

ALLIED™ Dental Design

Dental Coverage for Groups of 2-99

The Dental Choices Plan for Small Groups



New for 2007

Administered by:



Product underwritten by:

The United States Life
Insurance Company
in the City of New York

New York, NY

A member company of American International Group, Inc.

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

The Dental Choices Plan for Small Groups



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

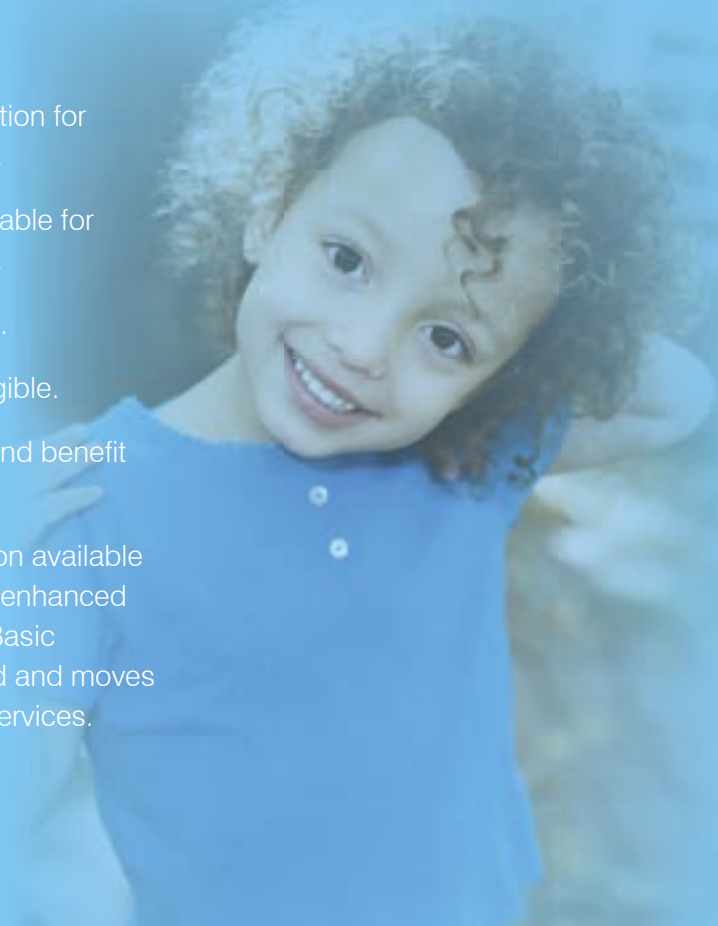
customer and agent service, and underwritten by The United States Life Insurance Company in the City of New York (United States Life), a member company of American International Group, Inc.

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 the AIG National Dental NetworkSM is automatically included*. Voluntary use of its dentists at 60,000-plus locations may help reduce coinsurance costs and eliminate balance billing by the dentist.
- 100% 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 Endodontia 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 for benefits. 	<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"> • \$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



Standard Plan Options

Annual Maximum

- \$1,000 per calendar year
- \$1,500 per calendar year
- \$2,000 per calendar year

Deductible Options

- \$50 per person combined Basic/Major Services calendar year deductible
- \$75 per person combined Basic/Major Services calendar year deductible
- \$100 combined Basic/Major Services lifetime deductible.

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.

Ortho Options

Maximum Lifetime Benefit Options

- \$1,500 per person, limited to \$500 per calendar year.
- \$1,000 per person.

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 website at www.alliednational.com.

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 less than 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.

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 limited to \$100 for the first 12 months of coverage.

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 reattain 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 1-888-767-7133 for details and rates.

Employee Participation

- Groups of two to four eligible employees: 100% participation required.
- Groups of five or more eligible employees: 75% 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% dependent participation required.

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: (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%.

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% Family Groups require a 20% 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 United States Life within 20 days of the exam. The report must describe the proposed treatment and itemize expected charges. United States Life 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. Oral hygiene, plaque control, diet instruction
2. Topical sealants (except when sealants for dependent children option is purchased)
3. Precision attachments
4. Treatment which:
 - does not meet accepted standards of dental practice; or
 - is experimental in nature.
5. Orthodontic treatment (except for children when specifically purchased)
6. Appliances or prosthetic devices used to:
 - change vertical dimension;
 - restore or maintain occlusion, except to the extent that this benefit section covers orthodontic benefits;
 - splint or stabilize teeth for periodontic reasons;
 - replace tooth structure lost as a result of abrasion or attrition; or
 - treat disturbances of the temporomandibular joint.
7. Cosmetic services including but not limited to:
 - characterizing and personalizing prosthetic devices,
 - making facings on prosthetic devices for any tooth in back of second bicuspid.

8. Replacement of an appliance or prosthetic device unless:
 - the appliance device is at least 10 years old and cannot be made usable; or
 - the appliance or device is damaged, while in the insured person's mouth in an injury which occurs while insured, and it cannot be repaired.
9. Replacement of a lost, stolen or missing appliance or prosthetic device.
10. Making a spare appliance or device.
11. Services or devices for which no charge is made.

General Exclusions

No dental benefits will be paid by the group policy for charges incurred for treatment which:

1. is given after a person's insurance ends, regardless of when the injury or sickness occurred. However, dental benefits may be provided in the Benefits After Insurance Ends provision of a given benefit section.
2. is not essential for the necessary care or treatment of the injury or sickness involved. NECESSARY CARE OR TREATMENT means care, treatment, services or supplies which are:
 - recommended, approved or certified by a dentist as necessary and reasonable, and
 - commonly viewed by the American Dental Association as being proper treatment.

"Necessary care or treatment" does not mean care, treatment, services or supplies which are:

 - to train a person for a job or to educate him, or
 - experimental in nature.
3. would be given free of charge if the person was not insured. However, dental benefits will be paid for covered charges incurred by a state for medical assistance to an insured person under Title XIX of the Social Security Act of 1965.
4. results from a war or an act of war.
5. results from intentionally self-inflicted injury.
6. is given by a person's spouse or his or his spouse's father, mother, son, daughter, brother or sister.
7. is given by a person's employer or an employee of such employer.

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 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 United States Life. If not currently appointed by United States Life, contact Allied at 1-888-767-7133, for any advance appointment requirements and appointment forms. United States Life will pay the initial appointment fee as well as renewal fees. If you are currently appointed with United States Life, please provide a copy of your state license and confirmation of United States Life 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 Companies®
P.O. Box 419254
Kansas City, MO 64141-6254

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
1-888-767-7133
with marketing, new business
or new submission questions.

General Mailing Address:
Allied National, Inc.
P.O. Box 419257
Kansas City, MO 64141-6257

For deliveries requiring a street address:
Allied National, Inc.
911 Broadway
Kansas City, MO 64105

Local phone: 816-474-1200
Fax: 816-221-4638

Allied National and
The United States Life
Insurance Company in
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Allied™ Dental Design
is administered by:

Allied National, Inc
P.O. Box 419257
Kansas City, MO 64141-6257
800-825-7531
or locally: 816-474-1200
Fax: 816-221-4638



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

www.alliednational.com



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The underwriting risks, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations. This is a brief description of coverage provided under policy form series number G-19000 and is subject to the terms, limitations and exclusions of the policy. Actual offerings may vary by group size and by state. Please see policy and certificate for details.