



Introducing a new “hybrid” dental insurance policy
that combines traditional insured benefits with
Preferred Provider Organization (PPO) discount pricing

**FINALLY, A DENTAL POLICY THAT
COVERS THE SERVICES YOU WANT...
AT A PRICE YOU CAN AFFORD!**



**Good oral hygiene
and regular dental
care is important
throughout your life.**

Given the suspected link between periodontitis and systemic health problems, **prevention** is the first step to maintain good long-term health.

Now you and your family can visit your dentist regularly and maintain good oral health!

KEY Features

No waiting periods on Preventive care benefits

Three plan options to choose from

Freedom of Choice

- Use your own Dentist, or
- PPO discounts (Preferred Provider Organization) for additional savings
- Over 50,000 office locations

Rates for ages 65+

Prices you can afford!

PPO
D E N T A L *Plus*

**“This Plan is economical because it focuses
on the benefits you want and need...”**

...not the benefits you may never use.

Underwritten by:
Security Life Insurance Company of America
10901 Red Circle Drive
Minnetonka, MN 55343
Policy GH-1112-40130
Policy GH-1112-39950
Form S11132 (3/08)

www.PremierDentalNetwork.com



Dental Benefits	Plan 1	Plan 2	Plan 3
*Initial & Periodic Exams (Two Per Calendar Year)	100%	100%	100%
*X-Rays including Bitewing	100%	100%	100%
*Cleaning (Two Per Calendar Year)	100%	100%	100%
*Fluoride Treatments to age16 (One Per Calendar Year)	100%	100%	100%
*Sealants to age 14	100%	100%	100%
*Space Maintainers	100%	100%	100%
Fillings	Non-insured Benefit PPO Discount Only	80% 3 month waiting period	80% 3 month waiting period
Simple Extractions	Non-insured Benefit PPO Discount Only	80% 3 month waiting period	80% 3 month waiting period
Oral Surgery	Non-insured Benefit PPO Discount Only	Non-insured Benefit PPO Discount Only	50% 12 month waiting period
Endodontics	Non-insured Benefit PPO Discount Only	Non-insured Benefit PPO Discount Only	50% 12 month waiting period
Periodontics	Non-insured Benefit PPO Discount Only	Non-insured Benefit PPO Discount Only	50% 12 month waiting period
Prosthodontics	Non-insured Benefit PPO Discount Only	Non-insured Benefit PPO Discount Only	50% 12 month waiting period
Crowns-Inlay-Onlay	Non-insured Benefit PPO Discount Only	Non-insured Benefit PPO Discount Only	50% 12 month waiting period
Bridges	Non-insured Benefit PPO Discount Only	Non-insured Benefit PPO Discount Only	50% 12 month waiting period
Dentures	Non-insured Benefit PPO Discount Only	Non-insured Benefit PPO Discount Only	50% 12 month waiting period
Orthodontics	Non-insured Benefit PPO Discount Only	Non-insured Benefit PPO Discount Only	Non-insured Benefit PPO Discount Only
Maximum Insured Benefit	\$ 500	\$ 750	\$ 1,500
Deductible	None	50 Ind/150 Family Max	50 Ind/150 Family Max
Maximum PPO Benefit	No Maximum	No Maximum	No Maximum

***Deductible waived for this service regardless of plan selection**

Important information: After annual maximum for insurance stops and for treatments not covered by the insurance policy, the plan will continue to provide discounted services through our Preferred Provider Network (PPO). This is because the PPO negotiated fees will apply to give a continued savings even after the insured benefits are exhausted. Please check with your Dental Provider for discounts available.

PPO USA-CONNECTION Dental Network is not available in Virginia or Washington

The plan provides benefits for covered dental services rendered by a licensed dentist, physician or dental hygienists. If you obtain services from a participating provider in the PPO USA-CONNECTION Dental network, your out-of-pocket expenses may be lower. Please check with your Dental Provider for discounts available.

To locate a PPO USA-CONNECTION Dental Network provider in your area visit www.ppousa.com and follow the link to "Find a Connection Dental Dentist" under "Info for Patients" or call (877) 277-6872. When you obtain services from a Network provider, this plan reimburses based on the network agreement in place with that provider. When you obtain services from a non-network provider, this plan reimburses based upon the Reasonable and Customary fees for the geographic area where the expenses are incurred.

*URAC Accreditation

Connection Dental network has received Health Network Accreditation from Health Network Accreditation from Utilization Review Accreditation Commission (URAC), a Washington, DC based health care accrediting organization that establishes quality standards for the health care industry. URAC's Health Network Accreditation is the premier accreditation program for preferred provider organizations (PPO's).

*Cost Containment

The Connection Dental network offers you excellent dental cost containment through its negotiated fee schedules. All participating dentists agree to accept the lower of the Connection Dental fee schedule amount or their usual fee for scheduled services whichever is lower. The Connection Dental fee schedule consists of over 300 ADA procedure codes that account for approximately 95 to 98 percent of all covered dental procedures.

* http://www.ppousa.com/clients/conn_dent.html

Plan Features:

ELIGIBLE EXPENSES

We will pay for Eligible Expenses You Incur for Yourself or on behalf of Your Insured Dependent. Expenses must be incurred while the Policy is in force and the person is covered by the Policy. The description of Eligible Expenses is shown in the Coverage Schedule. To be an Eligible Expense, the dental service or procedure must be performed by a Dentist, a Physician or a Dental Hygienist.

EXPENSES INCURRED

An Eligible Dental Expense is considered incurred on the following dates: For full and partial dentures – the date the final impression is taken; for fixed bridges, crowns, inlays and onlays – the date the teeth are first prepared; for root canal therapy – the date the pulp chamber is opened; for periodontal surgery – the date surgery is performed; for all other services – the date the service is performed.

DEDUCTIBLE AMOUNT

The calendar year Deductible, if any, is shown in the Coverage Schedule. The Deductible is an amount of eligible charges you must incur for Yourself or on behalf of Your insured Dependent(s) before we can begin paying benefits.

CALENDAR YEAR MAXIMUM

The maximum limit payable for all Eligible Expenses in any calendar year is shown in the Coverage Schedule. The Maximum Calendar Year Limit, if any, will apply to each person covered under the Policy.

PRETREATMENT REVIEW

If the Course of Treatment will exceed the amount shown in the Coverage Schedule, We will request prior review. We must be given the Dentist's treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays. We will determine Eligible Expenses and state how much We will pay for the treatment. Our determination may suggest an alternate, less expensive Course of Treatment if it will produce professionally satisfactory results. If You do not request a pretreatment review, We will pay for the least expensive method of treatment regardless of the method actually used.

ALTERNATE BENEFIT

If: 1) We determine that a less expensive alternate procedure, service or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and 2) the alternative treatment will produce a professionally satisfactory result. The maximum We will allow will be the charges for the less expensive treatment.

COORDINATION OF BENEFITS

(Does not apply in Maryland or South Dakota)

This Plan will be coordinated with any other group, blanket or franchise plan under which an Individual will receive benefits.

MISSING TEETH

When covered under your plan, benefits are provided for placement of dentures, fixed bridgework, implants or the addition of teeth to existing dentures only when the service includes replacement of a natural tooth extracted or lost while covered under this plan. This limitation ends after the individual receiving care has been covered under this plan for 36 consecutive months.

ELIGIBILITY

Individuals, 18 years of age or older, plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 23 if child is a full-time student). This is subject to State requirements.

TERMINATION OF COVERAGE

Coverage terminates on the earliest of the following dates: (a) the last day of the month in which You cease to be eligible for coverage; (b) the last day of the month in which Your Dependent is no longer a dependent as defined; (c) subject to the Grace Period, the last day of the month for which a premium has been paid by you or on your behalf; (d) or the date the Master Policy ends.

EFFECTIVE DATE

You and Your Dependents are covered on the later of: the date We accept Your enrollment and determine an effective date; or the date You first acquire a Dependent, if the date is after Your coverage begins.

REASONABLE AND CUSTOMARY

Reasonable and Customary means the usual, customary and regular charges for the area where such expenses are incurred.

DENTAL EXPENSES NOT COVERED ALL PLANS— Discount Benefits Only

- for overdentures and associated procedures;
- for charges in excess of those considered Reasonable and Customary;
- for cosmetic procedures;
- for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
- for implants and for replacement of lost or stolen appliances, replacement of retainers, athletic mouth guards, precision or semi-precision attachments, denture duplication;
- for oral hygiene instructions, and for: plaque control, completion of a claim form, acid etch, broken appointments, prescription or take-home fluoride, or diagnostic photographs;
- for services not completed by the end of the month in which coverage ends unless continuation of coverage has been requested and accepted by Us;
- for procedures that are begun, but not completed;
- for services and treatment provided without charge, or for which there would be no charge in the absence of insurance;
- for services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
- for a condition covered under any Worker's Compensation Act or similar law;
- that are applied toward satisfaction of a Deductible, if any;
- that are generally considered by the dental profession as experimental or investigational;
- for the treatment of cleft palate and anodontia;
- for services or supplies payable under any medical expense plan;
- for orthodontia, unless included within the Coverage Schedule; prior to the date the Insured is covered under the Policy;
- for the diagnosis or treatment of Temporomandibular Joint Dysfunction (TMJD);
- for hospital services;
- for any unmarried child age 19 years of age and over unless he is dependent upon You for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours for credit in an accredited junior college, college or university. Any exception for a full-time student will end at age 23;
- during a waiting period We require, when You voluntarily end Your insurance You will not be eligible to re-enroll for a period of 2 years after the date Your coverage first ended;
- charges for infection control, sterilization, and waste disposal.

ADDITIONAL DENTAL EXPENSES NOT COVERED UNDER PLAN 2—Discount Benefits Only

If you select Plan 2 the following expenses are not covered in addition to the those listed above in "Dental Expenses Not Covered All Plans - Discount Benefits Only".

- for oral surgery, including postoperative care.
- for endodontic treatments.
- for periodontic services.
- for study models.
- for crown build-ups.
- for recementing inlays, onlays, crowns and bridges.
- for repair of dentures or bridges.
- for restoration services.
- for prosthetic services.

ADDITIONAL DENTAL EXPENSES NOT COVERED UNDER PLAN 1— Discount Benefits Only

If you select Plan 1 the following expenses are not covered, in addition to the those listed under Plan 2, and "Dental Expenses Not Covered All Plans—Discount Benefits Only".

- for fillings;
- for simple extractions;
- for antibiotic injections.

IMPORTANT FRAUD NOTICES

Any person who knowingly presents a false or fraudulent claim for payment at a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arkansas/Louisiana Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky - Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

New Mexico - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal to and civil penalties.

Tennessee -It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance

This brochure provides a brief description of some important features of your Plan. It is not the Insurance Contract, nor does it represent the Insurance Contract. Some provisions may vary by state. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance Policy form GH-1112 issued to the Voluntary Group Trust except in Maryland. A full explanation of benefit, exceptions and limitations is contained in Policy Form GH-112(MD-IND). PPO Dental Plus may not be available in all states.

No agent has the authority to change any benefits, to bind coverage with Security Life Insurance Company of America, or to promise a certain effective date.

MARKETED BY:

Aegis Administrative Services Inc.
sc@aegisadmin.com
888-881-2307 x 324