



Nationwide Employee Benefits

Administration Guide

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Claim Reporting Procedures

On behalf of the staff at Nationwide Employee Benefits we would like to welcome you as a new policyholder and give you our commitment to quality service as one of our valued members.

We have developed this Group Administrator's Guide to assist you with any servicing needs that may arise. It provides a quick reference and includes a toll free telephone number for your convenience when you have questions or service needs. Any time you contact us please be sure to have your Group ID and also the Participant ID if you are inquiring about a specific insured employee.

Please take a few moments to familiarize yourself with this information. If we may be of service at any time, please do not hesitate to contact us. Thank you for choosing NEB for your group insurance protection.

This guide may be updated periodically as our policies and procedures change. For the most recent version, please visit your benefits website at www.nebadmin.com

Privacy

Nationwide will maintain the privacy of all personal and private information we obtain on any of your employees or their dependents in the course of our business activities to the extent required under applicable state and federal law, including the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Generally, we are unable under the law to provide you with any information, which is considered to be protected health information without the specific written consent of the subject of the information, except as is necessary for us to administer your plan. If one of your employees needs assistance resolving a claim or other issue, he or she can contact us directly, or your agent or broker may be able to provide assistance.

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CONTACT US

Customer Service

1.877.657.5028

Fax: 413.733.4612

Business Hours: Monday through Friday:
8 a.m. - 5:00 p.m. EST

Life and AD&D Claims Reporting and Status

Short Term Disability Claims Reporting

Long Term Disability Claims Reporting

Dental Claims Information

For changes in your plan design, please contact your agent.

ONLINE ACCESS

In order to make your administration of your employee's benefits easier additions, terminations, and changes to your employee's information can be done online 24/7 by using the Nationwide Employee Benefit Portal www.nebadmin.com

EMPLOYERS RESPONSIBILITIES

As an employer, your responsibilities include:

- Giving notice of eligibility to each employee who is or will become eligible for enrollment;
- Obtaining and submitting applications or, if **Self-Billed** is selected, keeping applications on file, for eligible employees enrolled for coverage or eligible employees wishing to enroll;
- Sending to Nationwide all applications, notices, or other information or inquiries received from eligible employees (**unless Self-Billed**);
- Supplying Evidence of Insurability forms to employees when applicable. **Please note, the only letter you as the employer will receive from Nationwide is a Closure or Approval letter due to Personal Health Information (PHI)**;
- Distributing certificates and other information to insured employees, these can be found on the Nationwide Employee Benefit Portal;
- Payment of premiums on, or before, the premium due date, even if insured employees are required to make a contribution toward the premium;
- Maintaining an insurance records file for each employee, along with any changes to classification, benefit amounts, beneficiary and other relevant details;
- Reporting employee changes and their effective dates, including employee name, class, location, employee status, dependent status, and **earnings if benefit amounts are salary based**;
- Assisting insured employees or their beneficiaries in filing claims; and
- Notifying employees of all applicable rights to continue coverage upon termination of employment or coverage. Forms can be found on the Nationwide Employee Benefit Portal.

BILLING

LIST BILLING

Premium invoices for your group benefits are processed and mailed approximately 14 calendar days prior to the due date, in order to provide sufficient time for payment. Copies of your invoices are also available online. Although there is a 31-day grace period, frequent late payments may lead to cancellation of your group benefits. Group maybe reinstated with Underwriting approval if the group has not lapsed more than twice in the previous 12 month period.

Your bill will list all employees who were enrolled in your group at the time the bill was prepared. After receiving your bill you should verify that all persons listed on the bill are active employees and eligible to remain covered under the insurance plan.

Please do not add or deduct charges from your statement. We will bill you or credit you for any changes (up to 6 months) on your next group billing statement.

BILLING Continued

If your payment for the previous billing period has not been received and credited to your account prior to the invoice date, charges for that period will appear on the next statement as a balance due. If you have previously paid for that period, please disregard those charges.

In addition, Nationwide does not prorate premiums. Example:

- Employee effective date with Nationwide is January 15, group will not be billed premium for this employee until February.
- Employee terminates coverage with Nationwide January 15, group will be billed the full month of January for this employee.

We offer two options for List Bills:

Pay in Advance

Basic Monthly Pay in Advance Calendars – This option is designed for the employer groups that offer the basic contributory and non-contributory products without any voluntary products. As a standard, if a case does not have a voluntary product we use this calendar. This calendar is set up to bill 14 calendar days prior to the premium due date, for the next month's premium, and that premium is due the first of that next month. For example, the bill for February premium would run mid January and that premium would be due February 1st.

Pay in Arrears

Voluntary Monthly Pay in Arrears Calendars – This option allows employer groups that offer products on a voluntary basis to deduct the premium from their employees' paychecks and then remit the premium to Nationwide. As a standard, if a case has a voluntary product we use this calendar for all the products to allow premium to be paid in arrears by advancing the premium due date. This calendar is set up to bill 14 calendar days prior to the premium due date, for the next month's premium, and that premium is due the first of the following month. For example, the bill for February premium would run mid January and that premium would be due March 5th.

PAYROLL ELIGIBILITY FEEDS

As the employer, you will be responsible for creation of an eligibility file that corresponds with your payroll deduction system. Premium payments, via check or online payment, will be in accordance with the eligibility file. You will be required to report eligibility for active employees on the system in accordance with the eligibility guidelines set forth in the Certificate of Coverage and Policyholder Application and on a mutually agreed upon schedule. Member enrollment and payroll deduction is predicated upon the employee's selection of Nationwide products during their enrollment process, the record of which you are required to maintain. Nationwide will only permit up to a 6 month retroactive termination credit.

SELF ADMINISTRATION OR SELF BILLED

As the employer, you will be responsible for accurately reporting and submitting premium for all eligible and insured employees in accordance with the eligibility guidelines set forth in the Certificate of Coverage and Policyholder Application. Premium payments, via check or online billing transaction, will be in accordance with the self-reported enrollment and premium calculation provided on the self-billing worksheet. Payment of claims is predicated upon your

ability to demonstrate the employee's status as an insured at such time that the event causing claim occurred. Nationwide will only permit up to a 6 month retroactive termination credit.

GRACE PERIOD

You will be given a 31-day grace period beyond the premium due date, during which your group's coverage will not be cancelled for unpaid premiums. Your group remains liable for paying the premium for the grace period.

BILLING Continued

NON-PAYMENT OF PREMIUMS

If the payment received is less than half the total amount due, your coverage will lapse, if the balance is not received within the 31-day grace period. Should full payment not be received during the grace period; coverage will be terminated as of the end of the grace period. The group will be responsible for payment of the grace period premium should cancellation due to non-payment occur, even if no claims were incurred. All claims incurred after the expiration of the grace period will be denied.

RETURN CHECK OR DRAFTS

If two premium checks or drafts are returned twice in the previous 12 month period for insufficient funds, closure of an account, an unauthorized signature or any other reason, the group's coverage will be cancelled. Cancellation will also occur if the returned check places a group's paid-to date status outside the 31-day grace period.

Please pay the *Total Amount Due* on or before the due date in order to avoid a lapse or cancellation of coverage.

For your convenience we offer billing modes of monthly, quarterly, semiannual, and annual. We also offer payment options that allow you to pay by Check or ACH.

CHANGES IN ENROLLMENT

It is important that changes in enrollment are reported to us promptly in order to keep your coverage current. The most efficient way for you to make any changes for your employees is through the Nationwide Employee Benefit Portal.

TERMINATIONS

Indicate the employee participant ID, name, date of birth and the date of termination. We will credit up to 6 months premium.

Please note: It is the Employers responsibility to notify us when a dependent is about to reach the max age for eligibility. Please refer to your policy for specific language and limitations.

DISABILITY

Some benefit plans contain a waiver of premium provision. Employees who are on disability should not be terminated from your plan. Please notify us if any employee who is out on a disability, even if their disability coverage is not with Nationwide.

SALARY CHANGES - INCREASES/DECREASES

Short Term Disability and Long Term Disability are salary-based benefits. Any changes in salary for a covered employee must be reported in accordance with the frequency elected on the Supplemental Application. This will ensure the correct benefit to the employee. If you do not report salary changes in a timely manner, claim payments may be delayed if there are discrepancies in salaries reported versus salaries used for billing purposes.

Some Life plans are salary-based benefits. (i.e. one time salary). If your plan has a salary based life benefit, salaries must also be reported in accordance to the frequency reported on the Supplemental Application. This will ensure the correct benefit to the employee. If you do not report salary changes in a timely manner, claim payments may be delayed if there are discrepancies in salaries reported versus salaries used for billing purposes.

If a discrepancy is found, we will request that you provide an updated roster listing all current salaries with the effective dates that the salaries went in force. We will back bill as needed.

CLASS CHANGES

If employees are segmented into classes by occupation or salary, class changes for employees must be reported to insure that the proper coverage is provided.

REINSTATEMENT

If coverage ends due to termination of employment, and the employee later becomes employed by the group, he or she must meet all requirements of a new employee before coverage will become effective. Those employees returning to work are required to complete the same employee enrollment form as the one used for new employees. As with all enrollment forms for coverage, it is imperative that this employee enrollment form be received by Nationwide or, if **Self-Administered**, be submitted to you within 31 days of the date of rehire or return from layoff. If returning to eligible status within 90 days of termination, we may waive applicable eligibility or benefit waiting periods in accordance with the provisions in the group certificate.

CHANGES IN ENROLLMENT Continued

ADDITIONS (new employee/member)

Coverage will become effective when the new employee has completed the waiting period for your group plan.

If the Employer/Policyholder pays 100% of the cost of the coverage, all eligible employees must be covered by the plan and reported to Nationwide Employee Benefits to be added to your account.

If an employee contributes to the cost of the plan, they may waive the coverage. In this case, he/she must complete the waiver form.

It is very important that all information is complete. Incomplete information will create a delay in the employee being added to your group plan and may create a complication should a claim arise.

PLAN CHANGES

In the event you wish to make a change in your benefit plan, the change must be discussed with and approved by the Underwriting Department before the change can be implemented. Please contact your broker to process changes in plan benefits.

Please note: Premium adjustments will not be made for more than 6 months for any employee change that was not reported in a timely manner.

LIFE AND AD&D COVERAGE

BENEFIT TYPES

Life and AD&D coverage can be either flat or salary based. A flat amount is a set benefit for all covered employees. Salary based benefits are based on the employee's annual salary. **Salary changes for group sizes 2-9 will be effective the 1st of the month following effective date of salary.** For group sizes 10+, please refer to your election on the Supplemental Application.

GUARANTEED ISSUE

The guaranteed issue amount is the maximum benefit amount available to an employee, without proof of insurability. The plan maximum may, or may not, be the same as the guaranteed issue amount. Please refer to your schedule of benefits, included in your policy, for this amount.

CALCULATING EMPLOYEE'S CONTRIBUTION

Benefit amount x rate ÷ by 1,000 = monthly premium

Premium x percentage of employee contribution = employee monthly contribution

WAIVER OF PREMIUM

Your policy may contain a Waiver of Premium provision that waives the premium for life insurance coverage for an employee who has been totally disabled for a specified period of time. Please refer to your certificate for specifics. Waiver of premium application can be found on the Nationwide Employee Benefit Portal.

TERMINATION AND/OR REDUCTIONS OF COVERAGE

An individual's life insurance under this plan may terminate or reduce in accordance with the reduction schedule. Refer to your schedule of benefits. **Termination or reduction will take place on the first of the month after the insured's birthday.**

LIFE AND AD&D COVERAGE Continued

CONVERSION PRIVILEGE

Upon their termination of coverage with the group, Conversion allows an employee to continue coverage for themselves and their covered dependents. Conversion is available for Basic Group Term Life, Basic Dependent Life, Voluntary Life Insurance and Voluntary Life Insurance for Dependents. Employees and dependents may continue coverage by converting their coverage without providing evidence of insurability and regardless of their health status. Employees and dependents may convert their coverage if they lose coverage for any reason, however there may be limits on the amount of coverage that can be converted. For termination other than policy termination, the maximum amount that may be converted is the employee's and dependent's coverage amount. Once elected, the benefit amount may not be changed. If coverage is converted because the group policy terminated, a limited amount of coverage is available for conversion. Conversion coverage is individual whole life insurance. Coverage is provided by an individual policy issued to each insured. The rates for conversion coverage are determined according to the rates applicable for the insured's age. Billing options for conversion coverage include quarterly, semi-annual, and annual. The employee and dependents must elect conversion coverage within 31 days of the termination of group coverage. After we receive the conversion application from the employee, we will issue individual whole life policies to the employee and dependents. Conversion coverage becomes effective on the 32nd day following termination of group coverage. Conversion coverage does not end as long as premium continues to be paid, until the policy maturity date. Of course, standard provisions regarding nonpayment of premium also apply. If coverage terminates because premium was not paid, conversion coverage can be reinstated according to the terms of the individual whole life policy.

Our Conversion Letter template can be used to inform your employees of their conversion rights at time of termination. This template letter is located on the Nationwide Employee Benefits Portal.

PORTABILITY PRIVILEGE

Upon termination of their employment with the group, Portability allows an employee to continue coverage for themselves and their covered dependents. Portability is available for Voluntary Life Insurance and Voluntary Life Insurance for Dependents. Employees and dependents may continue coverage under the Portability option without providing evidence of insurability and regardless of their health status. In order to elect portability upon termination of employment, the employee and the dependents must have been covered by the group's coverage for at least 12 months. The employee and dependents must be under the age of 65 when employment terminated, and employment must not have terminated due to a disability. The employee must elect portability in order for the dependent(s) to also elect portability. The amount that may be continued under the portability option is the employee's and dependent's coverage amount, or they may elect to port a lower amount. Once elected, the benefit amount may not be changed. Portability coverage is group term life insurance. Coverage is provided through a group insurance trust. The rates for portability coverage are pooled for the entire trust group and are in 5 year age bands. Billing options for ported coverage include quarterly, semi-annual, and annual. The employee and dependents must elect portability coverage within 31 days of the termination of group coverage. After we receive the portability application from the employee, we will issue a new Schedule of Benefits to the employee and dependents. Ported coverage becomes effective on the 32nd day following termination of employment. The ported coverage will reduce by 35% at age 65. Portability coverage ends when the employee or dependent reaches age 70. Of course standard provisions regarding nonpayment of premium also apply. If coverage terminates because premium was not paid, ported coverage cannot be reinstated.

Please find the Portability Enrollment form located on the Nationwide Employee Benefits Portal. Please provide this enrollment form to employees at time of termination.

It is the policyholder's responsibility to inform the employee/insured of their right to conversion or portability.

LIFE AND AD&D COVERAGE Continued

CLAIM PROCEDURES

Life Insurance Claim

In the event an insured employee or dependent dies, please notify us in writing within 20 days after the date of death. Written proof of loss, i.e., a completed claim form and supporting documents should be provided to us within 90 days after the date of death. To submit a life insurance claim, please have each beneficiary complete, sign and date the Beneficiary Statement (part of the Group Life and Accidental Death Claim Form). If no beneficiary designation is on file, the beneficiary will be as stated in the group certificate. If the claim is for a dependent, the employee is the beneficiary. The beneficiary/claimant should obtain a certified death certificate and forward both the death certificate and complete form to you. As the employer, you are responsible for completing the Employer Statement (part of the claim form) and then forwarding all documentation to Nationwide.

Accidental Death Claim

To submit an accidental death benefit claim, please follow the same steps as indicated above under Life Insurance Claim. In addition, please attach any available newspaper articles and all applicable autopsy, coroner, policy, fire and/or accident reports. Any dismemberment proceeds previously paid for the same accident under the insured's AD&D coverage will be deducted from the proceeds payable for accidental death. Please also refer to the Additional AD&D Benefits section below for details on other benefits that may apply.

PAYMENT OF LIFE PROCEEDS

For Beneficiary Payments of Less Than \$25,000

Nationwide will issue a check directly to the beneficiary/claimant unless otherwise instructed.

For Beneficiary Payments of \$25,000 or More (Optional)

Nationwide offers a Money Market account for payments of \$25,000 or more. For those beneficiaries who choose this option, the proceeds will be deposited as a lump-sum payment in a Nationwide Bank Secure Money Market Account (unless the beneficiary does not qualify for the account). The beneficiary will have immediate access to the proceeds with personalized checks, while earning a competitive interest rate on all funds in the account. The account is free, guaranteed (limits may apply), and allows the beneficiary the opportunity to defer important investment decisions to a later time when they might be better able to make informed financial decisions. The beneficiary will receive a confirmation letter upon approval of the account and deposit of the funds. The checks and details about the account will come under separate cover. For bank account service questions, individuals should call the bank directly at 1-877-1-Bank-NW (1-877-422-6569). In the event the beneficiary/claimant is not approved for the account, a claim check in the full amount will be issued.

Accidental Dismemberment Benefit Claim

To submit an accidental dismemberment claim, please have the employee complete, sign and date the Employee Statement (part of the Dismemberment of Specific Loss Claim Form) and forward the Attending Physician's statement to his/her physician for completion. You, as the employer, must complete the Employer Statement. Nationwide will issue a check for the appropriate dismemberment benefit directly to the employee. In the event the dismemberment or other loss results in a disability, please consider that certain continuation of coverage provisions may apply.

LIFE AND AD&D COVERAGE Continued

Accelerated Death Benefit

In the event the employee is diagnosed with a life-threatening medical condition where there is a life expectancy of 12 months or less, the accelerated death benefit pays up to 75% of the life benefit (to a maximum as stated in the group certificate). The amount of life insurance otherwise payable upon death will be reduced by any amount of accelerated death benefit paid, including interest. The Accelerated Death Benefit Claim Form must be completed and submitted no more than 31 days from the date the individual is diagnosed as having a terminal condition. As the policyholder, you must complete the Employer's Statement. The employee (or his/her legally appointed representative) should complete the Employee/Claimant Statement and Disclosure Statement and forward the Attending Physician's statement to his/her physician for completion. The Disclosure Statement must be notarized.

Minor Beneficiaries

In the event the beneficiary is a minor, the guardian or trustee should complete the beneficiary statement and supply certified copies of appointment papers or other legal documents. If life proceeds are to be paid to a trust, we will require both the trustee's social security number and trust tax identification number.

Funeral Home Assignments

Funeral Home Assignments will be honored when assignment papers from the funeral home are submitted. These assignment papers must be signed by the beneficiary or beneficiaries and submitted along with the initial claim. A separate check will be issued and sent directly to the funeral home.

Interest on Life Benefits

Some states mandate that interest be paid on group life benefits. If interest is payable, it will be included in the proceeds paid to the beneficiary/claimant.

Death of Designated Beneficiary

In the event that the designated beneficiary is deceased, we will follow the provision in the group certificate in determining payment of the proceeds. We may also require a certified death certificate for the beneficiary.

Forms can be downloaded from the Nationwide Employee Benefit Portal. If you have questions regarding death claims, please call 1-877-657-5028

PROOF OF INSURABILITY

If your plan is contributory and an employee applies for coverage beyond the eligibility period or for a benefit amount over the guaranteed issue, the employee must submit a completed Evidence of Insurability Form. The Evidence of Insurability Form will be reviewed and if the employee is approved for coverage, you will be notified of the effective date of coverage. If coverage is denied, a letter will be sent to the employee and group administrator.

CHANGES IN BENEFICIARY OR NAME

Changes in beneficiary should be kept in the employee's employment file in your office.

DEPENDENT LIFE COVERAGE

Dependent Life Coverage is designed to cover a spouse under age 70, and dependent children of the insured employee. However, if the spouse of the insured employee is eligible for life insurance as an employee under the plan, he/she is not eligible for Dependent Life Coverage.

Children's coverage begins on the 15th day following birth and will terminate at the end of the month in which the child attains age 26, unless mandated otherwise. Please refer to your policy for specific language and limitations.

BENEFICIARY

The insured employee is the beneficiary of the Dependent Coverage.

CONVERSION PRIVILEGE

Dependent Life insurance coverage is eligible for conversion, just as the insured employee's Life insurance coverage.

CALCULATING EMPLOYEE'S CONTRIBUTION

Coverage for Dependent Life is calculated on a per employee basis. If the premium for Dependent Coverage is \$1.00, that is per employee and covers all dependents of the insured, regardless of the number of dependents.

Premium x percentage of employee contribution = employee monthly contribution

SHORT TERM DISABILITY COVERAGE

BENEFIT

Short Term Disability Benefits are based on a percentage of the insured employee's gross weekly salary. The specific benefit percentage is indicated in your policy.

PROOF OF INSURABILITY

If your plan is contributory and an employee applies for coverage beyond the eligibility period or for a benefit amount over the guaranteed issue, the employee must submit a completed Evidence of Insurability Form. The Evidence of Insurability Form will be reviewed and if the employee is approved for coverage, you will be notified of the effective date of coverage. If coverage is denied, a letter will be sent to the employee, the group administrator and your agent.

CALCULATING EMPLOYEE'S CONTRIBUTION

Employee's gross weekly salary x benefit percentage (see policy) = benefit amount

Benefit amount x rate ÷ by 10 = monthly premium

Premium x percentage of employee contribution = employee monthly contribution

CLAIM PROCEDURES

Pre-existing Condition Limitation

Newly covered employees may be subject to a pre-existing condition limitation. In order to ensure that your employees are aware of this limitation, we recommend that you refer your newly insured employees to the Pre-Existing Condition Exclusion section of the Certificate of Coverage.

Claim Form

Short Term Disability claim forms must be completed by the employee, employer and employee's physician and returned to the address located on the front of the claim form. Please be sure that all questions are answered to avoid any delays in the payment of benefits. You may obtain a copy of the Disability Claim Form via the Nationwide Employee Benefits portal.

LONG TERM DISABILITY COVERAGE

BENEFIT

Long Term Disability Benefits are based on a percentage of the insured employee's gross monthly salary. The specific benefit percentage is indicated in your policy.

PROOF OF INSURABILITY

If your plan is contributory and an employee applies for coverage beyond the eligibility period or for a benefit amount over the guaranteed issue, the employee must submit a completed Evidence of Insurability Form. The Evidence of Insurability Form will be reviewed and if the employee is approved for coverage, you will be notified of the effective date of coverage. If coverage is denied, a letter will be sent to the employee, the group administrator and your agent.

WAIVER OF PREMIUM

Your policy may contain a Waiver of Premium provision that waives the premium for Long Term Disability insurance coverage for an employee who is been totally disabled. Please refer to your certificate for specifics.

CALCULATING EMPLOYEE'S CONTRIBUTION

Employee's gross monthly salary x rate ÷ by 100 = monthly premium

Premium x percentage of employee contribution = employee monthly contribution

CLAIM PROCEDURES

Pre-existing Condition Limitation

Newly covered employees may be subject to a pre-existing condition limitation. In order to ensure that your employees are aware of this limitation, we recommend that you refer your newly insured employees to the Pre-Existing Condition Exclusion section of the Certificate of Coverage

Claim Form

Long Term Disability claim forms must be completed by the employee, employer and employee's physician and returned to the address located on the front of the claim form. Please be sure that all questions are answered to avoid any delays in the payment of benefits. You may obtain a copy of our Disability Claim Form via the Nationwide Employee Benefits Portal.

DENTAL

PPO Network (if applicable)

Your plan participates in the Careington Maximum Care network. A directory of participating providers is available to guide employees in selecting a dentist. To inquire regarding participating Maximum Care providers, the employee may visit www.careington.com/nd/nationwide or call 1-800-290-0523.

ID Cards

Your employees should present their dental ID card when seeking dental treatment. If a member's identification card is lost or stolen, you may print a replacement card via Nationwide Employee Benefit portal or contact Customer Service.

Takeover of Existing Coverage (if applicable)

Any employee covered under your prior plan will be given benefit waiting period and deductible credit for services in the prior calendar or policy year as specified in your group certificate. Credit for Orthodontia Services may also apply. Unless otherwise noted in the certificate, the prior carrier is responsible for costs of procedures begun prior to the effective date of this coverage. Please refer to the certificate for details on the takeover provision.

Coordination of Benefits

Coordination of Benefits is a provision of your plan to prevent overpayment when two or more plans cover the same expenses. Please refer to the coordination of benefits section of the group Certificate of Coverage for details about the coordination provision and the basis for determining which plan is the primary plan. When your plan is the primary plan, claims will be processed without contacting the plan administrator. When your plan is secondary, we must receive a copy of the primary plan administrator's Explanation of Benefits with the itemized bill before we can consider any balance.

Pre-treatment Estimates

Nationwide highly recommends that any dental service of \$300 or more be submitted to us for pre-determination of benefits before services are completed. Refer to the Claim Form section below for details on what is required for submission of a pre-treatment estimate request.

Claims

In most cases, an in-network dental professional (if a network option was selected) will file a claim on the patient's behalf. If the dental professional cannot file a claim, the member must submit a completed claim form. Nationwide will accept a dentist's standard claim form. If needed, you may obtain a copy of the claim form via the Nationwide Employee Benefit portal.

DEFINITIONS

Class	Some benefit plans are segregated into classes. For example, Class 1 may be managers and Class 2 may be all other full-time employees. An employee must be a member of an eligible class in order to be covered under the plan.
Contributory Plans	<p>If the employee pays any part of the premium for the coverage's in your plan, your plan is known as contributory. In a contributory plan, an employee must apply for coverage within 31 days after satisfying the employee waiting period. Please refer to your master application, included in your policy, for the waiting period.</p> <p>Should an employee request coverage after 31 days of eligibility, he/she must submit satisfactory evidence of insurability. This requires submission of a completed (EOI) Evidence of Insurability form. Coverage will not go into effect for a late entrant until all information is received and the Home Office Underwriting Department approves coverage.</p>
Eligible Employee/Member	An eligible employee/member is one who meets the minimum requirements for coverage. The minimum requirements may include being a member of a covered class , works a minimum number of hours per week, satisfactory completion of the waiting period . Please refer to your master application, included in your policy, for the minimum requirements.
Eligibility Period	The period of time in which an employee has to submit a request for coverage (completed enrollment card) on a contributory plan. This period extends for 31 days beyond the waiting period . The Home Office must receive the enrollment card within the Eligibility Period.
Guaranteed Issue	The guaranteed issue amount is the maximum benefit amount available to an employee without proof of insurability. The plan maximum may, or may not be the same as the guaranteed issue amount. Please refer to your master application, included in your policy, for this amount.
Minimum Hours	An employee must work a specified minimum number of hours per week, in order to be considered eligible for coverage. Please refer to your master application, included in your policy, for the minimum number of hours.
Non-Contributory	<p>If the employer/policyholder pays 100% of the premium for a benefit the coverage is considered Non-Contributory.</p> <p>If the coverage is non-contributory, all eligible employees must be covered by the plan and reported to Nationwide Employee Benefits to be added to your account. We will back-charge up to 6 months of premium for an eligible employee who was not reported timely.</p>
Proof of Insurability	If your plan is contributory and an employee applies for coverage beyond the eligibility period , or for a benefit amount over the guaranteed issue , the employee must submit a completed (EOI) Evidence of Insurability Form. The Home Office Underwriting Department will review the EOI Form. If the

employee is approved for coverage, the Home Office will notify you of the effective date of coverage. If coverage is denied, a letter will be sent from the Home Office Underwriting Department to the employee, the group administrator and your agent.

Salary Based Benefits

Both Short and Long Term Disability benefits and some Group Life plans are based on salary. Therefore, if your plan includes one of these benefits, all salary changes must be reported along with the effective date of the change.

Waiting Period

The Waiting Period is the amount of continuous full-time service an employee must complete before being eligible for coverage. The waiting period cannot be waived or changed without prior approval by the Home Office Underwriting Department.