LifeMap Assurance Company™
100 SW Market Street
P.O. Box 1271 E-3A
Portland, OR 97207-1271
(800) 756-4105

Individual Incentive Dental 10 Insurance for Oregon Individuals and Families

This Outline of Coverage is designed to give you a very brief description of the important features of the Policy.

PLEASE READ THE POLICY CAREFULLY - This Outline of Coverage provides a very brief description of the important features of the Policy. Please note that this outline is not intended to be a part of the insurance contract. Only the actual Policy provisions are final and binding. The Policy itself sets forth in detail your rights and obligations as well as those of LifeMap Assurance (LifeMap) company.

Dental care is a vital part of maintaining and improving overall health for both children and adults. It is about more than keeping teeth looking good.

Dental disease is chronic, progressive and, at times, painful. It is also highly preventable and maintainable with routine care. Routine dental care is essential for a healthy lifestyle which is why LifeMap's Individual Incentive Dental plan is available to you and your family.

HOW THE POLICY WORKS

Individual Incentive Dental 10 is unique. If you engage in your oral health by receiving both a Periodic or Comprehensive Oral Evaluation and Dental Cleaning from your dentist during your benefit year, in the following year LifeMap will increase your benefits by lowering your share of the costs and increasing the annual benefit maximum. You are in control.

With the Individual Incentive Dental 10 plan you and your family are free to visit any dentist. As an added bonus, when you visit one of the many LifeMap Participating Dentists you will be accessing dental providers who have agreed to bill no more than our Allowed Amounts for covered procedures.

INDIVIDUAL INCENTIVE 10 DENTAL INSURANCE
OUTLINE OF COVERAGE

ELIGIBILITY
Eligible Dependents include your Spouse and your unmarried Dependent Children under age 26.

DEDUCTIBLES
An annual $50 Deductible applies individually to each member before benefits are paid, except that the Deductible is waived for cleanings and exams covered under Preventive Dental Services in the Policy.

WAITING PERIOD
This policy does not have a Benefit Waiting Period for Preventive Dental Services. There is a 6 month Benefit Waiting Period for Restorative Dental Services and a 12 month Benefit Waiting Period for Major Dental Services. The Benefit Waiting Period is the continuous length of time a member must be covered under the Policy before becoming eligible for benefits.

COINSURANCE
After the annual Deductible is met, we pay a percentage of the Allowed Amount as shown below.

	LEVEL 1	LEVEL 2	LEVEL 3
Preventive Dental Services	80%	90%	100%
Restorative Dental Services	60%	70%	80%
Major Dental Services	30%*	40%	50%

* There is a 12 month Benefit Waiting Period for Major Dental Services. The 30% Coinsurance for Major Dental Services shown under benefit level 1 is only payable if a member fails to receive the required cleaning and oral evaluation during the first benefit year, and thus benefits remain at level 1 during the second benefit year or thereafter.

BENEFIT MAXIMUM
The maximum benefit payable each year per member is shown below.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
$750	$1,000	$1,250	$1,500

Please note that the benefit levels will increase on the anniversary date of the Policy only if the member receives at least one dental cleaning and one periodic or comprehensive oral evaluation during the prior benefit year. In no event will the benefit level increase by more than one level each benefit year.

COVERED SERVICES

Covered Services are those services or supplies that are required to prevent, diagnose, or treat diseases or conditions of the teeth and supporting tissues and are Dentally Appropriate. These services must be performed by a Dentist or other provider practicing within the scope of his or her license.

Subject to the limitations and conditions described in the Policy, the following will be considered covered services under your policy:

Preventive Dental Services

- **Cleanings** allowed two per benefit year (In no Benefit Year will any Member be entitled to more than 2 cleanings whether cleanings or periodontal maintenance. Please note: periodontal maintenance is covered under Major Dental Services)
- **Oral exams** allowed two per benefit year)
- **Fluoride Treatment** allowed two applications per benefit year for members age 17 and under
- **X-rays** bitewings: allowed one set limited to twice per benefit year; panoramic and full mouth series: limited to once every three years
- **Sealants** allowed for permanent bicuspid and molars for members age 17 and under
- **Space Maintainers** allowed for members age 11 and under

Restorative Dental Services

- **Fillings** composite and amalgam
- **Emergency treatment** for pain relief only
- **Oral surgery** including surgical extractions, removal of teeth, biopsies and incision and drainage
- **General anesthesia or intravenous sedation** allowed for surgical extractions of teeth or to safeguard the Member's health
- **Direct pulp capping**

Major Dental Services

- **Crowns or onlays and related services**
- **Bridges (fixed partial dentures)** limited to one in a 7-year period
- **Dentures (full or partial) and related services**
- **Endosteal Implants and related services** implants are limited to 4 per lifetime per member
- **Endodontics** including root canal treatment, pulpotomy, apicoectomy
- **Periodontal Maintenance** allowed two per benefit year (In no Benefit Year will any Member be entitled to more than 2 cleanings whether periodontal maintenance or cleaning)
- **Gingivectomy and gingivoplasty** allowed once every three years per quadrant
- **Osseous and mucogingival surgery** allowed once every five years per quadrant
- **Debridement** allowed once every 3 years
- **Scaling and root planing** allowed once every two years per quadrant

Replacement of prosthetics is limited to once in a seven year period from the date of the most recent placement.

OPTIONAL VISION BENEFITS RIDER

You may elect to include Vision Benefits along with your dental coverage. The Optional Vision Benefit reimburses up to $150 per member for vision examinations and/or hardware every 24 months.

EXCLUSIONS

Your Policy does not cover:

- Additional procedures to construct new crown under existing partial denture framework
- Aesthetic Dental Procedures including bleaching of teeth and labial veneers
- Application of desensitizing resin for cervical and/or root surface
- Collection of cultures and specimens
- Connector bar or stress breaker
- Cosmetic/Reconstructive Services and Supplies (certain exceptions apply)
- Diagnostic casts or study models
- Duplicate x-rays
- Experimental/Investigational treatments, procedures and services and supplies
- Endodontic endosseous implants
- Expenses payable by motor vehicle insurance or other liability insurance coverage
- Exfoliate cytology sample collection or brush biopsy
- Fees, Taxes, Interest
- Gold foil restorations
- Home Visits
- Hospitalization for dentistry
- Implant maintenance procedures, including: removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis
- Incision and drainage of abscess extraoral soft tissue, complicated or non-complicated
- Indirect pulp capping
- Interim partial or complete dentures
- Local anesthesia, sterilization, and supplies billed as separate charges (these procedures are considered inclusive of billed procedures)
- Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue per tooth
- Maxillofacial prosthetic procedures
- Military Service Related Conditions: Any condition resulting from military service in the armed forces of any country
- Modification of removable prosthesis following implant surgery
- Nitrous oxide
- Non-direct patient care
- Occlusal analysis, adjustments and guards
- Oral/facial photographic images
- Orthodontic services, including craniomandibular orthopedic treatment; procedures for tooth movement, regardless of purpose; correction of malocclusion; preventive orthodontic procedures; and other orthodontic treatment
- Pediatric dentures
- Pin retention in addition to restoration
- Precision attachments
- Prescription drugs, including take home prescription drugs, pre-medications, therapeutic drug injections, or supplies
- Provisional splinting
- Pulp vitality tests
- Radical resection of maxilla or mandible

EXCLUSIONS *(cont.)*

- Radiographic/surgical implant index
- Removal of nonodontogenic cyst, tumor or lesion
- Replacement of lost, stolen or broken dental appliances
- Self-Help, Non Dental Self-Care, Training, or Instructional Programs
- Services and Supplies provided by a Family Member: Services and supplies provided to a member by an immediate family member
- Surgical procedures for isolation of a tooth with rubber dam
- Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
- Treatment for an illness or injury caused by a member's unlawful instigation and/or active participation in a riot, rebellion, war or illegal act
- Treatment of simple or compound fractures of the mandible
- Treatment of Temporomandibular Joint Dysfunction
- Unspecified implant procedures
- Work-related injuries

If you have any questions, please call 503-721-7161 or toll-free 1-800-794-5390.

Keep this brochure for your records.

PRIVACY NOTICE

We, at LifeMap, know you value your privacy. That is why we are committed to the confidentiality and security of your personal information. Because we endeavor to earn and keep your trust, we have long-standing privacy policies, robust training, and full-time staff dedicated to protecting privacy. We also maintain physical, administrative, and technical safeguards to protect your personal information from unauthorized access. Even if you are no longer a LifeMap member, we protect the confidentiality of your personal information as if you were.

Marketing

While other companies may sell or rent your contact information, LifeMap never sells or rents your personal information for marketing purposes. If you want LifeMap to share your personal information with a nonaffiliated third party so the third party can market to you, you must give us your express permission.

Your Personal Information

We collect personal information such as your name, contact information, health information, and financial information from you, your providers, and other insurers that provide coverage to you. We use this information to provide services to you and to conduct insurance transactions. You may receive a copy of your personal information by contacting us at the phone number or address below. We will not disclose your personal information unless we are permitted or required by law or you give your permission. As permitted or required by law, we may provide personal information to our affiliates and agents, reinsurers, insurance administrators, consultants, or regulatory and governmental authorities. We obligate entities receiving this information on our behalf to protect it in the same way that we protect it.

Changes to Our Practices

We may change our privacy practices in an effort to provide even better protection. If we change our privacy practices in a material way, we will notify current customers in writing.

Contact Us

If you have any questions about our privacy program, you may contact us at (800) 794-5390 or write to:

LifeMap Privacy Official
P.O. Box 1071, Mailstop E12B
Portland, OR 97207