



SECURITYLIFE

INSURANCE COMPANY OF AMERICA

GOLD

Individual Dental Insurance

Keep your smile sparkling with Security Life's Gold dental insurance plan. We offer a 30 Day Customer Satisfaction Guarantee, easy enrollment on eHealthinsurance.com and it comes with the **CarePPO** network to help keep your out-of-pocket costs low. **Get started today!**



Here's what's covered:

.....o PREVENTIVE SERVICES

Includes exams and cleanings (2 per year), fluoride treatments (under age 16), x-rays, Bitewings and Sealants

Policy Pays 100%

Calendar Year Deductible \$50/year*

Waiting Period None

.....o BASIC SERVICES

Includes fillings, simple extractions

Policy Pays 80%

Calendar Year Deductible \$50/year*

Waiting Period 6 months

.....o MAJOR SERVICES

Oral surgery, endodontics, periodontics, crowns, bridges and dentures

Policy Pays 50%

Calendar Year Deductible \$50/year*

Waiting Period 12 months

.....o MAXIMUM BENEFIT AMOUNT

Policy Pays \$1,500/year

*Calendar year deductible is combined for Preventive, Basic and Major services.

CarePPO Network:

Security Life's Gold plan gives you the freedom to use any dentist with the advantage of utilizing a **CarePPO** network provider for additional savings. The **CarePPO** network gives you:

- Over 169,000 access points nationwide
- Discounts of 20-50% on most dental services
- Network discounts available immediately

Additionally, when you utilize a **CarePPO** dental provider, your out-of-pocket costs may be lower because they have agreed to a negotiated fee for services. You are responsible for any coinsurance and the required deductible. It is important to note that if you receive care from a non-**CarePPO** provider your out-of-pocket costs will be based on what the provider charges.

DENTAL LIMITATIONS & EXCLUSIONS

The following are not covered or available as an alternative benefit:

- Occlusal, athletic, or night guards.
- Preventive root canal therapy.
- Overdentures or precision attachments.
- Items/treatments/services: not listed as an eligible expense on the Coverage Schedule; not prescribed by/performed by/under the direct supervision of a dental practitioner; not dentally necessary as determined by us; not meeting the accepted standards of dental practice; experimental in nature; that have a questionable prognosis; covered under any medical insurance policy; or performed by a member of your or your spouse's family (includes parents, step-parents, in-laws, spouse or former spouse, domestic partner, children, siblings, aunts, uncles, cousins, nieces, nephews, grandparents, and guardians).
- Services furnished primarily for cosmetic reasons, including but not limited to: specialized techniques, characterizing and personalizing prosthetic devices; making facings on prosthetic devices for any tooth in back of the second bicuspid; or replacements of restorations performed for cosmetic reasons.
- Charges for any appliance or service that is used to: change vertical dimension; restore or maintain occlusion, except to the extent that this policy covers orthodontic treatment; splint or stabilize teeth for periodontal reasons; or treat disturbances of the temporomandibular joint (TMJ).
- Charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction.
- Implantology and related services; implants and all related procedures, including removal of implants.
- Charges for any services that are considered to be an integral part of another service, such as pulp capping, surgical trays, or sutures.
- Ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites.
- Preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly.
- Duplicate or temporary devices, appliances, and services except as listed as an eligible expense.
- Replacing a lost, stolen or missing appliance or prosthetic device.
- Application of chemotherapeutic agents.
- Oral hygiene, plaque control, diet instruction or infection control.
- Non-emergency services performed outside the USA, Canada & Mexico.
- Treatment which is: due to an on-the-job or job-related illness or injury; or a condition for which benefits are payable by Workers' Compensation or similar laws, whether or not benefits are claimed.
- Treatment for which no charge is made or for which you are not legally obligated to pay including, but not limited to, treatment (or charges made) by: your covered employer, labor union or similar group, in its dental/medical department/clinic; a facility owned/run by any government body; or any public program, except Medicaid, paid for/sponsored by any government body.
- Treatment resulting from: your participation in a war or an act of war, declared or undeclared; your attempting to commit, or committing, an assault or felony; your unlawful participation in a riot, rebellion, or insurrection; or an intentionally self-inflicted injury while sane or insane.
- Full mouth debridement.
- Codes that are by report.

GENERAL INFORMATION

Eligibility: Individuals 18+, plus their eligible dependents. This is subject to individual state regulations.

Predetermination of Benefits: It is recommended that a treatment plan/course of treatment be submitted when the total cost of eligible expenses for any insured is expected to exceed the amount shown on the coverage schedule. This should be submitted to us before the work is started. If actual services submitted do not agree with the treatment plan, or if a treatment plan is not sent in, we will base our payment on treatment consistent with reasonable and customary charges. Predetermination of benefits is not a guarantee of what we will pay. The estimated benefit payment is based on your current eligibility and benefits in effect at the time of the completed service. Submission of other claims or changes in eligibility or this policy may alter final payment.

Alternate Benefit: If we determine that a less expensive procedure, service, or treatment plan/course of treatment that is customarily used to treat the dental problem and recognized by the dental profession to be appropriate according to broadly accepted standards of dental practice, then the maximum we will allow will be the charge for the less expensive treatment.

The following are not covered or available as an alternative benefit:

- Telephone consultations, charges for failure to keep a scheduled appointment, x-ray copy fees, or charges for completion of a claim form.
- Ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of provider office space.
- Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies.



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SECURITY LIFE'S GOLD PLAN IS NOT AVAILABLE IN: AK, ID, MA, NJ, NY, NC, VT, WA.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Individual Dental Policy Form IP1000 (and any state specific), or One Life Group Dental Policy that may be issued to the group voluntary trust, GH-1112 (and any state specific) a. Premium rates may change upon renewal. This policy is renewable at the option of the insured (IP1000) or the Company (GH-1112). This product may not be available in all states and is subject to individual state regulations.

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