



DIRECT DENTAL PLANS OF AMERICA, INC.

Pioneering Consumer Driven Health Care Plans Since 1994

# REQUEST FOR PROPOSAL FORM

**Group Information:**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP(required) \_\_\_\_\_  
Company Description (Required): \_\_\_\_\_  
SIC Code: If Known \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employee Breakdown: \_\_\_\_\_ EE \_\_\_\_\_ ES \_\_\_\_\_ EC \_\_\_\_\_ FAM Total No. of Employees in Group \_\_\_\_\_

Choose One: \_\_\_\_\_ Voluntary (employees will be paying for the premium WITHOUT employer assistance)  
\_\_\_\_\_ Contributory (Employer will make a contribution to the employee premium)

Choose A Status: \_\_\_\_\_ Takeover (Company already has dental insurance and is looking to replace the carrier)  
Current Carrier (Required): \_\_\_\_\_  
Takeover Coverage is only available to groups of 6 or more, Groups of 5 or less must be quoted a Virgin Rate

TAKEOVER Waiting periods are automatically waived for employees enrolled with current carrier.  
Waive waiting periods for new enrollees? ( Y / N ) ? No is automatic if preference is not indicated.

\_\_\_\_\_ Virgin (Company does not currently have dental insurance.)  
Virgin groups of 5 or less may not be eligible for some options.

Annual Maximum: \_\_\_\_\_ \$750\* \_\_\_\_\_ \$1000 \_\_\_\_\_ \$1250\* \_\_\_\_\_ \$1500\* \_\_\_\_\_ \$2000\* (\*Available to Groups of 6 or more)

Deductible (Ind/Fam): \_\_\_\_\_ \$25/\$75\* \_\_\_\_\_ \$50/\$150 \_\_\_\_\_ \$75/\$225\* \_\_\_\_\_ \$100/\$300\* (\*Available to Groups of 6 or more)

Orthodontia: \_\_\_\_\_ Yes (Available to Groups of 10 or more - 12 month waiting ? Up to 19 yrs old)  
Lifetime Maximum (Choose One) \_\_\_\_\_ \$750 \_\_\_\_\_ \$1000 \_\_\_\_\_ \$1250 \_\_\_\_\_ \$1500 \_\_\_\_\_ \$2000  
\_\_\_\_\_ No, do not include Orthodontia as part of the indemnity insurance quote.

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.  
Only available to groups of 6 or more and must have 6 enrollees.)

Plan Choices: \_\_\_\_\_ Incentive Plan - This plan allows enrollees to use the United Healthcare Network of Providers or choose their own dentist.  
It is called "Incentive" because the reimbursement rate when using a Network Provider is higher than if an out-of-network  
Provider is selected. Therefore, enrollees have an "Incentive" to use a Network Providers over out-of-network.  
\_\_\_\_\_ Open Choice Plan - This plan has one reimbursement rate and allows all enrollees to choose their own dentist.

Indemnity Tiers: Tier 2 = EE (Employee Only) and FAM (Family)  
Tier 3 = EE (Employee Only) and E+1 (Employee +1 Dependent) and FAM (Family)  
Tier 4 = EE (Employee Only) and ES (Employee + Spouse) and EC (Employee + Children) and FAM (Family)  
--When processing quotes, the best tier selection for the group will be used, considering that Tier 4 will be a higher cost than Tier 2.

**Broker/Agent Information:**

Broker/Agent Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Date Proposal is Due: \_\_\_\_\_ Phone Number for Questions: \_\_\_\_\_  
Email Proposal To This Address: \_\_\_\_\_

Please send the following additional materials: \_\_\_\_\_ PDF Contracts for DDP Colorado/Nationwide Plans  
\_\_\_\_\_ PDF DDP Colorado/Nationwide Provider Directory  
\_\_\_\_\_ PDF United Healthcare Provider Directory (for indemnity plans)

\_\_\_\_\_ Yes \_\_\_\_\_ No I have already contracted to be a DDP Producer, If Yes, Producer # is \_\_\_\_\_  
(A DDP contract is necessary for commissions to be paid on any DDP Colorado or DDP Nationwide Plan)  
\_\_\_\_\_ Yes \_\_\_\_\_ No I have already signed a contract to sell the indemnity plan and have submitted it to MWG according to the instructions.  
(An MWG contract is necessary for commissions to be paid on any groups choosing the Open Choice/Incentive Plans.)

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 303-457-9794.