

**New
and
Improved!**

Horizons™ Dental Design

Dental Coverage for Groups of 2-99



Great Plan Options!

- Choose any dentist! No provider restrictions!
- 12 month rate guarantee!
- Waiting period credits for takeover groups of all sizes!
- New benefit plans and options!



AIG AMERICAN
GENERAL

Underwritten by:

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

ALLIED®
National Companies

Value with every product. Benefits for every need.

Horizons™ Dental Design

Dental Coverage for Groups of 2-99



Horizons™ Dental Design is Allied's newest small group benefit plan. Designed for groups of 2-99, Dental Design offers two different plan options that allow insureds to choose any dentist for their coverage. The Plan features optional orthodontia benefits, takeover benefits and, for groups of 10 or more, a special enhanced benefit option.

Horizons Dental Design is the fourth generation of Allied's small group dental plans, which have been in continuous operation since 1980. The Plan is backed by 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

- Two great plan designs from which to choose.
- No provider panels. Insureds choose any dentist for services.
- 100% preventive care benefits with no deductible under Plan 1.
- Optional Orthodontia for all size groups.
- New, standard takeover benefit available for all size groups.
- No benefit schedules. All covered expenses are paid on a reasonable and customary basis.

Allied and The United States Life Insurance Company

Horizons™ Dental Design is administered by:
Allied National Companies®
P.O. Box 419257
Kansas City, MO 64141-6257
1-800-825-7531 or locally: 1-816-474-1200
Customer Service: ext. 881
Sales Support: ext. 885

Plan underwritten by:
The United States Life Insurance Company
in the City of New York
P.O. Box 1581
Neptune, NJ 07754-1581
1-800-221-3480

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.

Horizons Dental Design Offers Two Distinct Plan Options from Which to Choose

How Much Does It Pay?		What is Covered?
Plan I \$1,500 Per Person Calendar Year Maximum	Plan 2 \$1,000 Per Person Calendar Year Maximum	
Preventive & Diagnostic		
PAYS 100%. No deductible.	PAYS 100% after a \$10 per person per visit 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: Routine exams (limited to one exam in any six-consecutive month period); X-rays: Full mouth series – limited to once in any 60-consecutive month period; Bitewing films - limited to four films in any 12-consecutive month period; Panoramic film, maxilla and mandible - limited to once in any 60-consecutive month period.
Basic Services		
PAYS 80% after a \$50 per person calendar year deductible (maximum - three per family) that may be met through basic or major services expense or a combination of both. There is no waiting period for Plan I Basic Services.	PAYS 80% after a \$50 per person lifetime deductible. Benefits begin six months from effective date.	<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		
PAYS 50% after a \$50 per person calendar year deductible (maximum - three per family) that may be met through basic or major services expense or a combination of both. Benefits begin 12 months from effective date.	PAYS 50% after a \$50 per person calendar year deductible (maximum - three per family). Benefits begin 12 months from effective date.	<ul style="list-style-type: none"> Restorative Services: Inlays, onlays, crowns and posts Prosthodontic services: bridges, denture work Endodontic services Periodontic services
Optional Orthodontia for Dependent Children		
PAYS 50% after a one time \$50 deductible per person. \$1,000 maximum benefit per person while insured. Benefits begin 12 months from effective date.	PAYS 50% after a one time \$50 deductible per person. \$1,000 maximum benefit per person while insured. Benefits begin 12 months from effective date.	Available only to eligible dependent children under age 19 who are insured for orthodontia.
Enhanced Benefit Option		
Groups of 10 or more insured employees may elect the enhanced benefit option with either plan. This option eliminates the Basic Services waiting period, reduces the Major Services waiting period to six months, and moves Endodontic services to the Basic Services benefit level.		

Rate Calculator

Instructions: Find the area from the area chart below based on the employer's location. Find the Base Rate for that area from the Base Rate chart. Find the proper rate factor based on the Plan selected, effective date of coverage, group size, takeover requirement and enhanced benefit (for 10+ groups only). Multiply the Base Rate times the Dental Design Rate Factor and round to the nearest dollar to determine the Final Rates for the group. If a group is on the restricted industry list, multiply the rate factor by 1.20. Make sure to use the Ortho Rate Factor when calculating the Ortho for Children rate. Add this to the Children rate to determine total Children with Ortho rate.

Area Chart

STATE	AREA	STATE	AREA	STATE	AREA	STATE	AREA	
AK	7	ID	2	MS	2	OR	970-972 7	
AL	1	IL	600, 602 7	MT	2	Rest of State 5	PA	189-194 4
AR	1	601, 603 5	NC	280-282 2	Rest of State 1	150-152, 170-181 3	Rest of State 2	
AZ	850,852,853 4	604-608 4	Rest of State 2	ND	2	RI	3	
CA	900-918 9	IN	1	NE	1	SC	1	
937-939 8	KS	1	NH	3	NJ	078-079 9	SD	3
919-921, 926-936, 940-966 7	KY	1	070-073, 076-077, 080-084 8	085-087 7	074-075, 088-089 6	Rest of State 1	TN	1
922-925 6	LA	700-708, 712, 713 3	080-084 8	088-089 6	NM	1	TX	770-775 4
CO	800-803 5	710-711 2	085-087 7	NV	2	UT	750-769, 776, 777 3	
808-809 4	804-807, 810-816 3	MA	020-027 7	NY	109-116 9	VA	Rest of State 1	
CT	5	010-019 6	206-209 4	100-104 8	105-108, 117-119 7	VT	4	
DC	4	210-219 3	210-219 3	124-127 4	Rest of State 3	WA	980-981 9	
DE	3	ME	3	OH	430-432, 440-447 2	Rest of State 8	WI	3
FL	330-333 8	MI	480-483 5	Rest of State 1	Rest of State 1	WV	1	
334 7	320-329, 335-349 3	MN	550-554 4	OK	074-075, 088-089 6	WY	2	
320-329, 335-349 3	300-303 3	Rest of State 3	630-633 2					
GA	304-319 1	MO	Rest of State 1					
IA	1	Rest of State 1						

Dental Design Base Rates

AREA	EMPLOYEE	SPOUSE	CHILDREN	ORTHO FOR CHILDREN
1	\$15	\$15	\$20	\$17
2	\$16	\$16	\$21	\$17
3	\$18	\$18	\$23	\$17
4	\$19	\$19	\$26	\$17
5	\$20	\$20	\$27	\$17
6	\$21	\$21	\$28	\$17
7	\$23	\$23	\$30	\$17
8	\$25	\$25	\$33	\$17
9	\$27	\$27	\$36	\$17

Ortho for Children Rate Factors

Group Size	Effective 1/1/03 – 6/30/03		Effective 7/1/03 – 12/31/03	
	No Takeover	Takeover	No Takeover	Takeover
2 to 4	1.20	1.38	1.25	1.44
5 to 9	1.00	1.15	1.04	1.20
10+	0.90	1.04	0.94	1.08

Dental Design Rate Factors

Group Size	PLAN 1				PLAN 2			
	Effective 1/1/03 – 6/30/03		Effective 7/1/03 – 12/31/03		Effective 1/1/03 – 6/30/03		Effective 7/1/03 – 12/31/03	
	No Takeover	Takeover	No Takeover	Takeover	No Takeover	Takeover	No Takeover	Takeover
2 to 4	1.55	1.67	1.61	1.74	1.20	1.38	1.25	1.44
5 to 9	1.29	1.39	1.34	1.45	1.00	1.15	1.04	1.20
10+	1.16	1.25	1.21	1.30	0.90	1.04	0.94	1.08
10+ with enhanced benefit	1.30	1.40	1.35	1.46	1.07	1.23	1.11	1.28

Final Rate Calculation

	AREA ____ BASE RATE	MULTIPLIED BY RATE FACTOR	= FINAL RATES (round to nearest dollar)
EMPLOYEE	\$	X	= \$
SPOUSE	\$	X	= \$
CHILDREN	\$	X	= \$
ORTHO FOR CHILDREN	\$	X*	= \$

*Use Ortho for Children Rate Factor

General Information

Eligibility

Who is eligible? All permanent full-time employees, including owners, partners and officers of a Participating Member Firm working at least 30 hours weekly 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 one employer. 1099 employees must be approved by Allied prior to case submission. Eligibility begins on either the case effective date or the first day of the month coinciding with or following the completion of the eligibility period of one, two or three months of employment as selected by the employer.

Eligible Dependents are the spouse of an employee and unmarried children less than 19 years of age. Children generally includes only natural or adopted children and/or stepchildren, grandchildren, foster children or other children who live with the employee in a regular parent-child relationship and for whom the employee or spouse have permanent legal custody. 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 retardation or physical handicap. Dependents in military service are not eligible.

An eligible employee who enrolls (and is not a late entrant) and whose application is approved by the Administrators shall become insured on the first day of the calendar month coinciding with or next following the date they became eligible, provided they are actively at work full-time on that date.

Late Entrants

A late entrant is any person (employee or dependent) who becomes insured more than 31 days after becoming eligible or becomes insured again after his insurance ended due to nonpayment of premium. Once a late entrant becomes insured, the plan will pay covered Preventative services immediately; covered Basic services after six months; and covered Major services after 12 months. Benefits will be limited to \$100 for the first 12 months of coverage. These waiting periods will be waived if eligible employees or dependents who initially waived coverage because they had coverage elsewhere now enroll because that coverage has terminated. Proof of prior coverage with the enrollment form is required.

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.

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 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 continuously in force for 12 months 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 dental plan in effect at the time of the employer's application for the Horizons 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.

The covered employer's application must be accompanied by a current month's billing from the current carrier, a copy of an inforce 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 from the same carrier at least 12 months prior to the effective date.

No Ineligible Industries

All firms are eligible for Horizons Dental Design and may apply for coverage*. However, certain industries are loaded 20%. These are:

<u>Industry Description</u>	<u>SIC Code</u>
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 are not eligible for Horizons Dental Design. If there is at least one non-related employee, the group is eligible.

Please use Allied Proposal Software, rather than the charts in this brochure, to quote these specific groups.

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.

Exclusions and Limitations*

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

1. Oral hygiene, plaque control, diet instruction
2. Topical sealants
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.
12. For treatment of TMJ (temporomandibular joint disorders).
13. For services done by a member of your immediate family or the immediate family of your spouse.

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 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 classes 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;
- the last day of the policy month in which your dependents cease to be eligible;
- the date your employer ceases to be a Covered Employer; or
- the last day of the policy month in which you or your dependent enters the Armed Forces, other than for reserve duty of 30 days or less.

NOTE: If you terminate you or your dependent's coverage you will be treated as late applicants upon re-enrollment.

**Disclaimer: This brochure provides a summary of plan benefits, limitations and exclusions. Some items may vary by state. For complete benefit limitation and exclusion information, refer to the plan certificate of insurance for your state.*

How to Submit a Case

- 1) Confirm that the group meets participation and individual eligibility requirements.
- 2) Have the employer complete, sign and date the employer's 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 card and will not be included in participation requirements. Blank enrollment forms may be photocopied or duplicated 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 1-800-825-7531, ext. 885, 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 application
 - Individual employee applications
 - Waiver of coverage cards if applicable
 - Employer's preprinted COMPANY check for one month's estimate premium (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 inforce certificate and adequate proof of effective dates for all employees (adequate proof is a copy of current carrier's billing, 12 months prior to the effective date).

Please submit new cases to:

Allied National Companies®
New Case Underwriting
P.O. Box 419254
Kansas City, MO 64141-6254



Value with every product. Benefits for every need.

Please contact our Sales Support Team at
1-800-825-7531, ext. 885,
with marketing, new business or new submission
questions.

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

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

Sales materials, applications and other forms are
available to download from our website,
www.alliednational.com



Value with every product. Benefits for every need.

Allied National Company Mission

“Allied is a service-oriented company whose ultimate goal is excellence in all areas. We are committed to providing courteous, high-quality service while demonstrating loyalty and respect to our customers and each other.”

“We are uniquely Allied together.”

Mailing address:

Allied National
P.O. Box 419257
Kansas City, MO 64141-6257

For deliveries requiring a street address:

Allied National
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Visit us on the web at
www.alliednational.com

E-mail: sales@alliednational.com



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

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.