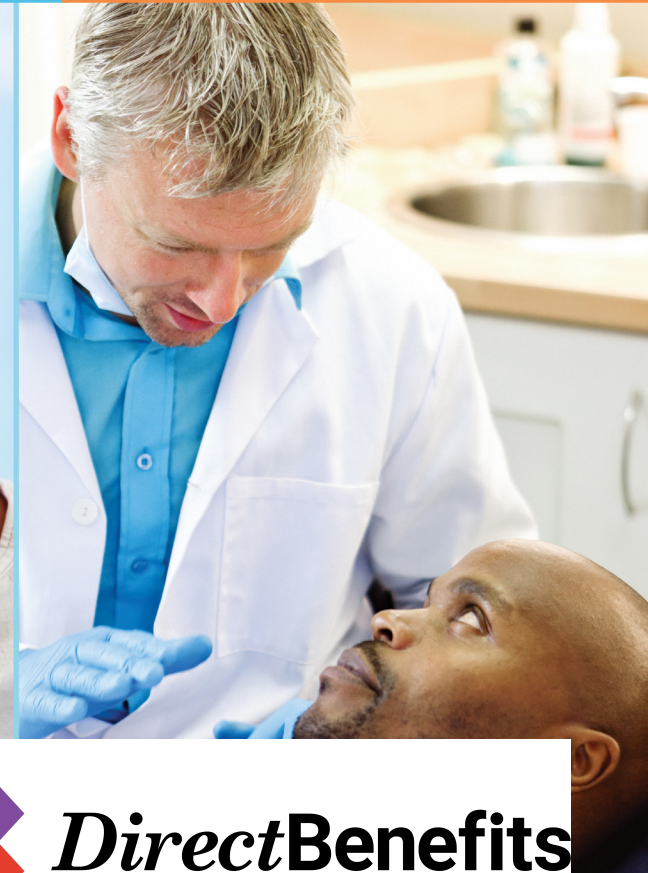


# NCD Dental & Vision Basic Training



Dental  
Underwritten  
by

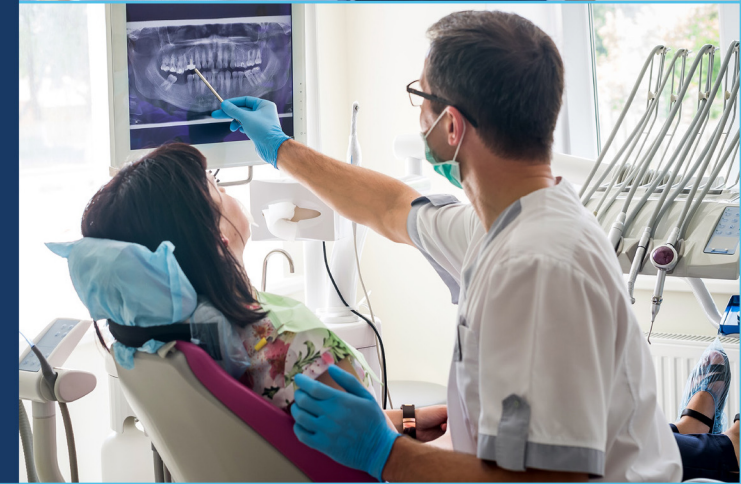


Jameson Keller – Vice President of Strategic Development





**NCD exists to improve lives by driving better health, exceptional experience, and spreading the smile.**



# Is this *really* worth my time?

Should we *really* care about another dental and vision plan?

- They take too long to sell
- I don't really understand how to sell it
- My customers never ask me for it
- The commissions don't move the needle
- It's not my focus



# Yes! It is worth your time

Here's why:

- Very quick sales process and enrollment engine
- Sell \$5,000 of benefit for less than \$1,000 in premium
- Best long-term commissions in the business.
  - Very little service, stays on the books
- Earn \$500+ per sale over life of policy
  - $\$79 \times 21\% = \$16.59 \times 12 \text{ months} = \$199.08$
- No underwriting or quoting needed- No need to specialize
- Lifetime enterprise value





Ancillary Sales follow a 12:1 ratio relative to health and Medicare

- Sold much more than bought
- 3:2 ratio is best in class

**YOU HAVE TO ASK!**



## Hidden Objections

- Being judged by the dentist/staff
- Ashamed of not taking care of their teeth
- Don't have a dentist any more





# Differentiated Product

- Strongest benefits available on individual market (\$5,000 annual maximums)
- Industry's simplest takeover policy / waiting period waiver
- No graded benefits
- Amazing national brand equity



# Amazing Brand Equity





- Most broker-centric plan ever
- Support with a Smile
- Strong commissions
- Weekly accurate commissions
  - Excel commission statements
- Live reporting – Agent Portal



- Flat national pricing
- Good, BETTER, **BEST** Pricing
- Frictionless take-over policy
- Simple to market and sell



**simple Simple SIMPLE**

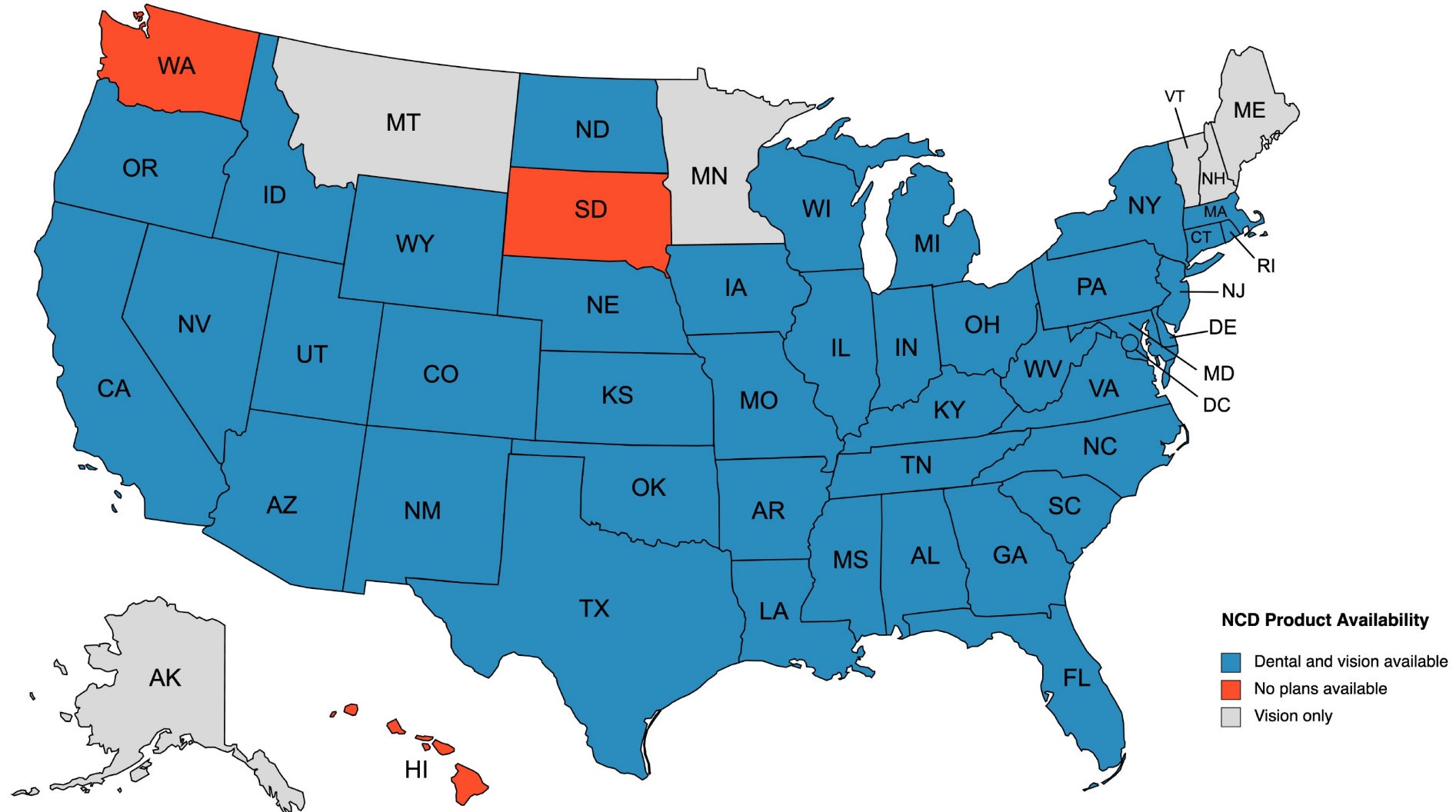


*OUR JOB IS TO KEEP YOUR CUSTOMERS HAPPY.*

- Screen aggressively for positive employees
- Uplifting culture
- Strong fulfillment and hard ID cards
- First call resolution
- Welcome calls
- Better retention = more broker revenue



# Where is NCD?





## Individual & Family Plans



\$3 NSBA Fee included in pricing

- \$50 annual deductible for basic and major services (per person)
- \$150 Max (per family)
- No deductible for preventative services.

## **PREVENTIVE CARE (100% Coverage\*\*) No Waiting Period**

- Routine Exam (2 per 12 months)
- Bitewing X-rays (1 per 12 months)
- Cleaning (2 per 12 months)
- Fluoride for children under age 16 (1 per 12 months)

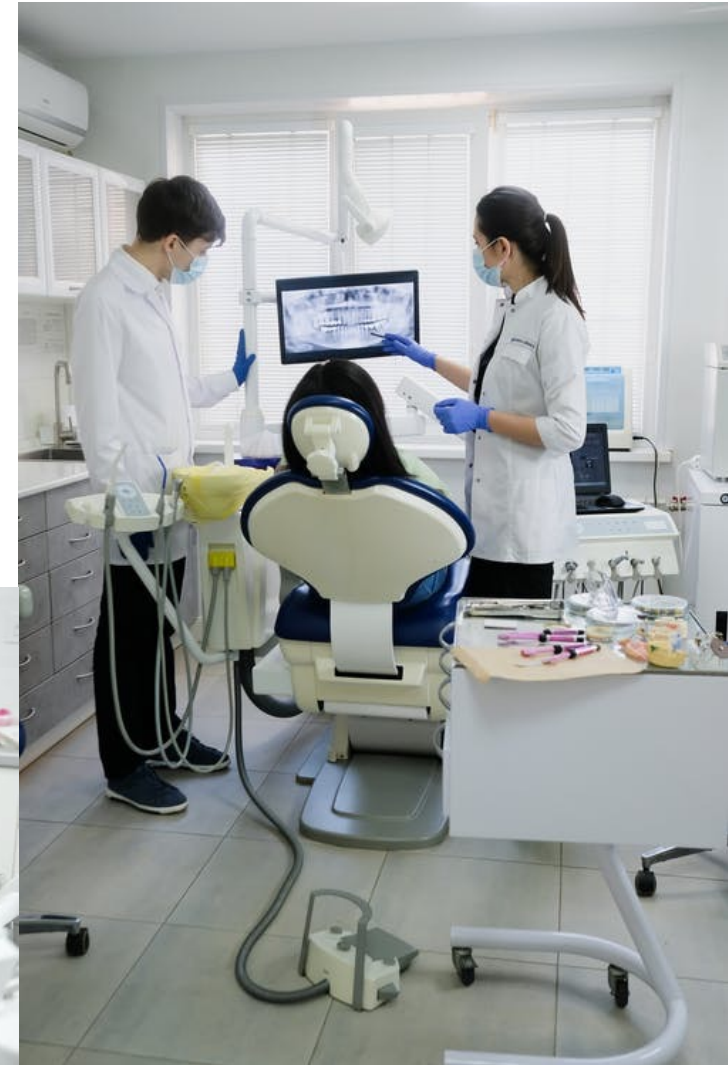
## **BASIC CARE (80% Coverage\*\*) No Waiting Period**

- Full Mouth/Panoramic X-rays (1 per 3 years)
- Sealants (ages 6 through 16)
- Space Maintainers (child under 16)
- Restorative Amalgams (fillings)
- Simple Extractions

## **MAJOR CARE (50% Coverage\*\*) 12 Month Waiting Period Without Prior Proof of Coverage**

- Onlays
- Oral Surgery
- Implants
- Crowns (1 per tooth, per 7 years)
- Crown Repair
- Endodontics (nonsurgical)
- Periodontics (nonsurgical)
- Periodontics (surgical)
- Denture Repair
- Dentures (1 appliance per 5 years)
- Bridge (1 per 7 years)
- Complex Extractions
- Anesthesia

- Stacked Network
  - Careington MaximumCare Plus PPO
  - Dentemax
  - Connections Dental
    - Postal Coverage
- Excellent Network Discount





## National Small Business Association (NSBA)

- Access to NCD Dental Plans
- 50-80% off hearing aids
- Medical bill negotiation
- Vision services discounts
- And more!



- \$3 per month per policy
- Everyone qualifies
- nsba.net

# Benefits - Vision



**\$21**  
per month

Copay	\$10 Exam / \$25 Materials per Covered Person per Office Visit	
Benefit		Frequency
Exam:		Every 12 months
Lenses:		Every 12 months
Frame:		Every 24 months
Benefit	Participating Provider	Non-Participating Provider
WellVision Exam	Covered after \$10 Exam Copay	Up to \$45 after \$10 Exam Copay
Contact Lens Exam	15% Savings on a contact lens exam	
Lenses:	Participating Provider	Non-Participating Provider
Single Vision	Covered after \$25 materials Copay	Up to \$30.00
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00
Lenticular	Covered after \$25 materials Copay	Up to \$100.00
Impact-Resistant (polycarbonate) lenses for children	Fully covered with no Copay up to age 18	
Frames	\$150 allowance every 24 months	Up to \$70.00 allowance every 24 months
Contacts	\$150 allowance every 12 months	\$105 allowance every 12 months for contacts and contact lens exam (fitting and evaluation)
(in lieu of lens and frame benefits)	(fitting and evaluation)	
Discounts & Savings		
<ul style="list-style-type: none"> <li>• Average 25-30% savings on other lens enhancements</li> <li>• 20% off additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of the patient's last WellVision Exam.</li> <li>• Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change.</li> <li>• Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities.</li> </ul>		

\*Contact Lenses are provided in lieu of all other lens once every 12 months and frames once every 24 months.

Does not include FL, NY, OR

# Benefits - Vision



**\$21**  
per month  
FL/NY

**\$22**  
per month  
OR

FL, NY, OR

Copay	\$15 Exam / \$25 Materials per Covered Person per Office Visit	
Benefit		Frequency
Exam:	Every 12 months	
Lenses:	Every 12 months	
Frame:	Every 12 months	
Benefit	Participating Provider	Non-Participating Provider
WellVision Exam	Covered after \$15 Exam Copay	Up to \$45
Contact Lens Exam	15% Savings on a contact lens exam	
Lenses:	Participating Provider	Non-Participating Provider
Single Vision	Covered after \$25 materials Copay	Up to \$30.00
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00
Lenticular	Covered after \$25 materials Copay	Up to \$100.00
Impact-Resistant (polycarbonate) lenses for children	Fully covered with no Copay up to age 18	
Frames	\$120 allowance every 12 months	Up to \$70.00 allowance every 12 months
Contacts (in lieu of lens and frame benefits)	\$120 allowance every 12 months for contacts and contact lens exam (fitting and evaluation)	\$105 allowance every 12 months for contacts and contact lens exam (fitting and evaluation)
Discounts & Savings		
<ul style="list-style-type: none"> <li>• Average 25-30% savings on other lens enhancements.</li> <li>• 20% off additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of the patient's last WellVision Exam.</li> <li>• Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change.</li> <li>• Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities.</li> </ul>		

\*Contact Lenses are provided in lieu of all other lens and frames once every 12 months.



# Things to know - POPC

- Proof of Prior Coverage (POPC)
  - Min \$1000 coverage
  - Embedded MAPD, DHMO, and discount plans **don't** qualify
  - Best practice: Certificate of coverage from prior carrier
- 30 days rule
  - POPC info must be in no later than 30 days from start date.
  - Prior plan must be in force within 30 days of their start date

NCD - Dental


Is this plan replacing another PPO dental coverage with 1,000 or more of annual benefits? \*

☐ Yes ☐ No

Dental Plan Name


Effective Date of Previous Dental Plan

\*Date the member began their previous Dental Plan (the dental plan before enrolling into NCD - Dental).



Termination Date of the Previous Dental Plan

\*Date the member will end their previous Dental Plan to begin NCD - Dental.



"I attest that as the licensed agent I have verified coverage with the client and that their plan will or has terminated within 30 days of the effective date of this plan

☐ Yes ☐ No

# Things to know

- Explain the waiting period
- Missing tooth clause
  - We only insure the teeth they have when they enroll
- Submit POPC on app
- ACH > Credit card
  - Initial pull date matters!



# Things to know

- Member Care: 800-979-8266
  - Option 1: Providers
  - Option 2: Members
- Agent Support: 844-284-4944
  - AgentSupport@NCD.com

<https://NCD.com/agents>



**Direct Benefits Agent Concierge**  
**[Concierge@DirectBenefits.com](mailto:Concierge@DirectBenefits.com)**  
**800-620-5010 x4**



# How to Enroll Someone



- Enrollment Portal
  - <http://www.1enrollment.com/602510>
- Management Portal
  - [www.1enrollment.com/manage](http://www.1enrollment.com/manage)

**No Client Signature Required**

A screenshot of the NCD enrollment form. The form is divided into several sections: Member, Address, Contact, and Enrollment. The Member section includes fields for First Name, Middle Initial, and Last Name. The Address section includes fields for Address, Address 2, City, State (a dropdown menu), and Zip Code. The Contact section includes fields for Phone Number and Email Address. The Enrollment section includes a summary of the enrollment details, including the NCD - Dental fee of \$1,500 per month for the member, the NSBA membership fee of \$3.00 per month, and the total monthly fee of \$57.00. The form also includes a 'Verify Address' link and a 'Post Date' dropdown menu.

**Member**

First Name  \*

Middle Initial

Last Name  \*

**Address**

Address  \*

Address 2

City  \*

State  \*

Zip Code  \*

[Verify Address](#)

**Contact**

Phone Number  -  -  \*

Email Address  \*

Confirm Email Address

By providing your email address, you agree and opt in to

**Enrollment**

**NCD**  
DENTAL & VISION

**NCD - Dental \$1,500**  
per Month for Member \$54.00

Post Date  \*

Effective Date  \*

---

**NSBA**  
National Small Business Association

**National Small Business Association**  
per Month for Membership Fee \$3.00

Post Date  \*

Effective Date  \*

---

First Month \$57.00

Recurring Monthly \$57.00

# New Enrollment – Now Live!



Dental  
underwritten  
by



Nationwide

Vision  
underwritten  
by



Agent Name  
**Nicholas Petolick**  
email123@123email.com

\* State:

Texas

Email:

jameson.keller.pdx@gmail.com  
Email@icloud.com

\* Select products:

☒ Dental ☐ Vision ☐ Both

## 1 Select Dental Products

<b>1500 Plan</b>  \$1,500 Annual Max <a href="#">View More</a>  <a href="#">Select Product</a>	<b>3000 Plan</b>  \$3,000 Annual Max <a href="#">View More</a>  <a href="#">Select Product</a>	<b>5000 Plan</b>  \$5,000 Total Annual Max <a href="#">View More</a>  <a href="#">Selected</a>
--	--	--

## 2 Dental Plan Benefits

 <b>Member</b>  <a href="#">Selected</a>	 <b>Member + Spouse</b>  <a href="#">Select</a>	 <b>Member + Children</b>  <a href="#">Select</a>	 <b>Family</b>  <a href="#">Select</a>
---	--	--	---

[Begin Application](#)

## Your Cart

Subtotal (1 plan) **\$82/mo**

[Begin Application](#)

NCD Dental \$5,000: \$79  
NSBA - Membership fee: \$3



Apply with Confidence  
All Personal Information is safe



<https://Agent.NCD.com>

Questions?

