

Washington Dentists' Insurance Agency

Guide to Services and Compensation

Premera Blue Cross of Washington Small Group Plan: 1-19 Subscribers

The following is a guide to important information that you should consider in connection with the services provided by Washington Dentists' Insurance Agency as your group medical policy producer.

Should you have any questions concerning this guide or the information provided to you concerning our services or compensation, please do not hesitate to contact Emily Wilkinson at emilyw@wsda.org.

Required Information	Disclosure
Description of the services that Washington Dentists' Insurance Agency will provide to your Plan	<p>Washington Dentists' Insurance Agency provides brokerage services to assist Washington dentists, their families and staff, and other businesses with the comparison and selection of group medical insurance products. The selected group medical insurance plan is referred to in this disclosure as "your Plan".</p> <p>As part of the foregoing brokerage service, Washington Dentists' Insurance Agency also facilitates annual policy renewals, submission of enrollment and policy maintenance forms, and provides client support.</p>
A statement confirming whether Washington Dentists' Insurance Agency will, or reasonably expects to provide services to your Plan as a fiduciary	<p>Washington Dentists' Insurance Agency and its affiliates do not provide services as a fiduciary of your Plan.</p> <p>Washington Dentists' Insurance Agency does not subcontract to provide any services as a fiduciary of your Plan.</p>

Required Information	Disclosure
<p>Compensation Washington Dentists' Insurance Agency will receive from your Plan as direct compensation</p>	<p>In connection with the services described in this disclosure, Washington Dentists' Insurance Agency will receive compensation from the group medical insurance carrier selected by your Plan in the form of:</p> <p><input type="checkbox"/> An annual payment equal to ____% of the annual premiums paid by your Plan to the group medical insurance carrier.</p> <p><input checked="" type="checkbox"/> A monthly payment equal to 1% of the monthly premiums paid by your Plan to the group medical insurance carrier for 1-4 Subscribers</p> <p><input checked="" type="checkbox"/> A monthly payment equal to 5% of the monthly premiums paid by your Plan to the group medical insurance carrier for 5-19 Subscribers.</p> <p><input type="checkbox"/> A per-member per-month payment of _____.</p> <p>The foregoing payment is made to Washington Dentists' Insurance Agency by:</p> <p><input type="checkbox"/> Check</p> <p><input checked="" type="checkbox"/> Other: <u>Direct Deposit</u></p>

Required Information	Disclosure
<p>Compensation Washington Dentists' Insurance Agency, its affiliates and subcontractors will receive as indirect compensation from other parties that are not related to Washington Dentists' Insurance Agency or your Plan</p>	<p>Payer: Connexion</p> <p>Amount or description: General Agency for Premera Blue Cross of Washington:</p> <p>1 % of monthly premiums for 1-4 Subscribers.</p> <p>5 % of monthly premiums for 1-4 Subscribers.</p> <hr/> <p>Services compensated: For new and existing groups</p> <hr/> <p>Manner of payment: Direct Deposit</p>
<p>Compensation that will be paid among Washington Dentists' Insurance Agency and related parties</p>	<p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Transaction-based Compensation*</p> <p>Payer: _____</p> <p>If applicable: <input type="checkbox"/> Affiliate <input type="checkbox"/> Subcontractor</p> <p>Payee: _____</p> <p>If applicable: <input type="checkbox"/> Affiliate <input type="checkbox"/> Subcontractor</p> <p>Amount or description: _____</p> <hr/> <p>Services compensated: _____</p> <hr/> <p>Manner of payment: _____</p>

Required Information	Disclosure
Compensation that Washington Dentists' Insurance Agency, and related parties will receive in the event of termination	Payee*: N/A If applicable: <input type="checkbox"/> Affiliate <input type="checkbox"/> Subcontractor Amount or description: _____ _____ Refund method for prepaid amounts (if applicable): _____ _____