SecureDental
Dental Insurance

Everyone Deserves A Healthy Smile

Insurance Underwritten By:
Freedom Life Insurance Company of America
SecureDental Plan

Benefits & Discounts

Preventive Dental Care

- Initial & Periodic oral examinations\(^2\)
- Intraoral X-rays, with/without bitewings
  *Limit one series every thirty-six months per Insured*
- Bitewing X-rays
  *Limit one set every twelve months per Insured*
- Prophylaxis (cleaning of the teeth) with/without oral examination\(^2\)
- Periodontal Prophylaxis (deep scaling & cleaning)\(^2\)
- Topical fluoride for Insureds under fourteen years of age
  *treatment every twelve months per Insured*
- Topical sealant - posterior tooth for Insureds under fourteen (14) years of age\(^3\)
- Space maintainers (fixed/lateral) for missing primary teeth

Basic Dental Care

- General anesthesia, when Dentally Necessary & in connection w/Oral Surgery
- Amalgam, silicate cement, acrylic or plastic fillings
- Topical sealant - posterior tooth of Insureds under fourteen years of age\(^1\)
- Simple tooth Extractions
- Temporary treatment to relieve dental pain
- Space maintainers (fixed/lateral) for missing primary teeth
- Non-routine X-rays
- Full mouth or panoramic x-rays
- Oral Surgery

Premium Plan

<table>
<thead>
<tr>
<th>Deductibles</th>
<th>$50 per person, $150 per family(^1,6)</th>
<th>Additional Orthodontic Deductible</th>
<th>$150 per person(^1,8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>Preventive Care</td>
<td>Basic Care</td>
<td>Major Care</td>
</tr>
<tr>
<td>PPO (In-Network)</td>
<td>100(^2)</td>
<td>80(^4)</td>
<td>70(^7)</td>
</tr>
<tr>
<td>Non-PPO (Out-of-Network)</td>
<td>80(^2,3)</td>
<td>60(^3,4)</td>
<td>50(^3,5)</td>
</tr>
<tr>
<td>Calendar Year Maximum Per Insured</td>
<td>$1,500</td>
<td></td>
<td></td>
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<tr>
<td>Orthodontic Calendar Year Maximum Per Insured</td>
<td>$400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum Orthodontic Benefit Per Insured</td>
<td>$1,000</td>
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<td></td>
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</tbody>
</table>

Saver Plus Plan

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<tr>
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<td>Non-PPO (Out-of-Network)</td>
<td>80(^2,3)</td>
</tr>
<tr>
<td>Calendar Year Maximum Per Insured</td>
<td>$1,000</td>
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</table>

Saver Plan

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<td>Non-PPO (Out-of-Network)</td>
<td>70(^2,3)</td>
</tr>
<tr>
<td>Calendar Year Maximum Per Insured</td>
<td>$500</td>
</tr>
</tbody>
</table>

\(^1\)Benefits are subject to the Calendar Year Deductible and Calendar Year Maximum specified above per Covered Insured
\(^2\)One during a consecutive six months per Insured
\(^3\)One treatment per tooth every consecutive thirty-six months per Insured
\(^4\)Not subject to benefit waiting period
\(^5\)Subject to network fee schedule
\(^6\)Separate $50 Deductible For Non-Participating Dentist per Insured
\(^7\)These services are not covered under the Certificate but are subject to a discount of up to 20% if you see a Participating Dentist.
\(^8\)Separate $150 Deductible for Non-Participating Orthodontic Dental Care per Insured
**Major Dental Care**
(Insurance Benefits for Premium & Saver Plus Plans)

- Onlays/Inlay fillings, two or three surfaces
- Single Crown restorations
- Dentures, including fixed or removable prosthetic devices, complete Dentures, upper & lower
- Partial Dentures - lower, with two clasps & gold lingual bar upper w/two clasps & gold palatal bar
- Bridge Pontics
- Abutment Crowns
- Root Canal Therapy, including treatment plan & follow-up care
- Apicoectomy
  
  *If performed with a root canal, this service will be considered a separate service*
- Gingivectomy or ginivoplasty, per quadrant
- Osseous surgery, per quadrant
  
  *If more than one (1) periodontal surgery service is performed per quadrant, only the most inclusive surgical service performed will be considered a Covered Dental Expense*
- Periodontic scaling
- Surgical Extractions of an impacted tooth, including full bony impaction
- Repairs & adjustments to Dentures
  
  *This will not be considered a Covered Dental Expense if performed within six (6) months of: Denture installation; adjustments to Dentures or Partial Dentures; replacement of a broken tooth or complete or Partial Denture; other Denture repairs; and re-cementing of a bridge*
- Implants

**Orthodontic Care**
(Insurance Benefits for Premium Plan only)

- Periodic oral evaluation
- Comprehensive oral evaluation – new or established patient
- Re-evaluation
  
  *limited, problem focused (established patient, not post-operative visit)*
- Comprehensive periodic evaluation – new or established patient
- Intraoral – complete series (including bitewings)
- Panoramic film, including bitewings & periapicals if necessary
- Cephalometric Film
- Oral/facial images (includes intra & extraoral images)
- Diagnostic casts
- Transseptal fiberotomy, supra crestal fiberotomy, by report
- Limited Orthodontic treatment of the primary dentition
- Limited Orthodontic treatment of the transitional dentition
- Limited Orthodontic treatment of the adolescent dentition
- Limited Orthodontic treatment of the adult dentition
- Interceptive Orthodontic Treatment of the primary dentition
- Interceptive Orthodontic Treatment of the transitional dentition
- Comprehensive Orthodontic Treatment of the transitional dentition
- Comprehensive Orthodontic Treatment of the adolescent dentition
- Comprehensive Orthodontic Treatment of the adult dentition
- Removable appliance therapy
- Fixed appliance therapy
- Pre-orthodontic treatment visit
- Periodic Orthodontic treatment visit (as part of contract)
- Orthodontic retention (removal of appliances, construction & placement of retainer(s))
- Orthodontic treatment (alternative billing to a contract fee)
- Repair of Orthodontic appliance
- Replacement of lost or broken retainer (limited to replacement of broken retainer)
- Rebonding or re-cementing, and/or repair, as required of fixed retainers

**Dental Network Discounts**

Saver Plan and Saver Plus Plan members may take advantage of savings on the following services, when services are provided by a Participating Dentist:

- Save up to 20%² on most major dental procedures, including onlays/inlay fillings, single crown restorations, dentures, bridge pontics, root canal therapy, surgical extractions of impacted teeth, and implants.
- Save up to 20%² on orthodontic care, including braces and retainers for children and adults, diagnostic casts, oral/facial images, and fixed appliance therapy.

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¹If performed in connection with Orthodontic Treatment Plan
²Actual savings may vary depending on your geographic location and the Participating Dentist you select
³Discount services for Saver Plan Members
⁴Discount services for Saver Plan and Saver Plus Plan Members
**Termination**

Your Certificate is guaranteed renewable to age sixty-five (65) or in the event an Insured otherwise becomes a Medicare enrollee.

A Covered Insured’s coverage ends on the earlier of: with respect to Your Spouse who is covered under the Certificate, the premium due date in the month following the effective date of Your divorce decree, annulment or court approved separation; with respect to Your child(ren) who are covered under the Certificate, the premium due date in the month following such Insured’s nineteenth (19th) birthday (twenty-fourth (24th) if a Full-Time Student); the due date of any unpaid Renewal Premium, subject to the grace period; the date You terminate coverage by notifying Us of the date You desire coverage to terminate and specify the Insured whose coverage is to terminate; We are required by the order of an appropriate regulatory authority to non-renew or cancel the Certificate or Group Dental Insurance Policy; We cease or discontinue offering and renewing coverage of the same form of coverage as the Certificate in Your state upon a minimum of thirty-one (31) days prior written notice mailed to Your last known address; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Certificate or in filing a claim for Benefits under the Certificate. Coverage will not end for a child that is dependent on You for support and maintenance and incapable of self-support because of a mental handicap or physical disability. Such coverage will continue as long as the Certificate stays in force and the child remains dependent. Proof of such handicap or disability must be furnished to Us within 31 days prior to the child reaching the limiting age, and thereafter upon Our request, but not more frequently than annually after the 2 year period following the child’s attainment of the limiting age.

**Coordination of Benefits**

The Dental Certificate contains a Coordination of Benefits provision, which describes how Benefits will be payable. Benefits payable under the Certificate may be reduced when a Covered Insured has more than one plan, depending on whether this coverage is a primary or secondary plan. The Certificate contains a Coordination of Benefits provision which outlines the order of benefit determination rules for determining if coverage is primary or secondary.

**Pre-Treatment Estimate of Benefits**

An Insured may find the amount payable by the Certificate prior to having a Dentist begin any extensive treatment. Your Dentist may submit the treatment plan to Us prior to services being performed. We will notify You and the Dentist, in advance regarding what benefits are considered Covered Dental Expenses or Covered Orthodontic Expense and how much is payable under the Certificate and how much You will be responsible for paying.

The Pre-Treatment Estimate is not a guarantee of payment. Benefits are payable if coverage is in effect on the date Covered Dental Expenses or Covered Orthodontic Expenses are performed, subject to the definitions, exclusions, and limitations, and Benefit Waiting Periods.
**SecureDental Plan**

**Premium, Saver Plus & Saver Plans Limitations**

In addition to any other provisions of the Certificate, Benefits and coverage are limited as follows:

- The amount of the Calendar Year Maximum Dental Benefit Per Insured shall not exceed the sum of $500 for the Saver Plan, $1,000 for the Saver Plus Plan, and $1,500 for the Premium Plan, with an additional $400 Calendar Year Maximum Orthodontic Benefit per Insured and Lifetime Maximum Orthodontic Benefit Per Insured of $1,000 on the Premium Plan.

- No Benefits are payable under the BASIC DENTAL CARE provision unless they are incurred at least six (6) months after the Issue Date.

- No Benefits are payable under the MAJOR DENTAL CARE provision unless they are incurred at least twelve (12) months after the Issue Date.

- No Benefits are payable under the ORTHODONTIC DENTAL EXPENSES provision unless they are incurred at least twelve (12) months after the Issue Date.

**Premium, Saver Plus & Saver Plans Non-Covered Items**

Coverage under the Certificate is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the Certificate. In addition, the Certificate does not provide coverage for professional and dental services provided by You or a Provider who is a member of an Insured’s Family; any dental condition excluded by name or specific description by either the Certificate or any riders, endorsements, or amendments attached to the Certificate; any loss to which a contributing cause was the Insured’s being engaged in an illegal occupation or illegal activity; participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight; cosmetic surgery or cosmetic dentistry, except for Dentally Necessary cosmetic surgery which is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function; Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD); treatment received outside of the United States; treatment on or to the teeth or gums for cosmetic purposes, including charges for personalizations, characterizations or Dentures; replacement of lost or stolen prosthetics; restorative services (i.e. the initial placement of a complete or Partial Denture or for Fixed Bridgework) or Endodontic therapy if it involves the replacement of one or more natural teeth missing on the Issue Date of the Certificate or when initial preparations were started prior to the Issue Date as shown on the Certificate Schedule; restorative services for one (1) or more natural teeth missing on the Issue Date as shown on the Certificate Schedule of the Certificate will be considered Covered Dental Service if incurred five (5) years after the Issue Date; dental services performed in a hospital and any related expenses; replacement of an appliance or prosthetic device, Crown, cast restoration or a Fixed Bridge within five (5) years after the date it was last placed. This exclusion does not apply if replacement is due to accidental Dental Injury received while covered under the Certificate; treatment of cleft palate, except for a newborn child covered under the Certificate from birth, andontia or mandibular prognathicism;
Premium, Saver Plus & Saver Plans Non-Covered Items, cont’d

- general anesthesia, except as specifically provided in the COVERED DENTAL EXPENSES section;
- placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- the use of unilateral, removable prosthetics;
- charges incurred by an Insured due to broken or cancelled appointments;
- Crowns for teeth that are restorable by other means or for the purpose of periodontal splinting;
- Crowns, fillings or appliances that are used to correct (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or for cosmetic purposes;
- orthognathic surgery; and
- expenses which exceed 100% of those actually incurred by the Covered Insured.

Additional Premium Plan Non-Covered Items

- any expenses for treatments, care, procedures, services or supplies which are not Covered Dental Expenses or Covered Orthodontic Expense incurred by a Covered Insured, and which are not specifically enumerated in the COVERED DENTAL EXPENSE or COVERED ORTHODONTIC EXPENSE section of the Certificate;
- Covered Dental Expense or Covered Orthodontic Expense received after the Certificate terminates, regardless of when the condition originated;
- Covered Orthodontic Expenses that exceed the amount of the Calendar Year Maximum Orthodontic Benefit per Insured;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED DENTAL EXPENSES or COVERED ORTHODONTIC EXPENSE sections of the Certificate and any optional coverage rider attached to the Certificate; and
- Orthodontic diagnosis or treatment, except as provided in the COVERED ORTHODONTIC EXPENSE provision.

Additional Saver Plus & Saver Plans Non-Covered Items

- any expenses for treatments, care, procedures, services or supplies which are not Covered Dental Expenses incurred by a Covered Insured, and which are not specifically enumerated in the COVERED DENTAL EXPENSE section of the Certificate;
- Covered Dental Expense received after the Certificate terminates, regardless of when the condition originated;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED DENTAL EXPENSES sections of the Certificate and any optional coverage rider attached to the Certificate; and
- Orthodontic diagnosis or treatment.

Additional Saver Plan Non-Covered Items

- Implants, including any appliances and/or Crowns and the surgical insertion or removal of Implants.


**ACA Individual Mandate & Shared Responsibility Payment**

The individual mandate of the Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" in 2014 and beyond, or be subject to the payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual’s household income each year. The SecureDental Plan provides benefits for dental only coverage, but it is not Workers' Compensation coverage under state law or an “essential health benefits” under the ACA and it is not considered “minimum essential coverage” plan under the ACA. Therefore, unless an Insured under the SecureDental Plan has an exemption from the ACA’s individual mandate or maintains “minimum essential coverage” under the ACA, the Insured will be subject to the ACA’s shared responsibility payment. If an individual (a) does not receive an ACA exemption annually from the federal government for the individual mandate, or (b) does not maintain “minimum essential coverage” under the ACA for 9 or more consecutive months during each year, (including coverage under one of the following types of plans (i) an employer sponsored group health plan, (ii) a grandfathered health plan, (iii) a non-grandfathered health plan for which the government has granted a waiver of the individual mandate, or (iv) an ACA essential health benefits plan), he will be subject to the ACA’s annual “shared responsibility payment”, even if covered under one of the PremierChoice Specified Disease/Sickness and Accident Plans. For additional information on the individual mandate, “shared responsibility payment”, exemptions from the mandate and other matters concerning the ACA, please visit www.healthcare.gov, the federal government’s website.

**Mandatory Dispute Resolution**

The Certificate contains Alternative Dispute Resolution Procedures for the prompt, efficient and cost effective resolution of any Dispute. This provision provides for the parties to first attempt to achieve resolution of any Dispute through negotiation. If the parties cannot reach an agreement through negotiation, this provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through binding arbitration.

Arbitration is not applicable in: Arkansas, Iowa, Illinois, Ohio, South Carolina and West Virginia.
The underwriting insurance company in Your state has agreed to perform or cause to be performed certain monthly administrative services on behalf of the association including the collection of certain enrollment fees and monthly membership dues on behalf of the association and transmission to the association of monthly membership census data. The underwriting insurance company in Your state is paid a monthly fee by the association for these administrative services.

Insurance coverage underwritten by:
Freedom Life Insurance Company of America
A member company of USHEALTH Group®
P.O. Box 1719 | Fort Worth, TX 76101 | 1-800-387-9027