



DIRECT DENTAL PLANS OF AMERICA, INC.

# REQUEST FOR PROPOSAL

## GROUP INFORMATION

Company: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Description (Required): \_\_\_\_\_

SIC Code (if known): \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employee Breakdown: EE: \_\_\_\_\_ ES: \_\_\_\_\_ EC: \_\_\_\_\_ FAM: \_\_\_\_\_ Total Number of Employees in Group \_\_\_\_\_

**Choose One:** \_\_\_\_\_ Voluntary \_\_\_\_\_ Contributory

**Choose A Status:** \_\_\_\_\_ Virgin (Company currently does not have dental insurance)  
\_\_\_\_\_ Takeover (Company has dental insurance with Major Services and is looking to replace current carrier)  
Current Carrier (Required): \_\_\_\_\_

**Annual Maximum:** \_\_\_\_\_ \$750 \_\_\_\_\_ \$1000 \_\_\_\_\_ \$1250 \_\_\_\_\_ \$1500 \_\_\_\_\_ \$2000\* (\*Available to Groups of 8 or more)

**Deductible:** \_\_\_\_\_ \$25/\$75 \_\_\_\_\_ \$50/\$150 \_\_\_\_\_ \$75/\$225 \_\_\_\_\_ \$100/\$300

**Waiting Periods:** \_\_\_\_\_ Waive Endodontics, Periodontics & Oral Surgery Waiting Periods for Virgin Groups (8 or more Enrollees)  
\_\_\_\_\_ Include Waiting Periods for Takeover Groups (All Enrollees)

**Orthodontia:** \_\_\_\_\_ No, do not include Orthodontia  
\_\_\_\_\_ Yes (Available to Groups of 8 or more)  
Lifetime Maximum (Choose One) \_\_\_\_\_ \$750 \_\_\_\_\_ \$1000 \_\_\_\_\_ \$1250 \_\_\_\_\_ \$1500

**Service Options:** \_\_\_\_\_ Class III (Endodontics/Periodontics/Oral Surgery remain part of Major Services and have a 12 month waiting period)  
\_\_\_\_\_ Class II (Endodontics/Periodontics/Oral Surgery are moved to Basic Services and waiting periods waived).

**Plan Choices:** \_\_\_\_\_ Incentive Plan: Plan allows enrollees to use the UHC Network of Providers or choose their own dentist.  
\_\_\_\_\_ Open Choice Plan: This plan has one reimbursement rate and allows all enrollees to choose their own dentist

**Service Level:** \_\_\_\_\_ Move Endodontics, Periodontics & Oral Surgery to Class II  
\_\_\_\_\_ Move Endodontics to Class II  
\_\_\_\_\_ Move Periodontics to Class II  
\_\_\_\_\_ Move Oral Surgery to Class II

**Add't Options** \_\_\_\_\_ Include Implants with Major Services  
\_\_\_\_\_ Include Periodontal Maintenance 4 times per 12 month period  
\_\_\_\_\_ Include Posterior Composites with Restorative Services  
\_\_\_\_\_ Preventative & Diagnostic Services do not apply to Deductible **OR** Annual Maximums  
\_\_\_\_\_ Out of Network Benefits paid up to the 90<sup>th</sup> percentile of UCR  
\_\_\_\_\_ Two-Year Rate Guarantee

**Plan Choices:** \_\_\_\_\_ Incentive Plan: Enrollees have a financial incentive to use an UHC Providers or choose their own dentist.  
Reimbursement Method: DPO/UCR  
\_\_\_\_\_ Open Choice Plan: This plan has one reimbursement rate and allows all enrollees to choose their own dentist.  
Reimbursement Method: DPO/UCR  
\_\_\_\_\_ Benchmark Plan: This plan is a managed indemnity plan, has one reimbursement rate and allows enrollees to choose their own dentist. Reimbursement Method: UCR  
\_\_\_\_\_ Opportunity Plan: This plan has one reimbursement rate and allows all enrollees to choose their own dentist.  
Reimbursement Method: DPO/DPO

*DPO Reimbursement is based on the negotiated provider fee schedule / UCR reimbursement is based on Usual, Customary & Reasonable (UCR) charges*

## Broker/Agent Information:

Broker/Agent Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Date Proposal is Due: \_\_\_\_\_ Phone Number for Questions: \_\_\_\_\_

Email Proposal To This Address: \_\_\_\_\_

This form is a guide and is NOT a commitment to availability of options for your group. DDP will make every effort to provide the quote as detailed above. If in the event one of the options is unavailable due to group size, status or location, you will be contacted prior to the final submission in order to discuss the revised quote criteria. For questions, contact DDP at 303-381-4920.