



There is power in **simplicity.**

A Reference Manual for Group Administrators

Table of Contents

WELCOME TO SECURIAN DENTAL PLANS.....	2
WHO TO CONTACT.....	3
MEMBERSHIP ENROLLMENT AND MAINTENANCE.....	4
ONLINE ENROLLMENT	4
ELECTRONIC ENROLLMENT.....	4
PAPER ENROLLMENT	4
TIMELY NOTIFICATION AND RETROACTIVE POLICY	5
IDENTIFICATION CARDS	5
ADDITIONAL OR REPLACEMENT ID CARDS	5
CERTIFICATE BOOKLETS	5
GROUP BILLING	5
CONTINUATION OF COVERAGE (COBRA)	6
TAKING A CLOSER LOOK AT THE BILL	6
The Statement.....	6
The Subscriber List.....	6
PAYMENT METHODS	7
Automated Clearing House (ACH)	7
Remitting Payment by Check	8
Other Helpful Tips.....	8
CONTRACT ADMINISTRATION.....	8
CONTRACT RENEWALS.....	8
CANCELLATIONS AND TERMINATIONS.....	9
USING AN AGENT	9
AGENT OF RECORD	9

Welcome to Securian Dental Plans

Thank you for choosing Securian Dental Plans offering dental benefits that focus on prevention and encourage regular checkups and cleanings, allow for early detection of oral disease, provide immediate access to appropriate care and can greatly influence overall physical health and quality of life. By selecting Securian Dental Plans, you have made a choice that will ensure the greatest economic value and the best dental benefits service to you, your employees, and their families.

As the administrator for your employer's dental program, you fulfill an important role in ensuring that your company's employees understand their plan and that Securian Dental Plans accurately and efficiently serves your group. This manual includes guidelines, procedures, and information on how we can work together to deliver the best possible service to your employees. If you have additional questions, please contact your insurance broker, Securian Dental Plans Customer Service at 800-234-9009 or Securian Employer Services at 866-201-1818. We look forward to working with you.

Who to Contact

Customer Service and Claims	
<ul style="list-style-type: none"> • Coverage Questions • Claim Status • General Information 	Address: Securian Dental Plans Attn: Customer Service P.O. Box 9385 Minneapolis, MN 55440-9385
	Phone: (800) 234-9009
	Fax: (800) 977-7943
<ul style="list-style-type: none"> • Hearing Impaired 	TDD: (888) 853-7570
Enrollment Department	
<ul style="list-style-type: none"> • New Enrollments • Terminations • Changes 	Address: Securian Dental Plans Attn: Enrollment Department P.O. Box 9385 Minneapolis, MN 55440-9385
	Phone: (800) 928-6459 or (866) 201-1818, option 3
	Fax: (800) 821-5946
	E-mail: enrollsecurian@decare.com
Accounts Receivable/Billing	
<ul style="list-style-type: none"> • Billing Questions • Requests for Copies of Bills • Groups Paying by Check 	Remittance Address: Securian Dental Plans NW 5194 P.O. Box 1450 Minneapolis, MN 55485-5194
	Phone: (800) 201- 1818 Option 4
	E-mail: billing@securiandental.com
Appeals	
	Address: Securian Dental Plans P.O. Box 551 Minneapolis, MN 55440-0551
Sales & Marketing – SecurianConnect (Community Rated Business – Groups 2 to 249)	
<ul style="list-style-type: none"> • Plan Issues/Changes • Renewals 	Address: Securian Dental Plans SecurianConnect 730 South Broadway Gilbert, MN 55741
	Phone: (866) 827-3318
	Fax: (866) 440-8787
	E-mail: securianconnect@securiandental.com
Sales & Marketing (Self-Insured, Individually Rated Large Groups of 100+ Employees)	
<ul style="list-style-type: none"> • Plan Issues/Changes • Renewals 	Address: Securian Dental Plans Attn: Large Group Sales P.O. Box 47 Minneapolis, MN 55440-0047
	Julie Kloncz, Senior Account Mgr. Phone: (866) 222-6507, Option 5 E-mail: jkloncz@securiandental.com
Julie Holloway, Account Coordinator Phone: (866) 222-6507, Option 2 E-mail: jholloway@securiandental.com	
	Fax: (651) 994-5020

MEMBERSHIP ENROLLMENT AND MAINTENANCE

Accurate and timely enrollment information from the group allows us to respond to member inquiries, process claims correctly and generate accurate billing statements. Securian Dental Plans offers three methods for reporting enrollment information. The method a group uses depends on such factors as the group size, level of change activity, and required reporting frequency. These reporting methods are:

ONLINE ENROLLMENT

Online Enrollment is recommended for employee groups of 2,000 or less enrolled employees. In some cases, it is also appropriate for larger groups that have multiple locations and/or groups with minimal ongoing changes. Online Enrollment, a part of our Web site, www.securiandental.com, allows you to view and apply daily additions, changes and terminations to the Securian Dental Plans membership file. Please contact your marketing representative to obtain more information about using Online Enrollment.

ELECTRONIC ENROLLMENT

The Electronic Enrollment process is recommended for employee groups of 500 or more enrolled employees. Electronic Enrollment facilitates the transfer of enrollment information in a standard data format that increases data accuracy and decreases turnaround time. This requires HIPAA 834 file format sent via FTP. Please contact your marketing representative if you would like information on our implementation process and file format requirements.

PAPER ENROLLMENT

If neither Online nor Electronic Enrollment is an option, we also accept enrollment changes using enrollment forms. We provide *Membership Enrollment forms* to be used for new hires and employees who have not previously been covered under the group's dental plan through Securian Dental Plans. We also provide *Membership Maintenance forms* to be used to report changes to or termination of existing subscribers/dependents. The forms vary by state to meet the each state's regulations. A complete list of the forms for the various states can be found on our Web site, www.securiandental.com. Use of our standard forms assists with quality and efficiency during the data entry process. You can request copies of the form by contacting your marketing representative or print a form from the Securian Dental Plans Web site. If you would like to email or use a spreadsheet to report eligibility information, contact the Enrollment Department for more details. Enrollment requests sent through the mail, faxed or emailed are generally completed within five business days of receipt.

How to Avoid Delays in Enrollment Processing

When submitting enrollment requests, it is important to provide complete and accurate information. Requests that are illegible or have missing information may be returned without being processed. If you need assistance in completing a form, contact the Enrollment Department at 1-800-928-6459. Listed below are some tips to ensure enrollment requests are not delayed:

- Before submitting a request, please review the form to be sure all appropriate fields are completed.
- Include Group Representative Name, Telephone Number, Group Name, Group and Subgroup Numbers on all requests.
- Only terminations may be reported on the monthly billing Subscriber List. All other changes require the use of a Membership Maintenance form.
- Do not submit enrollment changes with your payment, as the requests go to different locations and will not be received by the Enrollment Department.
- Send all requests to the attention of the Enrollment Department.

TIMELY NOTIFICATION AND RETROACTIVE POLICY

New enrollments, changes and terminations should be submitted within 30 days of the occurrence (i.e., new hire, marriage, divorce, termination, etc.) regardless of a benefit plan probationary period or waiting period. A request received more than 30 days after the effective date of the add/change/termination is considered a retroactive change. Because it is not always possible to submit changes within 30 days, Securian Dental Plans provides a 90-day grace period. Requests received within 90 days of the effective date of the change will be honored. Requests received after the 90-day grace period may not be honored or may result in adjusted coverage dates. The retroactive policy is a no-fault policy which applies to a clerical error by Securian Dental Plans or the group. On a timely basis, please review the monthly Subscriber List provided with your bill and report any errors or omissions as soon as possible.

IDENTIFICATION CARDS

Securian Dental Plans provide two identification cards that are printed with the group name, group number, and Securian Dental Plans assigned subscriber ID. The group administrator will receive the identification cards and is responsible for distribution to employees.

ADDITIONAL OR REPLACEMENT ID CARDS

To request additional ID cards, the subscriber may go to the Securian Dental Plans web site at www.securiandental.com and request a card or contact Securian Dental Plans Customer Service at 800-234-9009. The group administrator will receive the requested identification cards and is responsible for distribution to employee(s).

CERTIFICATE BOOKLETS

Securian Dental Plans will send standardized subscriber benefit booklets (Dental Benefit Plan Summary) and a Summary of Dental Benefits for the product purchased by the group. Upon your group's initial enrollment, one and a half times as many booklets will be sent to accommodate employee requests. The group administrator is responsible for distribution of booklets to employees. You are encouraged to keep an adequate supply on hand. Additional copies of the booklets may be requested from Securian Dental Plans Customer Service at 800-234-9009.

GROUP BILLING

Securian Dental Plans sends all groups a statement for premiums or fees no less than once per month. Premium payments are due by or on the first of each coverage month. This statement summarizes all activity for the group, including all current and retroactive charges, since the prior month's bill.

Group administrators are strongly encouraged to pay the amount as it appears on the statement rather than making any manual adjustments to accommodate enrollment additions or deletions. Manual adjustments on the bill often result in inaccurate payment, make it more difficult for the billing staff to answer questions about the group's account and may contribute to a collection problem on the account. The Securian Dental Plans billing system will automatically make the adjustment on the next month's bill for any enrollment changes.

In addition to receiving a statement, you will also receive a monthly Subscriber List indicating enrollment changes made to the account, such as employee additions and deletions, effective date changes, and status changes. Please review your Subscriber List every month to confirm that all expected changes have been made. This report will verify the names of the covered employees, effective dates, and rates. Submit necessary changes to the Enrollment Department using the appropriate form.

Bills for groups paying by check are sent the 13th of the month. Notices to groups paying by ACH are sent out the 20th of the month, with ACH withdrawals made the 1st of the month following the notification. Enrollment changes are generally completed within five business days of receipt. Please take this into consideration when reviewing your bill and Subscriber List, as all changes submitted may not be included.

CONTINUATION OF COVERAGE (COBRA)

Groups subject to COBRA are responsible for COBRA administration, notification and billing.

TAKING A CLOSER LOOK AT THE BILL

The Statement

The statement summarizes activity that has occurred on the account during the billing period. Keep one copy for your records, and the other copy should be returned with the payment. The following information is included:

- **Invoice Number:** Each transaction is distinguished by an invoice number. This invoice number is referenced in the Subscriber List. For payments, this is the invoice where the payment was applied.
- **Account Number:** This uniquely identifies the bill.
- **Transaction Date:** This is the date the invoice was generated or the date payment was received.
- **Transaction:** Type of transaction: Invoice, Debit Memo, Credit Memo or Payment.
- **Due Date:** Payment due date.
- **Reference:** A reference to describe the transaction. For invoices and debit and credit memos, this is the billing month and year. For payments it is the check number.
- **Transaction Amount:** The amount billed or payment applied to the account.
- **Amount Due:** The balance due or cash unapplied for each amount billed.
- **Total Amount Due:** The total payment due. This includes current and past due amounts.

The Subscriber List

The Subscriber List reports all individuals who were subscribers during the subscriber period noted on the upper right corner of the Subscriber List. *It is the responsibility of the group administrator to review the Subscriber List every month to ensure all requested enrollment changes that were submitted prior to the enrollment due date have been included.* Premium amounts billed on a per-subscriber basis are reported in the "Current Amount" and "Retro Amount" columns. The following information is included:

- **Account Number:** This uniquely identifies the bill.
- **Customer Reporting Number:** This number is comprised of a six-digit Group Number, a four-digit Subgroup Number and a four-digit reporting number. Currently, the last two segments show the same numbers.
- **Last Name:** The last name of the subscriber (employee).

- **First Name:** The first name of the subscriber (employee).
- **Reference Number:** The Social Security Number of the subscriber.
- **Subscriber ID:** A unique identifier randomly assigned by Securian Dental to a subscriber.
- **Effective Date:** The effective date of the subscriber's coverage for the coverage type listed within the Customer Reporting Number. The date may be the effective date of the customer reporting number, or if coverage has been terminated, it is the termination date.
- **Coverage Type:** Type of coverage, such as family or single.
- **Current Amount:** The current amount billed for the subscriber.
- **Retro Amount:** The amount billed or credited for previous subscriber periods. The retroactive period is listed below the subscriber's effective date. To avoid payment problems, please pay as billed. Retroactive eligibility changes will be reflected in the next month's bill.
- **Total Amount:** Total current and retroactive amount billed by coverage type.
- **COBRA:** Employees identified as COBRA participants are listed in a separate section after the list of active employees unless there is a separate COBRA subgroup.
- **Summary:** A summary of each subscriber's premiums. This includes total employee counts by coverage type including current and retroactive per-subscriber administrative charges for each coverage type. If there are multiple customer reporting numbers, a page with the grand totals is printed separately at the end of the list.
- **Messages:** On the bottom of the last page, ACH debit dates or other messages are displayed.

PAYMENT METHODS

Automated Clearing House (ACH)

Securian Dental Plans provides groups the option to pay premiums or fees electronically through an Automatic Clearinghouse (ACH) debit to your bank account. Some reasons to consider ACH:

- The bill is paid electronically and conveniently.
- ACH eliminates the cost of writing and mailing checks.
- ACH eliminates the cost of lost, misdirected payments or mail delays, and ensures that bills are paid consistently each billing cycle.
- With ACH there is no worry about late payments or a lapse in coverage.
- ACH is safer than writing a check, as the customer has additional rights with the bank not available with a check.

If you have any questions, call Securian Dental Plans Group Billing at 866-201-1818, Option 4.

To sign up for ACH, please complete an Automated Clearinghouse Authorization Agreement form. The form is available at www.securiandental.com under the Group Administrators' section.

Individually Rated Groups: Return the completed form along with a copy of a voided check either by fax to 877-201-7345 or mail to:

Securian Dental Plans
 Attn: Billing and Accounts Receivable
 P.O. Box 9304
 Minneapolis, MN 55440-9304

Community Rated Groups: Return the completed form along with a copy of a voided check either by fax to 866-440-8787 or email to securianconnect@securiandental.com.

Remitting Payment by Check

When submitting payment by check, remit payment to:

Securian Dental Plans
NW 5194
P.O. Box 1450
Minneapolis, MN 55485-5194

Please provide payment support documentation with the check that includes the Group Name and Account Number. This will ensure timely and accurate application of payment to the correct account. The group is provided with two copies of the statement. One copy should be retained for your records and other copy should be submitted with your payment.

Securian Dental Plans reserves the right to apply payments to the oldest outstanding invoice(s), if proper payment support is not received.

Any unpaid balance is subject to collection procedures. This could be for a full month premium or partial outstanding balance for prior period short payments.

Any questions regarding billing should be directed to the Securian Dental Plans Group Billing at 866-201-1818, Option 4.

Other Helpful Tips

- Mail payments ONLY to the address listed in the "Remit To" area of the statement.
- Enrollment changes must be completed on the proper form and submitted directly to the Enrollment Department. Enrollment changes made on the Subscriber List will not be accepted.
- Unless properly identified, all payments will be applied at the group level, not the sub-group level.

CONTRACT ADMINISTRATION

CONTRACT RENEWALS

Renewal letters are sent to you in accordance with the timelines established in the group contract. If you are using a broker, he or she will also receive a copy of your renewal notification.

If a group chooses to change or cancel coverage at renewal, Securian Dental Plans must be notified in writing. In order for changes to be approved and implemented in time for your renewal, all information should be received by Securian Dental Plans at least three weeks in advance of the renewal date.

If Securian Dental Plans does not receive a response to the renewal letter, the contract will be renewed according to the terms described in the letter on the renewal date. Payment of the first renewal bill constitutes acceptance of any new rates. The renewal letter serves as an amendment to the group contract.

CANCELLATIONS AND TERMINATIONS

Contracts Cancelled by the Group

Any request to cancel coverage must be received in writing, on the company letterhead, at least 30 days in advance of the requested cancellation. Please review the group contract for specific information about canceling coverage.

Failure to Meet Underwriting Guidelines

If a group fails to meet underwriting guidelines, Securian Dental Plans may initiate termination of the group contract. We will notify you and your agent by letter.

Contracts Terminated for Non-Payment

Premiums are due the first of each month, with a 30-day grace period. If payment is not received by the first of the month, Securian Dental Plans may initiate termination of the group contract.

When payment is ten days overdue (10th day of grace period), Securian Dental Plans will send a letter to the group advising their account is delinquent.

If payment is not received by the 20th day of the grace period, Securian Dental Plans will comply with applicable state laws regarding notification of the group and subscribers that payment must be received or the contract will be terminated at the end of the grace period. Appropriate notification will also be made to the Bureau of Insurance stating the contract is being cancelled due to non-payment of premiums.

If the group has not made payment by the end of the grace period, the contract will be terminated. If payment is received after the contract is terminated, the group may apply for re-instatement to resume coverage. As a part of re-instatement, the group will be required to make future payments via ACH.

USING AN AGENT

AGENT OF RECORD

Securian Dental Plans recognizes an Agent of Record when he or she is named in the Agent of Record section of the Master Dental Contract Application. An agent, sometimes referred to as an insurance agent, producer or broker, may represent your group and receive commission for the products sold to you.

Before Securian Dental Plans can release group-specific information to an Agent of Record acting on your behalf, we must receive written authorization, in the form of a signed Agent of Record Assignment form, from your designated group administrator. If your group changes agents, we require a new Agent of Record Assignment letter from you indicating the change before we can release information. The effective date of the Agent of Record change is the first of the month following the receipt of the change request. A letter of acknowledgement will be sent to you, and copies of the letter will be sent to the new Agent of Record and the previous agent. Securian Dental Plans will then copy your agent on all renewal mailings sent to you.

Send Agent of Record change requests to: Individually Rated Large Groups: jkloncz@securiandental.com (866-222-6507, Option 5); Community Rated Groups: securianconnect@securiandental.com or fax your request to 1-866-440-8787.

Your agent will work with Securian Dental Plans on your behalf to provide a variety of services and support, which may include:

- Providing you with the forms and information required to maintain plan eligibility.
- Reviewing completed forms for accuracy and work with you to obtain any missing information.
- Reviewing and explaining your group contract.
- Presenting renewal information to you before the effective date of contract renewal.
- Assisting your group with open or re-enrollment.
- Ensuring that all enrollment forms completed by new subscribers at open enrollment reach Securian Dental Plans at least 20 business days before the effective date of contract renewal.
- Assisting your employees and Securian Dental Plans in resolving claim and billing issues.
- Notifying Securian Dental Plans by fax, phone or mail if your designated group administrator or the group's address changes.