



Dental Insurance

Benefit Examples to Help Meet Your Needs

Choosing the right dental coverage to help meet your needs and your budget is important. That's why we offer you a choice of three benefit levels — **Economy, Standard or Preferred**. The Preferred Option pays the most benefits for each service.

These charts show just a few of the services covered and the cash benefits you can collect for each benefit.

Preventive Care: Benefits start immediately — over 30 preventive services covered.

You can receive these benefits from day one:

Procedure	Economy Option	Standard Option	Preferred Option
Routine Exam (D0120)	\$14	\$19	\$24
Cleaning (D1110)	\$29	\$40	\$51
X-rays - 4 Films (D0274)	\$19	\$26	\$34
Total Preventive Benefits	\$62	\$85	\$109

Basic Care: Benefits begin after just 3 months — over 100 basic services covered.

Suppose you notice sensitivity to hot and cold liquids and your dentist finds a couple of cavities and a tooth that must be removed.

You can collect:

Procedure	Economy Option	Standard Option	Preferred Option
Problem-focused Exam (D0140)	\$19	\$25	\$32
Resin Fillings (3 surfaces) (D2332)	\$61	\$82	\$105
Resin Fillings (3 surfaces) (D2332)	\$61	\$82	\$105
Simple Tooth Extraction (D7140)	\$35	\$47	\$60
Total Basic Benefits	\$176	\$236	\$302

Major Care: Benefits begin after just 12 months — over 200 major services covered.

At a routine checkup, your dentist says you need a root canal on a molar and a crown.

Here's what your Physicians Mutual Insurance Company dental insurance can pay:

Most Popular Plan in 2016

Procedure	Economy Option	Standard Option	Preferred Option
Routine Exam (D0120)	\$14	\$19	\$24
Cleaning (D1110)	\$29	\$40	\$51
X-rays - 2 Films (D0272)	\$12	\$17	\$23
Root Canal (D3330)	\$204	\$279	\$340
Crown Buildup (D2950)	\$46	\$62	\$78
Crown (D2720)	\$302	\$401	\$501
Total Major Benefits	\$607	\$818	\$1,017

In just one year, you would collect:	Economy Option \$845	Standard Option \$1,139	Preferred Option \$1,428
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See the next page for a complete list of the limitations.

Limitations: Dental Coverage

This is limited-benefit insurance from Physicians Mutual Insurance Company. No benefits under the certificate/insurance policy are payable (or considered a covered expense) for any of the following:

- 1) Expense incurred during any waiting period (and while the insurance policy is not in force for P150).
- 2) Any treatment which is for cosmetic purposes. Facings on crowns or pontics beyond the second bicuspid are considered cosmetic (We will not pay for facings on crowns or pontics beyond the second bicuspid in MD).
- 3) Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items; unless a) replacement is required due to an accidental injury sustained while a covered person's coverage is in force; and b) replacement occurs while such covered person's coverage is in force.
- 4) Initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the covered person is insured under this certificate/insurance policy. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance of fixed partial denture must include the replacement of the extracted tooth or teeth.
- 5) Any procedure started before the covered person was insured under this certificate/insurance policy.
- 6) Any procedure started after the covered person's insurance under this certificate/insurance policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the covered person's insurance under this certificate/insurance policy terminates.
- 7) The replacement of lost or stolen appliances.
- 8) Appliances, restorations or procedures to a) alter vertical dimension; b) restore or maintain occlusion; or c) splint or replace tooth structure lost as a result of abrasion or attrition (Appliances, restorations, or procedures to: a) alter vertical dimension; b) restore or maintain occlusion; or c) splint or replace tooth structure lost as a result of abrasion, attrition or erosion in MD).
- 9) Any procedure that is not shown in the schedule (not in MD; in GA: Procedures not listed in the schedule).
- 10) Orthodontic treatment (except as needed as a result of cleft lip or cleft palate in CO/SC).
- 11) Sealants which are a) not applied to a permanent molar; b) applied after attaining the age of 17; or c) reapplied to a molar within three years from the date of a previous sealant application.
- 12) Periodontal scaling and root planing unless the presence of periodontal disease is confirmed by both X-ray films and pocket depth summaries of each tooth involved (not in MD).
- 13) Injury or sickness arising out of, or in the course of, work for wage or profit, for which the covered person receives benefits under any Workers' Compensation Act or similar laws (Care, treatment, services, supplies or drugs for Injury or Sickness related to a covered person's job to the extent the covered person is covered or is required to be covered by the Workers' Compensation law. If the covered person enters into settlement giving up his/her rights to recover further medical benefits under a Workers' Compensation law, the policy will not pay those medical benefits that would have been payable in absence of that settlement in KS; Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or Workers' Compensation insurance carrier according to the final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act in NC; Injury or sickness for which benefits are paid under any Worker's Compensation Act or similar laws in SD).
- 14) Charges for which the covered person is not liable or which would not have been made had no insurance been in force (Charges for which the covered person is not liable or which would not have been made had no insurance been in force. This exclusion does not apply to Medicaid in MD; no legal liability to pay in TX).
- 15) Services which are not recommended by a dentist/physician or which are not required for necessary care and treatment (Services which are not recommended by a dentist/physician in MD).
- 16) War or any act of war, declared or not (OK: when serving in the military or an auxiliary unit attached thereto; "War" does not include terrorism in FL).
- 17) MD: Care, treatment, services, supplies or drugs determined by an appropriate regulatory board to be provided as a result of a prohibited referral.
- 18) SD: For services provided by a Family Member, unless: a) the family member is a physician; b) the family member is a regular employee of the organization furnishing the service or care; c) the organization receives the payment for the services; and d) the family member receives no compensation other than the normal compensation for employees in his or her job category.
- 19) CO: This policy does not include coverage of pediatric dental services as required under The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010. Coverage of pediatric dental services is available for purchase in the State of Colorado and can be purchased as a stand-alone plan. Please contact Connect for Health Colorado to purchase either plan that includes pediatric dental coverage or an Exchange-certified stand-alone dental plan that includes pediatric dental coverage.

New York Exclusions and Limitations: Dental Coverage

Any change in coverage will apply to all policies of this form and class in your state of residence. Your renewal premium can change if the same change is made by us on all policies of this form and class issued in New York and subject to approval by the New York Department of Financial Services. We will not increase your renewal premium unless you request a change in your policy benefits or riders or there is a change in dependent status.

We can terminate your coverage for non-payment of premiums, fraud or misrepresentation of material fact or if we stop offering policies of this form and class.

This policy provides dental insurance only. The expected benefit ratio for this policy is 55%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

Services covered in this policy must be medically necessary. We will not pay more than the amount of the actual charge for a procedure. No benefits under the Policy are payable (or considered a Covered Expense) for any of the following:

Exclusions:

- 1) Cosmetic services or surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
- 2) Services provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.
- 3) Services for which no charge is normally made.
- 4) Illness, treatment or medical condition due to war, declared or undeclared.

Limitations:

- 1) Any procedure started before coverage takes effect.
- 2) Any procedure started after the Policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Policy terminates.
- 3) Facings on crowns or pontics beyond the second bicuspid.
- 4) Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items; unless: replacement is required due to an accidental Injury sustained while coverage is in force; and replacement occurs while such coverage is in force.
- 5) Initial placement of any prosthetic appliance or fixed partial denture unless placement is needed due to tooth extraction. The extraction of a wisdom tooth will not qualify. The appliance or fixed partial denture includes the replacement of the extracted tooth or teeth.
- 6) Replacement of lost or stolen appliances.
- 7) Appliances, restorations, or procedures to: alter vertical dimension; restore or maintain occlusion; or splint or replace tooth structure lost as a result of abrasion or attrition.
- 8) Orthodontic treatment.
- 9) Sealants which are: not applied to a permanent molar; applied as of age 17; or reapplied to a molar within three years.
- 10) Periodontal scaling or root planing unless periodontal disease is confirmed by both x-ray films and pocket depth summaries of each tooth involved.