



HERITAGE CHOICE DENTAL PLAN

A Group Voluntary Dental Insurance Plan for Private Industries and Businesses

Through American Heritage Life Insurance Company, you can now offer your employees the option to purchase Group Dental Insurance for themselves, their spouses and their children, payable through convenient payroll deduction.

Features of The Heritage Choice Dental Plan

- The Covered Percent paid by the plan increases the 2nd and 3rd coverage year.
- Your employees may choose the Dentist they prefer - there is no network of Dentists.
- Help your employees enjoy good dental health with a built-in Wellness Benefit.
 - Employees may choose to cover themselves or their entire family.
 - Orthodontic Services/Braces coverage for insured children under the age of 19, after 6 months of coverage.



Allstate
FINANCIAL

AMERICAN HERITAGE LIFE
Workplace Division

Heritage Choice Dental Plan Exclusions



No benefits will be paid for any service received by an insured person, under the following conditions: A. On account of or in connection with - any procedure not shown in the Schedule of Dental Procedures; or injury arising out of or in the course of doing any job or work for wage or profit, or sickness covered by any Workers' Compensation Law or Act; or war, or any act of war, whether declared or not, that occurs while the person is insured; or injury sustained while participating in a riot or in the act of committing an assault or felony. B. Dental services or supplies: performed by a relative of the insured person; or not prescribed by a dentist or performed by a dentist or a licensed dental hygienist; or for oral hygiene, dietary instructions, or programs for plaque control; or that are implants, full or partial dentures or bridgework made solely to replace teeth that were pulled prior to becoming insured (this exclusion will cease to apply after a person has been insured for 3 consecutive years); or to duplicate or replace bridgework, a denture or other dental appliance, whether due to loss, theft or otherwise, (except this does not apply if the replacement of one of these is due to the fact that: a. the current one can not be restored or made serviceable and has been in place for at least 3 years; b. the current one is damaged by injury to the face; or c. an additional tooth is pulled, the absence for which an adjustment is required); or for straightening the teeth, to correct a malocclusion or for other orthodontic services, unless the insured person is an insured child under the age of 19 years.

Heritage Choice Dental Plan Policy Provisions

Group Policyholder - As the employer, you are the Group Policyholder. Your employees and any employees of subsidiaries or affiliates can be covered under the group policy.



Eligibility – Your employees may enroll in this plan if they meet your eligibility requirements. This usually requires that your employees are actively working full-time and may require employment for a specified amount of time called a waiting period.

Dependent Insurance - Your employees' legal spouses and children (including step children or legal wards who are living with eligible employees) are eligible for insurance under their certificate. (Eligible employees must enroll for employee insurance in order to insure dependents.) Children are eligible until their 19th birthday, or 25th birthday if they are full-time students, or if handicapped, as long as they are dependent. If their spouses are also employees, they may not be insured as both an employee and as a dependent.



Participation - At least 25% of all eligible employees must enroll in the plan, with a minimum of 10.

Enrollment/Effective Date of Insurance – For insurance to become effective, an enrollment form approved by American Heritage Life Insurance Company must be signed within 31 days after the employee's eligibility date. An employee who fails to enroll within 31 days of eligibility must wait until the next annual enrollment period. If a dependent is acquired after the employee's effective date, that dependent may be enrolled within 31 days of marriage, birth, adoption, etc. There is no other provision for enrolling other than the annual enrollment period. This is a one-month period, usually just before the group policy anniversary date.

Certificate of Insurance – After enrollment, your employees will be given a certificate of insurance that will show their name, effective date, and whether or not they have dependent coverage. It will also include the complete Schedule of Dental Procedures. Coverage years for your employees and for their dependents begin on each employee's effective date. They will also receive a welcome letter that will include identification cards attached for their use when receiving dental services.

Termination – Insurance for an insured employee will terminate on the earliest of: the date employment terminates or the employee is transferred to a class not eligible for the insurance; the last day for which the premium for the employee has been paid; or the date the group policy terminates. Insurance for the employee's dependents will terminate on the earliest of: the date the employee's insurance terminates; the last day for which the dependent premium has been paid; the date coverage for dependents is terminated under the group policy; or the date the dependent ceases to be a dependent as defined in the policy.



COBRA Continuation – Since this plan is employer-sponsored, it is subject to the same federal COBRA continuation requirements that apply to medical plans. In general, this allows your employees to continue insurance under the group policy for 18 months after their employment terminates. If their dependent would lose coverage due to their death, divorce, or attainment of the limiting age for eligibility of dependents, the coverage may be continued for up to 36 months. If the group policy is terminated by you, the employer, before the end of the COBRA continuation period, they are entitled to be covered under a replacement group plan. American Heritage Life Insurance Company offers servicing for the administration of this continuation coverage through our COBRA Administration Unit at no cost to you.

Portability Privilege – If coverage is lost at the end of your employees COBRA continuation period, or if you, as the employer, terminate the group policy and do not replace it with another group dental plan, your employees are eligible for portability coverage. This means eligible employees may continue the same benefits they had under the group policy by payment of their premiums directly to American Heritage Life Insurance Company. Although no longer covered under the group policy, they will continue to receive the benefits described in the employees' certificate of insurance. Specific terms of coverage, premiums, the grace period, and termination are provided in the policy.

Private Industries and Businesses



In today's competitive workplace, private industries and businesses that can offer their employees an extensive portfolio of insurance products to choose from generally have an easier time attracting and supporting a qualified staff.

The Heritage Choice Dental Plan allows you, the employer, to choose from among five levels of benefits and corresponding premiums, helping you meet the needs of your employees. Any of the plans you choose offer you the same flexibility, even if you have employees in various locations throughout the country. Under your chosen plan, the level of benefits and corresponding premiums will not vary by location.

The plan you have chosen will pay benefits for covered dental procedures each employee receives while insured under the group policy. Some categories of services require continuous coverage during the Elimination Period before a benefit is payable. Some services are subject to a Copayment, or Deductible. The plan you have chosen will not pay more than the Maximum Benefit for all services each employee receives.

Benefits for the Heritage Choice Dental Plan	Year 1	Year 2	Year 3+
<p>Wellness Benefit The plan pays the amount shown in the Schedule of Dental Procedures, less the copayment. This benefit is payable two times during a coverage year, with at least 150 days between the two visits. Each wellness visit by your employees or their insured dependents is subject to a copayment.</p> <p>Copayment - Amount your employees pay out of pocket for each dentist office visit for wellness services.</p>	<p>No Deductible Pays the schedule amount minus the copayment \$15/visit</p>	<p>No Deductible Pays the schedule amount minus the copayment \$15/visit</p>	<p>No Deductible Pays the schedule amount minus the copayment \$15/visit</p>
<p>Deductible The deductible amount must be satisfied each year your employees are covered under the plan. The deductible applies to all services except those covered under Wellness Services. (The copayment may not be used to satisfy either your employees' or their dependents' deductible.)</p> <p>Employee (Insured Person) Employee's Family</p>	<p>\$50/year \$100/year</p>	<p>\$50/year \$100/year</p>	<p>\$50/year \$100/year</p>
<p>Insured Percent The plan pays the amount shown in the Schedule of Dental Procedures, times the percent shown. If the charge for the procedure is greater than the amount shown, your employee pays the difference between the amount shown and the cost of the procedure.</p> <p>Category 1 - Wellness Benefit Category 1 - Other Preventive Services (subject to deductible) Category 2 - General Services (subject to deductible) Category 3 - Special Services (subject to deductible) Category 4 - Orthodontic/Braces Services (subject to deductible - limited to dependent children under age 19)</p> <p>*No benefit is available for these services during the first 6 months of the first coverage year. Refer to the Elimination Period below.</p>	<p>100% 100%* 50%* 25%* 25%*</p>	<p>100% 100% 60% 35% 35%</p>	<p>100% 100% 80% 50% 50%</p>
<p>Elimination Period The period of time your employees must be insured before we pay benefits. We will not pay for services performed during this period, except for those covered under the Dental Wellness Benefit.</p> <p>Category 1 - Wellness Benefit Category 1 - Other Preventive Services Category 2 - General Services Category 3 - Special Services Category 4 - Orthodontic/Braces Services</p>	<p>None 6 Mos. 6 Mos. 6 Mos. 6 Mos.</p>	<p>None None None None None</p>	<p>None None None None None</p>
<p>Annual Plan Maximum The maximum amount the plan will pay your employees and each covered person for dental treatment in a coverage year.</p> <p>Category 1, 2 & 3 Services Category 4 Services - Orthodontia/Braces available to dependent children under age 19. (\$1,500 lifetime maximum)</p>	<p>\$500/year \$500/year \$1,500 lifetime max. orthodontia</p>	<p>\$750/year \$500/year \$1,500 lifetime max. orthodontia</p>	<p>\$1,000/year \$500/year \$1,500 lifetime max. orthodontia</p>

Benefits Payable – Benefits, other than the Wellness Benefit, are payable after the deductible is met, and are subject to the Elimination Period. The benefit payable is figured by multiplying the Covered Dental Amount shown for the procedure in the Schedule of Dental Procedures by the Insured Percent. (The complete Schedule of Dental Procedures will be included with your group master policy and each employee's certificate.)

Schedule of Dental Procedures and Premium Rates

American Heritage Life Insurance Company can accommodate a variety of premium billing modes, including Weekly, Bi-Weekly, Semi-Monthly and Monthly. Other special modes may also be accommodated at your request. Premiums should be submitted on a monthly or every 4 weeks basis, depending on the billing cycle. Premium rates will not change during the first 12 months the group policy is in force. You, as the employer, can choose one of the plans listed below that fits your employees' needs and budgets.

Sample Schedule of Dental Procedures	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Category 1 - Wellness Benefit					
0120 Oral Examination	\$25.00	\$25.00	\$25.00	\$27.50	\$30.00
1110 Routine Cleaning - Adult	\$50.00	\$50.00	\$50.00	\$55.00	\$60.00
1120 Routine Cleaning - Child	\$38.00	\$38.00	\$38.00	\$41.80	\$45.60
0274 Bitewings X-rays - four films	\$30.00	\$30.00	\$30.00	\$33.00	\$36.00
1351 Sealant - per tooth	\$35.00	\$35.00	\$35.00	\$38.50	\$42.00
0330 Panoramic X-ray - film	\$65.00	\$65.00	\$65.00	\$71.50	\$78.00
Category 1 - Other Preventive Services					
0220 Intraoral X-ray Periapical - first film	\$15.00	\$15.00	\$15.00	\$16.50	\$18.00
0230 Intraoral X-ray Periapical - each additional film	\$12.00	\$12.00	\$12.00	\$13.20	\$14.40
Category 2 - General Services					
2110 Filling - one surface	\$42.90	\$52.80	\$66.00	\$72.60	\$79.20
2330 Resin-based composite - one surface	\$54.60	\$67.20	\$84.00	\$92.40	\$100.80
7110 Single tooth extraction	\$55.25	\$68.00	\$85.00	\$93.50	\$102.00
7120 Extraction - each additional tooth	\$52.00	\$64.00	\$80.00	\$88.00	\$96.00
7240 Removal of impacted tooth - completely bony	\$180.05	\$221.60	\$277.00	\$304.70	\$332.40
Category 3 - Special Services					
2740 Crown - porcelain	\$468.00	\$576.00	\$720.00	\$792.00	\$864.00
2790 Crown - full cast high noble metal	\$429.00	\$528.00	\$660.00	\$726.00	\$792.00
5110 Complete denture - maxillary	\$650.00	\$800.00	\$1,000.00	\$1,100.00	\$1,200.00
6210 Fixed partial denture - pontic - cast high noble metal	\$447.20	\$550.40	\$688.00	\$756.80	\$825.60
6240 Fixed partial denture - pontic - porcelain fused to high noble metal	\$425.75	\$524.00	\$655.00	\$720.50	\$786.00
Category 4 - Orthodontic/Braces Services Available to dependent children only, under the age of 19					
8220 Fixed appliance therapy	\$273.00	\$336.00	\$420.00	\$462.00	\$504.00
8670 Periodic orthodontic treatment visit	\$22.75	\$28.00	\$35.00	\$38.50	\$42.00
Premiums					
Weekly Premiums					
Employee Only	\$3.85	\$4.54	\$5.79	\$6.85	\$8.03
Employee Plus 1	\$7.39	\$8.71	\$11.12	\$13.15	\$15.42
Employee Plus 2 or More	\$12.93	\$15.23	\$19.45	\$23.01	\$26.98
Bi-Weekly Premiums					
Employee Only	\$7.70	\$9.08	\$11.58	\$13.70	\$16.06
Employee Plus 1	\$14.78	\$17.42	\$22.24	\$26.30	\$30.84
Employee Plus 2 or More	\$25.86	\$30.46	\$38.90	\$46.02	\$53.96
Semi-Monthly Premiums					
Employee Only	\$8.34	\$9.82	\$12.54	\$14.84	\$17.40
Employee Plus 1	\$16.01	\$18.86	\$24.08	\$28.49	\$33.40
Employee Plus 2 or More	\$28.01	\$33.00	\$42.14	\$49.85	\$58.45
Monthly Premiums					
Employee Only	\$16.67	\$19.64	\$25.08	\$29.67	\$34.79
Employee Plus 1	\$32.01	\$37.71	\$48.15	\$56.97	\$66.80
Employee Plus 2 or More	\$56.01	\$65.99	\$84.27	\$99.69	\$116.89

This Private Industry and Business employer brochure highlights some features of the Heritage Choice Dental Plan, but is not the insurance contract. The actual group policy issued to you contains all the provisions of the contract, which may vary if required by the state in which it is issued.

This brochure is for use in AL, AR, AZ, CO, DC, DE, HI, IA, ID, IL, KS, KY, MA, ME, MI, MO, MS, MT, NE, NM, NV, OH, PA, RI, SC, TX, VA, VI, VT, WI, WV, and WY.



Allstate
FINANCIAL

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Workplace Division

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A Strong Foundation

American Heritage Life Insurance Company, founded in 1956, is licensed in 49 states, D.C., Puerto Rico and the U.S. Virgin Islands. AHL's comprehensive portfolio of quality insurance products includes Universal Life, Term Life, Annuities, Disability Income, Hospital Indemnity, Cancer, HeartCare Plus, Accident and Dental.

AHL is **Rated "A+" (Superior)** by the A.M. Best Company, an independent rating service that reviews the financial status of thousands of insurers. Ratings reflect Best's opinion of the relative financial strength and operating performance of an insurance company in comparison to the norms of the life/health insurance industry.

- **Rated "AA+" (Very Strong)** by Standard & Poor's Corporation, an independent rating service that evaluates financial stability.