

Dental Design

Small Business AdvantageSM
powered by **ALLIED**
NATIONAL

The Dental Choices Plan for Small Groups



American General
Life Companies

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

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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.

Dental Design

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.

Allied Dental Design is a strong dental plan that has been continually offered to the small group market since 1980. The plan is administered with Allied National's superior customer and agent service.

Join with thousands of other small employers who offer this popular, yet economical, employee benefit!

Plan Features

- Choose any dentist. There are no provider restrictions.
- Insureds can choose any dentist for services without a penalty. However, a "Passive PPO" network using a national dental network is automatically included*. Voluntary use of its dentists at 140,000-plus locations may help reduce coinsurance costs and eliminate balance billing by the dentist.
- 100 percent preventive care benefits with no deductible.
- Orthodontia benefit option for groups of two or more.
- Takeover benefits available for groups of two or more.
- No ineligible industries.
- Family-only groups eligible.
- Choice of deductible and benefit maximums.
- Enhanced benefit option available to all size groups. The enhanced option eliminates the Basic Services waiting period and moves Endodontics to Basic Services.

*Passive PPO network not available in all states.



Allied™ Dental Design Plan

	Plan Design	What's Covered
Preventative & Diagnostic Services	<ul style="list-style-type: none"> • Pays 100% • No deductible or copay 	<ul style="list-style-type: none"> • Prophylaxis: limited to one treatment in any six-consecutive month period. Includes scaling and polishing. • Fluoride Treatment: limited to insureds under age 16 and limited to one treatment in any 12-consecutive month period. • Space Maintainers: limited to insured persons under age 16 and to initial appliance only. • Diagnostic Services: <ul style="list-style-type: none"> • <i>Routine exams</i>: Limited to one exam in any six-consecutive month period; • <i>X-rays</i>: Full mouth series – limited to once in any 60-consecutive month period; • <i>Bitewing films</i>: Limited to four films in any 12-consecutive month period; • <i>Panoramic film, maxilla and mandible</i>: Limited to once in any 60-consecutive month period.
Basic Services	<ul style="list-style-type: none"> • Pays 80% after combined basic/major deductible • Choice of: <ul style="list-style-type: none"> • \$50 calendar year • \$75 calendar year • \$100 lifetime • 6-month waiting period for benefits 	<ul style="list-style-type: none"> • Exams: other than periodic routine exams; Emergency palliative treatment; X-rays - other than diagnostic listed in preventive. • Restorative Services: Fillings (other than gold), pins, recementation of: inlays, onlays, crowns or bridges. • Oral Surgery: Extractions and other surgical procedures.
Major Services	<ul style="list-style-type: none"> • Pays 50% after combined basic/major deductible • 12-month waiting period <hr/> <p>Option available to remove major services for a discounted price</p>	<ul style="list-style-type: none"> • Restorative Services: Inlays, onlays, crowns and posts. • Prosthodontic Services: Bridges, denture work. • Endodontic Services. • Periodontic Services.
Calendar Year Maximum	<ul style="list-style-type: none"> • Per person per calendar year—choice of: <ul style="list-style-type: none"> • \$750 • \$1,000 • \$1,500 • \$2,000 	Applies to all services except orthodontics.
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 	Available only to eligible dependent children under age 19 who are insured for orthodontia.

Plan Options and Rates



Enhanced Benefit Option

- No waiting period for basic services and Endodontics moves from Major to Basic Services.

Custom Plan Options

The following plan options are available for groups requesting custom quotes. Please call Allied Sales for quotes with any of these variations.

Copay Option for Preventive Services

- \$10 copay

Sealants for Children - optional preventive benefit.

Usual & Customary Options

- 80th Percentile (standard)
- 90th Percentile

Rates

Allied Dental Design rates, precalculated rate sheets and request for proposal forms can be found on our Web site at www.alliednational.com.

Plan not available in Washington.

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. 1099 employees are eligible as long as they work full-time and exclusively for the employer (eligibility must be approved by Allied).

Eligible dependents are typically the spouse of an employee and unmarried children from three to 19 years of age (definitions may vary by state). Children include natural, adopted or stepchildren supported by the employee. Dependent children 19 and over are eligible until age 25 if unmarried and attending an accredited college or university for a minimum of 12 hours and dependent on the parent for more than half of their support. Children 19 and over who are insured under this plan will remain eligible if they are incapable of earning a living due to mental or physical handicap. 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.

We reserve the right to decline coverage for any group deemed detrimental to the plan.

General Information

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. Once a late entrant becomes insured, benefits for the late entrant are subject to late entrant waiting periods: Fillings: six months, other Basic: 12 months, Major: 24 months, Orthodontia: 24 months, if applicable.

Participation Requirements

Member firms must agree to meet and maintain the following participation requirements. Firms falling below any of these participation requirements have three months to regain the requirements or they will be terminated by the Administrator by giving the employer at least 30 days written notice.

Groups unable to meet the following participation requirements may be eligible for coverage with reduced participation requirements for a premium surcharge. Please contact Allied at (888) 767-7133 for details and rates.

Employee Participation

- Groups of two to four eligible employees: 100 percent participation required.
- Groups of five or more eligible employees: 75 percent participation 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 at all times.

Dependent Participation

- Groups having one to four employees with eligible dependents: After valid waivers, all but one must enroll.
- Groups having five or more employees with eligible dependents: 50 percent dependent participation required.

Employer Contribution

The employer must contribute at least 25 percent 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: (1) have a group dental plan in force at the time of application; (2) elect the Optional Takeover Benefit at the time of application and; (3) pay the additional premium for this Takeover Option. 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. This takeover deductible credit does not apply to lifetime deductible plans. 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 firms are eligible for Allied Dental Design and may apply for coverage. However, these industries are loaded 20 percent.

Industry Description	SIC Code
Dental Equipment and Supplies	3843
Drinking Places (Alcoholic Beverages)	5813
Bands, Orchestras, Actors and Other Entertainers ...	7929
Offices and Clinics of Dentists	8021
Legal Services	8111
Elementary and Secondary Schools	8211
Schools and Educational Services, NOC	8299
Real Estate Agents and Managers	6531
Pro- and Semi-Pro Sports Clubs	7941
Religious Organizations	8661

100 percent Family Groups require a 20 percent load in addition to any industry load. Due to rounding, please use Allied Proposal Software to accurately quote these specific groups.

Pretreatment Review

If a dental examination reveals that treatment is expected to exceed \$300, 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.



Exclusions and Limitations

Charges for the following services or devices will not be covered.

1. Services not specifically listed in the Schedule of Covered Dental Services
2. Oral hygiene, plaque control, diet instruction
3. Topical sealants (except when sealants for dependent children option is purchased)
4. Precision attachments
5. Treatment that does not meet accepted standards of dental practice
6. Treatment that is experimental in nature
7. Orthodontic treatment (except for children when specifically purchased)
8. Orthodontic class 1 malocclusions
9. Appliance or prosthetic device used to change vertical dimension
10. Appliance or prosthetic device used to restore or maintain occlusion, except to the extent that orthodontic benefits are covered
11. Appliance or prosthetic device used to splint or stabilize teeth for periodontic reasons
12. Appliance or prosthetic device used to replace tooth structure lost as a result of abrasion or attrition
13. Appliance or prosthetic device used to treat disturbances of the temporomandibular joint (TMJ)
14. Cosmetic services, including but not limited to:
 - Bleaching
 - Making facings on prosthetic devices for any tooth posterior to the second bicuspid
 - Characterizing and personalizing prosthetic devices
15. Replacement of an appliance or prosthetic device unless:
 - The appliance or device is at least 10 years old and cannot be made usable
 - The appliance or device is damaged while in the insured person's mouth in an injury that occurs while insured, and it cannot be repaired
16. Replacement crowns within five years of initial placement
17. Replacement of a lost, stolen or missing appliance or prosthetic device
18. Making a spare appliance or device
19. Services or devices for which no charge is made, including but not limited to services provided by:
 - The covered person's employer, labor union or similar group, in its dental or medical department or clinic
 - A facility owned or run by any government body
 - Any public program except Medicaid, paid for or sponsored by any government body
20. For surgery, periodontic and endodontic treatment, separate payment will not be made for X-rays, local anesthetics, treatment plan or follow-up care. These are all included in payment for the procedure.
21. Charges for IV sedation and other analgesics, excepting general anesthesia
22. Diagnostic casts, models and study models
23. Implants and all related services
24. Radical resection of mandible with bone graft
25. Interim crowns and dentures
26. If two or more procedures are adequate and appropriate treatment for a certain condition, the least costly will be used to determine benefits
27. If a tooth is lost or extracted prior to coverage under this policy, a prosthetic device to replace such tooth will not be covered, unless the device also replaces at least one other tooth lost or extracted while the insured is covered under this policy

28. Charges must be incurred while insured to be eligible. The incurred date of the charges is the date on which the service is performed, except for:
 - Crowns, bridges and cast restorations, which is the date the tooth is prepared
 - Other prosthetic devices, which is the date the master impression is taken
 - Root canal therapy, which is the date the pulp chamber is opened

General Exclusions

1. Treatment given after insurance ends, regardless of when the injury or sickness occurred
2. Procedures and services that are not essential for the necessary care and treatment of the dental condition
3. Treatment that would be given free of charge if the person were not insured
4. Any expense that results from a war or act of war
5. Any expense incurred while the insured person is on active duty or training in the armed forces, National Guards or reserves of any state or country, and for which any governmental body or its agencies are liable
6. Any expense resulting from an intentionally self-inflicted injury
7. Treatment given by a person's immediate family member
8. Treatment given by a person's employer or an employee of such employer
9. Any expense for services or supplies which are provided or paid for by the federal government or its agencies for:
 - The Veterans Administration, when services are provided to a veteran for a disability which is not service-connected
 - A military hospital or facility, when services are provided to a retiree (or dependent of a retiree) from the armed services
 - A group plan established by government for its own civilian employees and their dependents, or Medicaid, if required by Medicaid assignment of benefits
10. Treatment that is due to an on-the-job related injury; or a condition for which benefits are payable under Worker's Compensation or similar laws.

Termination of Insurance

Subject to the extension of benefits provision, insurance under the Policy for you or your dependents will end on the earliest of:

- the date the Policy ends;
- the date the Employer Membership Application is changed to end the insurance for the class of eligible individuals to which you belong;
- the date the Employer Membership Application is changed to end insurance for dependents of the class of eligible individuals to which you belong;
- the last day of the policy month in which you cease to be a member of the class for whom that insurance is provided;
- the date that ends the period for which you last made any required payment towards insurance for you or your dependents;
- the last day of the policy month in which you cease to be actively at work as a full-time employee of a covered employer;
- for a dependent, the date your insurance ends as an employee;
- the last day of the policy month in which your dependents cease to be eligible; or
- the date your employer ceases to be a Covered Employer.

NOTE: If you terminate your or your dependent's coverage, you may re-enroll after being out of the plan for at least 12 months. You will be treated as late applicants upon re-enrollment.

New Case Information

What size case may be written?

Groups of two or more may be quoted and written in the field using the rates and area factors in this brochure. Allied also provides free proposal software for quick illustrations using a personal computer. Or, agents can send Allied a group census for a fast proposal returned to you by fax or e-mail.

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 dating 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 immediate 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 membership enrollment form. 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. The insurance carrier will pay the initial appointment fee as well as renewal fees. 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
 - If group is replacing existing dental coverage, also include current month's billing from the current carrier, copy of an invoice 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).
- This information must be provided by the employer for takeover benefit credit and can be obtained from their prior carrier.

Please submit new cases to:
New Case Underwriting
Allied National
P.O. Box 29187
Shawnee Mission, KS 66201-9187

Are you interested in changing or adding life or disability to your plan offering?

Allied has many unique quality small group insurance alternatives including dental, life and disability. Ask your agent today to find out more!

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:

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Shawnee Mission, KS 66207-4037

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Sales materials, applications and other forms are available to download from our Web site,

www.alliednational.com

E-mail: sales@alliednational.com

American General Life Companies

Policies issued by:

American General Life Insurance Company of Delaware

Wilmington, Delaware
Policy Form Number G-DEN-42000

American International Life Assurance Company of New York

New York, New York
Policy Form Number G-DEN-32000

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American General Life Companies insurers offer a broad spectrum of life insurance, fixed annuities, accident and health products, and worksite benefits to serve the financial and estate planning needs of customers throughout the United States.

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by American General Life Insurance Company of Delaware and American International Life Assurance Company of New York are each insurer's own responsibility. American International Life Assurance Company of New York is authorized to do an insurance business in New York. Policies are not available in all states.