms if applicable
 - Employer's preprinted COMPANY check for one month's estimated premium made payable to Allied National (personal checks are not acceptable)
 - Copy of company's most recent state unemployment tax report (for groups of 2-9)
 - Copy of agent's license or appointment papers
 - If group is replacing existing dental coverage, also include current month's billing from the current carrier, copy of an inforce certificate and adequate proof of effective dates for all employees (adequate proof is a copy of current carrier's billing or renewal notice 12 months prior to the effective date).

Please submit new cases to:

New Case Underwriting

Allied National

P.O. Box 29187

Shawnee Mission, KS 66201-9187

or by email to underwriting@alliednational.com

Please contact Allied's Sales Support Team at

888-767-7133

with marketing, new business or
new submission questions.

General Mailing Address:

Allied National
P.O. Box 29189
Shawnee Mission, KS 66201-9189

For deliveries requiring a street address:

4551 W. 107th Street, Suite 100
Overland Park, KS 66207-4037

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Dental and Vision Policies
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**Fidelity Security
Life Insurance Company**

Kansas City, MO

Dental - DT - 238, Form #M-9179, M-9037

Vision - VC-137, Form #M-9142, M-9167

Sales materials, applications and other forms are available to download from our website,
www.alliednational.com • Email: sales@alliednational.com



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