

**Group
Administrative
Guide**

*Horizons*TM
Dental Design
Dental Coverage for Groups of 2-99



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



Value with every product. Benefits for every need.

ALLIED AND THE UNITED STATES LIFE INSURANCE COMPANY

Allied National Companies® and The United States Life Insurance Company in the City of New York, member of American International Group, Inc., have teamed up to bring you Horizons™ Dental Design benefits. While Allied administers your dental coverage, The United States Life Insurance Company is the plan's insurance company and processes all claims. Allied can answer questions regarding premium, premium billing, coverage additions and terminations, but will not be able to answer questions about your dental claims. Therefore, please refer to United States Life at 1-800-221-3480 with questions concerning benefits, claims and claims payments. For more information about claims, turn to the claims administration section on the last page of this booklet.

ADMINISTRATIVE OFFICES

Your agent is a great resource when you have questions about Horizons Dental Design. 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 8:30 a.m. to 4:30 p.m., Central time. When you call or write, be prepared to tell us the case number on your insurance identification card.

ALLIED NATIONAL

P. O. BOX 419257

Kansas City, MO 64141-6257

NATIONWIDE: 1-800-825-7531, ext. 881

LOCALLY: 1-816-474-1200, ext. 881

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 ask you to enter the extension number of the individual or department with whom you wish to speak. Always **call the Customer Service Department at extension 881**. Allied's well-trained customer service experts can find the answers to all of your questions.

With many customer service representatives on the phone at all times, our phone lines tend to get very busy. For the fastest service call before noon. 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. 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 is billed monthly and 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 is computerized and 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 will result in a lapse of coverage as of the premium 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 \$25 service charge to your account. Checks should be made payable to Allied National and should be returned with the remittance copy of 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's premium P.O. box:

ALLIED NATIONAL

P.O. BOX 219584

KANSAS CITY, MO 64121-9584

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? Because waiting to

submit payment until well into the grace period pending payment of claims on the policy until premium payment is current.

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 by an underwriter. Please fax, e-mail or mail enrollment forms to the Allied Underwriting Department:

**Address: ALLIED NATIONAL
P.O. BOX 419254
KANSAS CITY, MO 64141-6254**

Fax: (816) 221-4638

E-mail: 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 1-800-825-7531, ext. 881.

An employee must enroll for coverage within 31 days after becoming eligible. Eligibility begins on the first of the month following completion of the one, two or three month waiting period as selected by the employer on the membership application. An employee enrolling more than 31 days after becoming eligible for any coverage is considered a late entrant, and benefits for that employee (and dependents if enrolling) will be limited to \$100 per person for the first 12 months of coverage. As you can see, it is to your new employees' advantage to complete enrollment forms and mail them to Allied as soon as possible. When you send the forms to us in advance, you won't be billed until the coverage for the new employee begins.

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. 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. If this happens, simply check the column headed DUE DATE. You will see that multiple months are listed. Be careful to check on this and not to cross out one of the months and deduct

premium unless you want the employee to be terminated from your insurance coverage.

TERMINATION OF EMPLOYEE COVERAGE

Follow these steps to terminate employee coverage:

- 1) Draw a line through the employee's name as it appears on the remittance copy of your monthly billing notice and include the date that the employee terminated his or her employment.
- 2) On the back of the remittance copy 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.
- 3) 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.
- 4) Termination may be mailed, faxed or e-mailed to the Allied mailing address, fax, or e-mail 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, request some using your blue supply card. This request may be mailed, faxed or e-mailed to the Allied mailing address, fax, or e-mail 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. An employee who enrolls for dependent's

insurance more than 31 days after becoming eligible will be considered a late entrant and benefits will be limited to \$100 per person for the first 12 months of coverage. 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 e-mailed to the Allied mailing address, fax, or e-mail 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 e-mailed to the Allied mailing address, fax, or e-mail listed under the "Changes and Additions" section in this guide.

DENTAL DESIGN'S PROVIDER NETWORK OPTION OFFERS SAVINGS POTENTIAL

United States Life is contracted with the provider network listed on each insured's ID card. There is no increase in charge for this service—no increase in copay, no increase in premium. Plan participants can see their own dentist. However, if a participant obtains services from a preferred dentist in the provider network listed on their ID Card, there is potential for substantial savings. The provider network simply gives participants an opportunity for more savings by reducing costs (and in turn, reducing coinsurance), and the lower claims costs mean lower premium costs in the future.

Insureds can contact the provider network at the phone number listed on their ID Card to see if a particular dentist is on the network's list of participating providers.

CLAIMS ADMINISTRATION

Allied's Horizons Dental Design claims are processed by The United States Life Insurance Company.

Please refer questions regarding dental claims and benefits to United States Life at:

**THE UNITED STATES LIFE INSURANCE COMPANY
IN THE CITY OF NEW YORK
P.O. BOX 1581
NEPTUNE, NJ 07754-1581
1-800-221-3480**

WHEN TO FILE A CLAIM

Claims should be filed when an employee or dependent receives dental services that are eligible for coverage. Remember that all claims forms need to be submitted to United States Life. We know you'll be happy with the top-notch claims service and state-of-the-art dental claim system at United States Life.

PRETREATMENT REVIEW

If a dental examination reveals that treatment is expected to exceed \$200, 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.



Product underwritten by:

The United States Life Insurance Company
in the City of New York
Member of American International Group, Inc.
New York, New York
www.agac.com

Policy Form No. G19000

The underwriting risk, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are solely its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations.

The United States Life Insurance Company in the City of New York is rated A+ (Superior) by A.M. Best, reflecting its superior overall financial strength and operating performance when compared with A.M. Best's standards. An A+ is A.M. Best's second-highest rating.