



Preferred United Plans[®]
"Dental Care"



Dental Proposal Request Form

Date of Request: _____

Employers 2+ EE

Effective Date: _____

EMPLOYER DATA

Employer Name: _____

Address: _____ Total Full-Time Employees: _____

AGENT DATA

Agent Name: _____ Agency: _____

Email quote to: _____

DENTAL PLAN CHOICES (NO MORE THAN 2)

Services	D-1	D-2	D-3	D-4
Program Deductible	\$100 Lifetime	\$100 Lifetime	\$50 Contract Year	\$100 Lifetime
Per Individual	No Limit	No Limit	3 (Max \$150)	No Limit
Family Limit	No	No	Yes	No
Waived for Type I service				
Type I	100%	100%	80%	100%
Preventive Services	Oral exams, Cleanings (2 per 12 months) Bitewing X-Rays (1 per 12 months) Space Maintainers Pain Treatment, Sealants, Full Mouth X-Rays	Oral exams, Cleanings (2 per 12 months) Bitewing X-Rays (1 per 12 months) Space Maintainers Pain Treatment, Sealants	Oral exams, Cleanings (2 per 12 months) Bitewing X-Rays (1 per 12 months) Space Maintainers Pain Treatment, Sealants, Full Mouth X-Rays	Oral exams, Cleanings (2 per 12 months) Bitewing X-Rays (1 per 12 months)
Type II	80%	80%	80%	80%
Basic Services	Fillings, Anesthesia, Simple & Surgical Extractions, Endodontics, Oral Surgery, Periodontics	Full Mouth X-Rays, Fillings, Simple Extractions, Endodontics	Fillings, Anesthesia, Simple & Surgical Extractions, Endodontics, Oral Surgery, Periodontics	Space Maintainers, Fillings, Pain Treatment, Sealants, Full Mouth X-Rays
Benefit Waiting Period	None	None	None	None
Type III	50%	50%	50%	50%
Major Services	Crowns, Inlays, Onlays, Dentures, Bridges, Implants, Perio Trays	Anesthesia, Surgical Extractions, Oral Surgery, Periodontics, Crowns, Inlays, Onlays, Dentures, Bridges, Implants, Perio Trays	Crowns, Inlays, Onlays, Dentures, Bridges, Implants, Perio Trays	Anesthesia, Endodontics, Simple & Surgical Extractions, Oral Surgery, Periodontics, Crowns, Inlays, Onlays, Dentures, Bridges, Implants, Perio Trays
Benefit Waiting Period	12 months	12 months	12 months	12 months
Contract Year Maximum Increasing Maximum	\$1,000	\$1,000	\$1,000 / 0 Incr Max	\$1,000
Type IV Orthodontia Child(ren) Only	50%	50%	50%	50%
Lifetime Maximum	Child(ren) Only \$1,000	Child(ren) Only \$1,000	Child(ren) Only \$1,000	Child(ren) Only \$1,000
Deductible	None	None	None	None
Benefit Waiting Period	12 Months	12 Months	12 Months	12 Months
Takeover Benefit	Preferred	Preferred	Preferred	Preferred

Group Employee Census

Total Number Electing Single Coverage	Total Number Electing Employee/Spouse Coverage	Total Number Electing Employee/Child(ren) Coverage	Total Number Electing Employee/Family Coverage

Please send this completed form to gorskoh@secureoneinc.com or fax 616-454-4338.