

## Ancillary Product Selection

Insurance products provided by UnitedHealthcare Insurance Company.  
Please choose ancillary products by checking the applicable box next to product desired.

### Life Insurance (Including AD&D) \*Each employee must be insured for a minimum benefit of \$15,000

**Plan A** Flat amount for each employee \$ \_\_\_\_\_ \*

**Plan B** (Choose one)  
 Flat amount, based on position of employee \*  
 Life amount based on salary to benefit maximum (attach a listing of employees indicating class and amount of coverage)

For Plan Use Only - Monthly Life Rates	
<b>Basic Life and AD&amp;D:</b>	
\$ _____	per \$1,000
<b>Dependents:</b>	
\$ _____	per employee

**Dependent Life** (choose one) (Dependent Life benefit is limited for children age 15 days or younger)  
 Option A: \$2,000 spouse/\$1,000 child     Option B: \$4,000 spouse/\$2,000 child     Option C: \$7,500 spouse/\$3,750 child

### Dental Insurance

**Plan P0014 - Passive PPO**

- **Deductible: \$50 Individual, \$150 Family \***
- 100% Preventive and Diagnostic Services
- 80% Minor Restorative Services
- 50% Major Restorative Services
- 50% Orthodontic Benefit (\$1,000 Lifetime Maximum)
- \$1,000 Annual Benefit Maximum

For Plan Use Only - Monthly Dental Rates	
\$ _____	Employee
\$ _____	Employee + Spouse
\$ _____	Employee + Child
\$ _____	Family

**Plan P0015 - Passive PPO**

- **Deductible: \$50 Individual, \$150 Family \***
- 100% Preventive and Diagnostic Services
- 80% Minor Restorative Services
- 50% Major Restorative Services
- \$1,000 Annual Benefit Maximum
- Orthodontic Benefits Excluded

<b>Do you currently provide dental coverage to your employees?</b>
<input type="checkbox"/> <b>Yes</b> (please provide a copy of the prior bill)
<input type="checkbox"/> <b>No</b>

**Plan P0058 - Passive PPO**

- **No Annual Deductible**
- 100% Preventive and Diagnostic Services
- 50% Minor Restorative Services
- 50% Major Restorative Services
- \$700 Annual Benefit Maximum
- Orthodontic Benefits Excluded

**Plan P0059 - Passive PPO**

- **Deductible: \$50 Individual, \$150 Family \***
- 90% Preventive and Diagnostic Services
- 50% Minor Restorative Services
- 30% Major Restorative Services
- \$500 Annual Benefit Maximum
- Orthodontic Benefits Excluded

**Plan P0060 - - Incentive PPO**

In Network Benefits

- **Deductible: \$50 Individual, \$150 Family \***
- 100% Preventive and Diagnostic Services
- 80% Minor Restorative Services
- 50% Major Restorative Services
- \$1,000 Annual Benefit Maximum
- Orthodontic Benefits Excluded

Out-of-Network Benefits

- **Deductible: \$50 Individual \$150 Family \***
- 80% Preventive and Diagnostic Services
- 60% Minor Restorative Services
- 50% Major Restorative Services
- \$1,000 Annual Benefit Maximum
- Orthodontic Benefits Excluded

**Plan P0061 - - Incentive PPO**

In Network Benefits

- **Deductible: \$50 Individual, \$150 Family \***
- 100% Preventive and Diagnostic Services
- 80% Minor Restorative Services
- 50% Major Restorative Services
- 50% Orthodontic Benefit (\$1,000 Lifetime Maximum)
- \$1,000 Annual Benefit Maximum

Out-of-Network Benefits

- **Deductible: \$50 Individual, \$150 Family \***
- 80% Preventive and Diagnostic Services
- 60% Minor Restorative Services
- 50% Major Restorative Services
- 50% Orthodontic Benefit (\$1,000 Lifetime Maximum)
- \$1,000 Annual Benefit Maximum

\* Deductible does not apply to Preventive and Diagnostic Services