



## **Individual Dollar-Based Dental Insurance for Washington 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 Company™ (LifeMap).

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 Dollar-Based Dental plan is available to you and your family.

### **HOW THE POLICY WORKS**

Individual Dollar-Based Dental puts you and your dentist in control. With this dental plan there are no dental service limitations or treatment exclusions, except orthodontia, aesthetic dental procedures such as teeth bleaching and labial veneers, 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 and treatment for work-related injuries.

If you engage in your oral health by receiving both a Periodic or Comprehensive Evaluation and Dental Cleaning from your dentist during your benefit year, in the following year LifeMap will increase the annual benefit maximum. You are in control.

With the Individual Dollar-Based Dental 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 Services.

Nonparticipating dentists, however, may bill you for any balances over our payment level in addition to any Coinsurance amount.

## INDIVIDUAL DOLLAR-BASED DENTAL INSURANCE OUTLINE OF COVERAGE

### ELIGIBILITY

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

### WAITING PERIOD

This policy has a 6 month Benefit Waiting Period. The Benefit Waiting Period is the continuous length of time a member must be covered under the policy before becoming eligible for benefits.

### 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.

### PERCENTAGE PAID UNDER THE POLICY (COINSURANCE)

We pay a percentage of the Allowed Amount for Covered Services you receive, up to the Benefit Year Maximum. When Our payment is less than 100%, you pay the remaining percentage (this is your Coinsurance). The percentage We pay varies, depending on the kind of service or supply you receive and who renders it.

COINSURANCE BENEFIT	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>LEVEL 4</u>
100% OF THE FIRST	\$150	\$150	\$150	\$150
80% OF THE NEXT	\$500	\$500	\$500	\$500
50% OF THE NEXT	\$400	\$900	\$1,400	\$1,900
BENEFIT YEAR MAXIMUM	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>LEVEL 4</u>
	\$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.*

### 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:

- Aesthetic dental procedures such as bleaching of teeth and 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 of 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 covered by worker's compensation

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