

ODASC

OHIO DENTAL ASSOCIATION SERVICES CORPORATION, INC.



Group Disability Plan

Your focus is your patients

Our focus is you!

OHIO DENTAL ASSOCIATION

Disability Plan

Your Focus is Your Patients - *Our Focus is You*



SIMPLIFIED UNDERWRITING - Up to \$3,000 Sickness and Accident Monthly Benefits up to age 55. No medical exams, blood work, tax returns or other underwriting tests unless required because of medical history.

PLAN FEATURES AND HIGHLIGHTS

Your Occupation Protection:

If you are unable to perform the substantial and material duties of Your Occupation due to accident or illness, for the first five years, you will receive benefits. After five years, unable to perform the substantial and material duties of any occupation for which you are suited due to education, training or experience.

Renewal Guarantee:

1. You attain age 70
2. You retire or cease to be actively engaged in the duties of Your Occupation, except by reason of disability covered under the terms of this policy
3. You cease to be a member of the named Organization. However, if you transfer to a similar organization that sponsors a like disability policy with Security of America, you will be entitled to a Policy under that plan. If you do not so transfer, but continue to be actively engaged on a full-time basis in the business or profession named in the application, you may convert to coverage that Security of America uses for conversion purposes without evidence of good health. You must apply for such coverage within days after this policy terminates;
4. If the named organization withdraws its sponsorship of this plan or sponsors any other plan, Security of America or its Agent, must give 60 days advance written notice of such declination prior to the renewal of such Policies. You may convert to coverage that Security of America uses for such conversion within 31 days after this policy terminates.

Residual Disability:

After the end of your waiting period, residual benefits are payable provided you are:

1. Unable to perform one or more of the substantial and material duties of your occupation or unable to perform them for as much time as is normally required;
2. Experiencing a 20% or greater loss of prior monthly income
3. Not being paid Total Disability Benefits under this coverage.

Income Protection:

Ability to insure up to 70% of the first \$100,000 of income, 60% of the next \$50,000 and 50% of income above \$150,000; \$10,000 monthly maximum. Issue and participation limits count Group LTD. as 50 cents on a dollar.

No offsets by Social Security or other insurance coverages

Choice of Waiting Periods

30,60,90, 180 and 365 days (365 days not shown on attached rate page).

Optional Benefit Riders

Guaranteed Purchase Option, Cost of Living Benefits, Benefit and Residual (attached rates include this rider)

Underwritten by:

American General Life Insurance Company of Pennsylvania
Rated A+ (Superior) by A.M.. Best Company

OHIO DENTAL ASSOCIATION SERVICES CORPORATION, INC.

1370 Dublin Road
Columbus, OH 43215
614.486.0381 - 1.800.282.1526
insurance@oda.org

Disability Plan

Semi Annual Premiums (Including Residual Benefits)

Plan 65-65

MONTHLY BENEFIT \$1000				
Attained Age	waiting period			
	30 days	60days	90days	180 days
To 30	126.21	101.36	80.80	72.97
30 - 39	180.70	143.70	114.45	101.35
40 - 49	304.39	242.51	193.25	171.72
50 - 59	481.77	385.09	307.00	273.85
60 - 64	505.52	388.69	303.37	251.17
65 - 69	468.35	356.43	275.59	225.85

MONTHLY BENEFIT \$3000				
Attained Age	waiting period			
	30 days	60 days	90 days	180 days
To 30	374.63	300.08	238.40	214.91
30 - 39	538.10	427.10	339.35	300.05
40 - 49	909.17	723.53	575.75	511.16
50 - 59	1441.31	1151.27	917.00	817.55
60 - 64	1512.56	1162.07	906.11	749.51
65 - 69	1027.97	781.75	603.90	494.47

MONTHLY BENEFIT \$5000				
Attained Age	waiting period			
	30 days	60 days	90 days	180 days
To 30	623.05	498.80	396.00	356.85
30 - 39	895.50	710.50	564.25	498.75
40 - 49	1513.95	1204.55	958.25	850.60
50 - 59	2400.85	1917.45	1527.00	1361.25
60 - 64	2519.60	1935.45	1508.85	1247.85
65 - 69	1027.97	781.75	603.90	494.47

MONTHLY BENEFIT \$7000				
Attained Age	waiting period			
	30 days	60 days	90 days	180 days
To 30	871.47	697.52	553.60	498.79
30 - 39	1252.90	993.90	789.15	697.45
40 - 49	2118.73	1685.57	1340.75	1190.04
50 - 59	3360.39	2683.63	2137.00	1904.95
60 - 64	3526.64	2708.83	2111.59	1746.19
65 - 69	1027.97	781.75	603.90	494.47

MONTHLY BENEFIT \$9000				
Attained Age	waiting period			
	30 days	60 days	90 days	180 days
To 30	1119.89	896.24	711.20	640.73
30 - 39	1610.30	1277.30	1014.05	896.15
40 - 49	2723.51	2166.59	1723.25	1529.48
50 - 59	4319.93	3449.81	2747.00	2448.65
60 - 64	4533.68	3482.21	2714.33	2244.53
65 - 69	1027.97	781.75	603.90	494.47

MONTHLY BENEFIT \$2000				
Attained Age	waiting period			
	30 days	60 days	90 days	180 days
To 30	250.42	200.72	159.60	143.94
30 - 39	359.40	285.40	226.90	200.70
40 - 49	606.48	483.02	384.50	341.44
50 - 59	961.54	768.18	612.00	545.70
60 - 64	1009.04	775.38	604.74	500.34
65 - 69	934.70	710.86	549.18	449.70

MONTHLY BENEFIT \$4000				
Attained Age	waiting period			
	30 days	60 days	90 days	180 days
To 30	498.84	399.44	317.20	285.88
30 - 39	716.80	568.80	451.80	399.40
40 - 49	1211.56	964.04	767.00	680.88
50 - 59	1921.08	1534.36	1222.00	1089.40
60 - 64	2016.08	1548.76	1207.48	998.68
65 - 69	1027.97	781.75	603.90	494.47

MONTHLY BENEFIT \$6000				
Attained Age	waiting period			
	30 days	60 days	90 days	180 days
To 30	747.26	598.16	474.80	427.82
30 - 39	1074.20	852.20	676.70	598.10
40 - 49	1816.34	1445.06	1149.50	1020.32
50 - 59	2880.62	2300.54	1832.00	1633.10
60 - 64	3023.12	2322.14	1810.22	1497.02
65 - 69	1027.97	781.75	603.90	494.47

MONTHLY BENEFIT \$8000				
Attained Age	waiting period			
	30 days	60 days	90 days	180 days
To 30	995.68	796.88	632.40	569.76
30 - 39	1431.60	1135.60	901.60	796.80
40 - 49	2421.12	1926.08	1532.00	1359.76
50 - 59	3840.16	3066.72	2442.00	2176.80
60 - 64	4030.16	3095.52	2412.96	1995.36
65 - 69	1027.97	781.75	603.90	494.47

MONTHLY BENEFIT \$10,000				
Attained Age	waiting period			
	30 days	60 days	90 days	180 days
To 30	1244.10	995.60	790.00	711.70
30 - 39	1789.00	1419.00	1126.50	995.50
40 - 49	3025.90	2407.10	1914.50	1699.20
50 - 59	4799.70	3832.90	3052.00	2720.50
60 - 64	5037.20	3868.90	3015.70	2493.70
65 - 69	1027.97	781.75	603.90	494.47



- ◆ Accident and Sickness Benefits are payable:
 - ◆ To age 65 for disabilities which begin before 63
 - ◆ For two years for disabilities which begin on or after 63
- ◆ Monthly benefits in excess of \$2,200 are reduced to \$2,200 upon the attainment of age 65 if not disabled. Coverage terminates the earliest of the premium due date conceding with or next following attainment of age 70.
- ◆ above rates include a \$1.00 semi-annual premium for \$1000 of AD&D and \$1.00 semi-annual billing charge

Consider the Consequences

Disability can be financially devastating

Monthly Expense	Amount
Mortgage or rent	_____
Utilities	_____
Food	_____
Transportation	_____
Education	_____
Clothing	_____
Insurance	_____
Taxes	_____
Entertainment	_____
Gifts	_____
Other Expenses	_____
Total Expenses	_____
+ Monthly Savings	_____
=Necessary Monthly Income	_____

Now, imagine that you suffered a disabling injury or illness last night. **How long could you cover your expenses with no income?**

Exceptions

Your policy does not cover disabilities or losses caused by or contributed to by, or resulting from:

War, any act of war, or military service; suicide, attempted suicide, or intentionally self-inflicted injury; test or experimental flying, operating or traveling in, or flying any aircraft operated by or under the direction of the military; service to the armed forces; participation in the commission or attempted commission of a felony. Also, no benefits are payable for any period during which you are confined in a penal or correction institution.

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SERVICES CORPORATION, INC.**

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