

INDIVIDUAL DENTAL COVERAGE
THIS IS A LIMITED BENEFIT POLICY OUTLINE OF COVERAGE — P150GA

READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance Company. It is therefore, important that you **READ YOUR POLICY CAREFULLY!**

INDIVIDUAL DENTAL COVERAGE: If a covered person incurs a covered expense, we will pay the expense incurred for such covered expense, up to the applicable maximum covered expense and policy year maximum amount shown in the schedule that you will receive with your policy, subject to the deductible, and any other limitations and exclusions specified in this policy.

An expense is incurred at the time the impression is made for an appliance or change to an appliance. An expense is incurred at the time the tooth or teeth are prepared for a crown or fixed partial denture. For root canal therapy, an expense is incurred at the time the pulp chamber is opened. All other expenses are incurred at the time the service is rendered or a supply is furnished.

DEDUCTIBLE: The deductible is an amount of covered expenses for which no benefits are payable each policy year. It applies separately to the covered expenses incurred by each covered person. Benefits will be paid for only those covered expenses incurred in a policy year which are more than the deductible. Expenses incurred by a covered person during a waiting period are not covered expenses and are not applied toward satisfaction of the deductible. If an insured incurs covered expenses during the last three months of any benefit period and these expenses are applied toward the deductible for that benefit period, such covered expenses will also apply to the deductible for the following benefit period.

POLICY YEAR.

1. First Policy Year: The period of time that begins on the policy effective date and ends 365 days later.
2. Each Subsequent Year: Every 12 month period following the first policy year.

POLICY YEAR MAXIMUM. The policy year maximum is the maximum amount that we will pay for the expense incurred for such covered expenses incurred by a covered person in a policy year.

COVERED EXPENSE(S). Covered expenses will include only those expenses incurred (1) for dental procedures shown in the schedule for procedures that are performed by a Dentist/Physician or Dental Hygienist; (2) at the end of the waiting periods shown in the schedule; and (3) not specifically excluded or otherwise limited in the provisions of this policy. However, covered expenses are limited to the lesser of:

1. The actual charge of the Dentist/Physician or Dental Hygienist; or
2. The maximum covered expense, shown for each procedure on the schedule.

This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us.

WAITING PERIOD(S). A waiting period means a period of time after the policy effective date during which expenses incurred by covered persons for otherwise covered expenses are not payable. Any waiting periods applicable to your coverage are shown in the schedule you will get with your policy. If a covered person is added to the policy's coverage after the policy effective date, any applicable waiting periods shall begin with respect to that covered person on the date such covered person's coverage takes effect. This does not apply to newborn or newly adopted children when children's coverage is shown in the schedule with your policy.

LIMITATIONS. No benefits under this policy are payable (or considered a covered expense) for any of the following:

1. Procedures not listed in the schedule with your policy.
2. Expense incurred during any waiting period.
3. Expense incurred while the policy is not in force.
4. Any procedure started before the covered person was insured under this policy.

5. Any procedure started after the covered person's insurance under this policy terminates; or for any prosthetic dental appliances installed or delivered more than ninety (90) days after the covered person's insurance under this policy terminates.
6. Any treatment which is for cosmetic purposes. Facings on crowns beyond the second bicuspid are considered cosmetic.
7. 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.
8. 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 policy. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
9. The replacement of lost or stolen appliances.
10. 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.
11. Orthodontic treatment.
12. 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 3-years from the date of a previous sealant application.
13. Periodontal scaling or root planing unless the presence of periodontal disease is confirmed by both x-ray films and pocket depth summaries of each tooth involved.
14. 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 Worker's Compensation Act or similar laws.
15. Charges for which the covered person is not liable or which would not have been made had no insurance been in force.
16. Services which are not recommended by a Dentist/Physician or which are not required for necessary care and treatment.
17. War or any act of war, declared or not.

RENEWABILITY OF THIS POLICY: This policy is renewable or will continue in force, at your option unless:

1. Your renewal premium is not received before the grace period ends;
2. We refuse to renew all policies of this form in your state of residence.

No refusal of renewal will affect an existing claim.

PREMIUM CHANGES: Your renewal premium will change because of your change in age, as shown in the schedule. We may also change Your renewal premium for this policy, but only if the same change is made by us on all policies of this form and class in the state where you live. We will notify you in writing at least 60 days before the effective date of any premium change. In addition, we can also change your renewal premium if you request a change in your policy benefits or riders or there is a change in dependent status.

We will not increase Your Renewal Premium for at least three years from the Policy Effective Date shown in the Schedule unless You request a change in Your Policy benefits or Riders, change your premium mode or frequency, or there is a change in dependent status. Your premium may change at age 50, subject to a three year rate guarantee.

FOR ADDITIONAL INFORMATION
ABOUT POLICY BENEFITS, PLEASE
CONTACT US AT:

PHYSICIANS MUTUAL
INSURANCE COMPANY
P.O. Box 3313
Omaha, NE 68103
(800) 228-9100

FOR CLAIMS PLEASE
CONTACT:

AMERITAS LIFE
INSURANCE CORP.
P.O. Box 82520
Lincoln, NE 68501
(877) 667-6187

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