



## Individual & Family **DENTAL COVERAGE**

- *Keeps those pearly whites gleaming.*

Making that semi-annual trek to the dentist isn't just good for your pearly whites, it's essential for good health. Why? Because researchers think there may be a link between cavities and gum disease, as well as serious health problems like heart disease.



## CHOICE FOR YOUR CHOMPERS

Armed with a LifeMap Dental Plan, you and your family will be motivated to get regular check-ups, brush, floss, rinse and repeat. We offer three dental plans to choose from: **INCENTIVE 10 DENTAL** and **DOLLAR-BASED DENTAL** reward you for making those proactive trips to the dentist's chair and **MANAGED CARE DENTAL** offers budget-stretching care from the Willamette Dental® network.

# INCENTIVE 10 DENTAL

*Watch your benefits grow from year to year!*

Incentive 10 Dental rewards you for receiving routine preventive care.

Each year that you see the dentist for an annual exam and cleaning means greater benefits and fewer out-of-pocket expenses the next year.

### WHAT TO EXPECT

Here are some important features of the plan:

1

#### No or low deductibles

You won't have to meet any deductible for basic exams and cleanings. And you'll only have to meet a \$50 deductible for other covered services.

2

#### Help with the big stuff

If fillings, a crown, implants or other restorative and major services are needed, the plan helps pay the balance after the deductible has been met (up to the benefit-year maximum). There's a six-month waiting period for restorative services and a 12-month waiting period for major services.

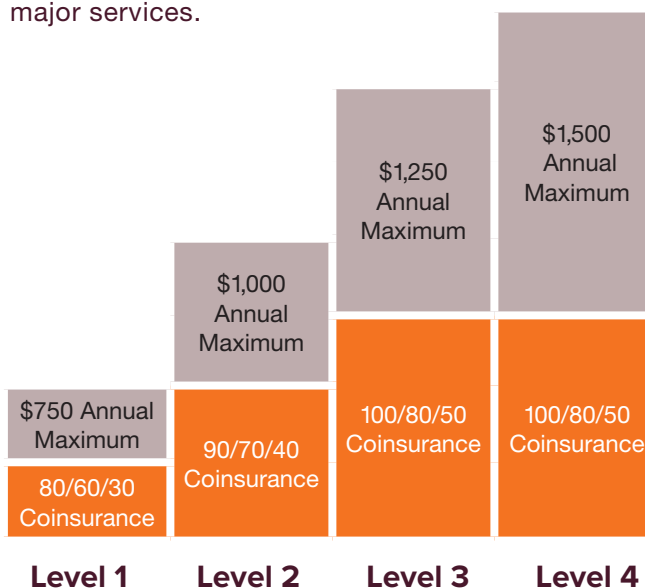
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#### More bang for your buck

Your coverage lets you see any dentist you'd like, but if you want to save money check out the dentists in our network. To find one, go to [LifeMapCo.com](http://LifeMapCo.com).

### HOW IT WORKS

Take a look at the chart below to see how it works. Each year you visit the dentist for at least one cleaning and one exam, we'll pay for more care during the next benefit year. The share we pay toward specific services also increases. By year four you could get up to \$1,500 worth of dental care. And we'd cover that care at 100/80/50—which means we'd pay 100% of preventive care, 80% of restorative services and 50% of major services.



An annual exam and a cleaning reward you with lower costs for dental care and increasing maximum benefits.

## SEE THAT HEALTHY SMILE

We want you get a good look at your gleaming smile, so you can add Vision Coverage to any of our dental plans. It reimburses covered family members up to \$150 for vision care, LASIK, glasses and contacts, every two years.

## WHAT'S COVERED: Individual Incentive 10 Dental

Pardon the *insurance speak*, but here's where we tell you which procedures and treatments are covered. We apologize in advance if you feel the need for a translator.

### Preventive services

- Cleanings, limited to two per benefit year, whether they're considered cleanings or periodontal maintenance (periodontal maintenance is covered under major services)
- Oral exams: two per benefit year
- Topical fluoride treatment: two applications per benefit year for members age 17 and under
- X-ray bitewings: two sets per benefit year; panoramic and full-mouth series: limited to once every three years
- Sealants allowed for permanent bicuspids and molars for members age 17 and under
- Space maintainers allowed for members age 11 and under

### Restorative 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 and for members age 6 and under
- Direct pulp capping

### Major services

- Crowns or onlays
- Bridges (fixed partial dentures)
- Dentures (full or partial)
- Endosteal implants limited to four per lifetime per member
- Endodontics, including root canal treatment, pulpotomy and apicoectomy
- Periodontal maintenance, limited to two per benefit year in lieu of preventive cleaning
- Scaling and root planing allowed once every two years per quadrant
- Debridement allowed once every three years
- Gingivectomy and gingivoplasty allowed once every three years per quadrant
- Osseous and mucogingival surgery allowed once every five years per quadrant
- Replacement of prosthetics is limited to replacements made at least seven years from the most recent placement; limited to once in a seven-year period

# DOLLAR-BASED DENTAL

*Wish you could spend your dental dollars your way?*

Dollar-Based Dental is the plan for you! We've kicked most of the traditional limitations and exclusions to the curb and put you in charge. There's a six-month waiting period before we start paying for stuff, but it's worth it to have control of your dental dollars.

## WHAT TO EXPECT

Here are some highlights of the plan:

1

### No deductible

You won't have to meet any deductible for anything. Zip, zero, nada.

2

### Rewards for hightailing it to the dentist

Being proactive by getting an annual exam and cleaning earns you bigger benefits the following year.

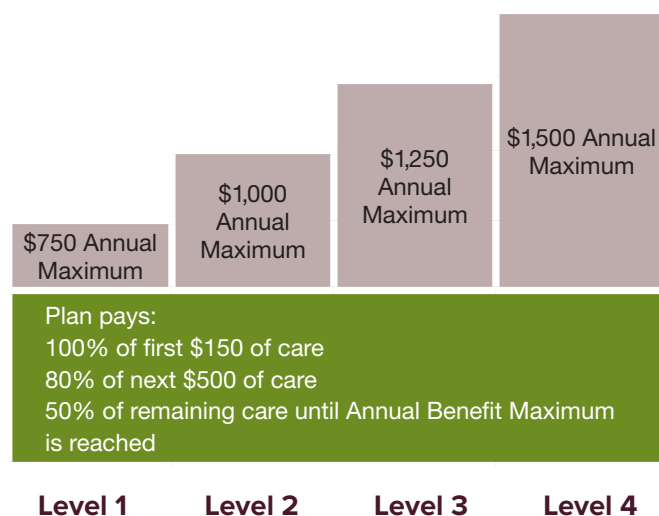
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### Savings that shine

See any dentist, but stretch your dollars by choosing a dentist in our network. To find one, go to [LifeMapCo.com](http://LifeMapCo.com).

## HOW IT WORKS

Take a look at the chart below to see how it works. Each year that you take a seat in the dentist's chair for an exam and cleaning, means greater benefits the next. The goal is to reach \$1,500 worth of dental care by year four.



An annual exam and a cleaning reward you with lower costs for dental care and increasing maximum benefits.

## WHAT'S COVERED:

### Individual Dollar-Based Dental

No *insurance speak* needed to explain what's covered, because almost everything is. The main exceptions are teeth bleaching, veneers and orthodontia (aka braces).

# MANAGED CARE DENTAL PLAN

## *Looking for budget-stretching dental coverage?*

Take a look at LifeMap's Managed Care Dental Plan.

Through our partnership with Willamette Dental you'll get a plan that's low on premiums, yet rich in benefits.

### WHAT TO EXPECT

Get care from dentists who are focused on prevention and the good health of you and your family. With over 660 dentists in the Willamette Dental network, there's sure to be one in your neighborhood.

1

#### **Find a dentist nearby**

To locate the closest Willamette dentist and book your first appointment, go to [WillametteDental.com](http://WillametteDental.com) or call 1(800) 461-8994. You can see a dentist in as soon as three to six weeks.

2

#### **A proactive partner**

During your first visit, you'll receive a thorough assessment of your dental health. Then a personal treatment plan will be developed to address any existing needs and prevent problems down the road.

3

#### **A pound of prevention**

Willamette Dental knows that prevention is the cure to costly aches and pains. So they encourage regular check-ups, cleanings and healthy habits to keep costly cavities and root canals at bay!

### HOW IT WORKS AND WHAT'S COVERED

The care you receive isn't limited by a maximum dollar amount. And there's no annual deductible! You'll just be charged copays for visits and services as outlined in the nifty chart on the next page.



## MANAGED CARE DENTAL SUMMARY OF BENEFITS

Annual maximum	None
Deductible	None
Visit charge	\$15 per visit
<b>SUMMARY OF COVERED SERVICES AND SERVICE COPAYS</b>	<b>WHAT YOU PAY</b> (Please note: Service copays and coinsurance are charged per service)
SERVICES COVERED WITH NO SERVICE COPAY	
Routine and emergency oral evaluations	\$15 visit charge
Teeth cleanings (under age 13)	
Bitewing X-rays	
Periodontal screenings	
Periodontal maintenance	
SERVICES PROVIDED WITH ADDITIONAL \$10 SERVICE COPAY	
Nitrous oxide (per visit)	\$15 visit charge plus \$10 service copay
SERVICES PROVIDED WITH ADDITIONAL \$20 SERVICE COPAY	
Panoramic X-rays	\$15 visit charge plus \$20 service copay
After-hours visit	
SERVICES PROVIDED WITH ADDITIONAL \$30 SERVICE COPAY	
Fillings - amalgam, anterior composite, or posterior primary composite (per tooth)	\$15 visit charge plus \$30 service copay
Simple denture/partial repairs	
Simple extractions	
Teeth cleanings (age 13 and older)	
ORTHODONTIA	
Pre-orthodontic service	Pre-orthodontic service copay will be deducted from the comprehensive orthodontic copay if the member elects orthodontic treatment
Initial orthodontic exam	\$15 visit charge plus \$25 service copay
Study models and X-rays	\$15 visit charge plus \$125 service copay
Comprehensive orthodontia	\$2,600 service copay per case
OTHER	
Out-of-area emergency care (50 miles or more from a WDG office)	You pay applicable service copays and fees. Willamette Dental covers up to \$100 of covered services.
Additional services covered by this policy (Please see the Schedule of Covered Services, Copays and Coinsurance for a complete list.)	\$15 visit charge plus 80% coinsurance
OPTIONAL VISION BENEFIT RIDER	
You may elect to add vision benefits to your dental coverage. The vision benefit reimburses up to \$150 per member for vision exams and/or hardware, including LASIK, every 24 months.	

*This is a brief summary of benefits. For full coverage provisions, including a description of limitations and exclusions, refer to your policy.*

*There is a six-month waiting period for all Orthodontic Services and some Major Services, including Permanent Crowns and some Prosthetic Services and Supplies. Please note: If you cancel Individual Managed Care Dental, there is a 12-month waiting period before you can re-enroll.*

*The benefits of this plan are not subject to any coordination of benefits provision.*

## WHAT'S NOT COVERED

To help keep costs down for everyone, we unfortunately can't cover everything. This is the small print that explains the exclusions for each dental plan we offer. Don't blame us for the unpronounceable verbiage, our lawyers made us do it.

### EXCLUSIONS: Individual Incentive 10 Dental

These services and supplies are not covered:

- Additional procedures to construct new crown under existing partial denture framework
- Application of desensitizing resin for cervical and/or root surface
- Bleaching of teeth
- 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
- Endodontic endosseous implants
- Exfoliate cytology sample collection or brush biopsy
- Expenses payable by motor vehicle insurance or other liability insurance coverage
- Experimental/investigational treatments, procedures, and services and supplies
- Fees, taxes, interest
- Gold foil restorations
- 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
- Labial veneers
- 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 and adjustments
- Occlusal guards
- Oral hygiene instructions
- 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
- Medication and supply charges including take home drugs, pre-medications, therapeutic drug injections, or supplies
- Provisional splinting
- Pulp vitality tests
- Radical resection of maxilla or mandible
- 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 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

### EXCLUSIONS: Individual Dollar-Based Dental

Your policy does not cover:

- Bleaching of teeth
- Labial veneers
- Orthodontic services, including craniomandibular orthopedic treatment; procedures for tooth movement, regardless of purpose; correction of malocclusion; preventive orthodontic procedures; and other orthodontic treatment
- Expenses payable by motor vehicle insurance or other liability insurance coverage
- 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
- Work-related injuries

## EXCLUSIONS:

### Managed Care Dental

These services and supplies are not covered:

- Aesthetic dental procedures and complications arising out of such services
- Benefits not stated
- Charges by any person other than a participating provider except as otherwise indicated in the policy
- Cosmetic/reconstructive services and supplies (certain exceptions apply)
- Coverage available under any federal, state, or other governmental program, except where required by law
- Dental implants
- Diagnostic casts or study models
- Endodontics, bridges, crowns, and other prosthetic devices or services if treatment was started or ordered prior to the member's effective date or delivered more than 60 days after the member's coverage under this policy has terminated
- Excision of a tumor; biopsy of soft or hard tissue; removal of a cyst
- Experimental/investigational treatments, procedures, services and supplies
- Extraction of permanent teeth for tooth guidance procedures; procedures for tooth movement
- Full-mouth reconstruction
- General Anesthesia, except as specified in the Schedule of Covered Services, Copays and Coinsurance.
- Habit-breaking or stress-breaking appliances
- Hospitalization for dentistry
- Maxillofacial prosthetic services
- Medication and supply charges
- Military service-related conditions
- Motor vehicle coverage and other insurance liability
- Non-direct patient care
- Occlusal treatment including complete occlusal adjustments and occlusal guards
- Personalized restorations, precision attachments, and special techniques
- Repair or replacement of lost, stolen, or broken items
- Replacement of sound restorations
- Services and supplies for treatment of an illness or injury caused by riot, rebellion, war and illegal acts
- Services for accidental injury to natural teeth that are provided more than 12 months after the date of the accident
- Services or supplies and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved a participating provider
- Temporomandibular Joint (TMJ) dysfunction treatment
- Transseptal fiberotomy
- Treatment started prior to the member's effective date under this policy or completed after this policy terminates
- Work-related injuries

**Give us a call or talk to your insurance producer today about Individual & Family Dental Coverage from LifeMap Assurance Company™.**



● **LifeMapCo.com**  
**1 (800) 756-4105**

*This is a brief summary of the Individual Dental Plans available from LifeMap Assurance Company. For full coverage provisions, including a complete list of Covered Services and Exclusions, please refer to your policy.*

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