

Individual Choice **DENTAL INSURANCE**

Optional Dental Insurance

AMAZING DENTAL
INSURANCE COVERAGE
WITH LOW RATES!



Insurance coverage underwritten by:
Freedom Life Insurance Company of America
A member company of USHEALTH Group®

2 DENTAL INSURANCE

Benefits

Subject to the Calendar Year Deductible and Calendar Year Maximum per Covered Insured specified below, Benefits for Your Optional Dental Insurance for the following:

Preventive Care

We will pay 80% of Covered Expenses after You meet Your deductible and coinsurance. Benefits include:

- Initial and Periodic oral examinations. Limited to one during a consecutive 6 month period;
- Intraoral X-rays, with or without bitewings. Limited to one series in a consecutive 36 month period;
- Bitewing X-rays. Limited to one set during a consecutive 12 month period;
- Prophylaxis (cleaning of teeth) with or without an oral examination. Limited to one treatment during a consecutive 6 month period;
- Periodontal Prophylaxis (deep scaling and cleaning). Limited to one treatment during a consecutive 6 month period;
- Topical application of fluoride for Covered Insureds under 19 years of age. Limited to one treatment during a consecutive 12 month period;
- Temporary treatment to relieve dental pain; and
- Space maintainers (fixed or lateral) for missing primary teeth.

Basic Care

We will pay 50% of Covered Expenses after You meet Your deductible and coinsurance, when services are Provided at least 6 months after the Issue Date. Benefits include:

- General anesthesia, when Medically Necessary and in connection with Oral Surgery;
- Amalgam, silicate cement, acrylic or plastic fillings;
- Topical application of sealant on a posterior tooth for Covered Insureds under 14 years of age. Limited to one treatment per tooth in a consecutive 36 month period;
- Root Canal Therapy, including treatment plan and follow-up care;
- Apicoectomy. If performed with a root canal, this service will be considered a separate service;
- Gingivectomy or gingivoplasty, per quadrant;
- Osseous surgery, per quadrant. If more than one periodontal surgery service is performed per quadrant, only the most inclusive surgical service performed will be considered a Covered Expense under the Certificate;
- Periodontic scaling;
- Repairs and adjustments to Dentures. This will not be considered a Covered Expense if performed within 6 months of: Denture installation; adjustments to Dentures or Partial Dentures; replacement of a broken tooth or complete or Partial Denture; other Denture repairs; and recementing of a bridge;
- Simple tooth Extractions; and
- Surgical Extractions of an Impacted tooth, including full bony Impaction.

Major Care

We will pay 50% of Covered Expenses after You meet Your deductible and coinsurance, when services are Provided at least 12 months after the Issue Date. Benefits include the following:

- Gold inlay fillings, two or three surfaces;
- Single Crown restorations;
- Dentures, including fixed or removable prosthetic devices, complete Dentures, upper and lower;
- Partial Dentures; lower, with two clasps and gold lingual bar; upper with two clasps and gold palatal bar;
- Bridge Pontics; and
- Abutment Crowns.

Calendar Year Maximum:

\$1,000 per Covered Insured

Covered Expenses means those services, supplies, care or treatment for which Benefits are specifically Provided for and payable in the Certificate, if: prescribed, performed or ordered by a Dentist; Incurred by a Covered Insured; Medically Necessary; and charges for such services, supplies, care or treatment do not exceed Usual and Customary.

Calendar Year Deductible:

\$50 per Covered Insured

\$150 per Family

Additional Features

Issue Date: Your insurance is not effective until the coverage applied for has been approved and issued by the company.

Additional Features cont'd

Termination: A Covered Insured's coverage ends on the earlier of:

- ♦ the premium due date in the month following the date the Group Policy is terminated by the Group Policyholder, in which case You will be given thirty (30) days prior written notice of the termination, mailed to Your last known address;
- ♦ the due date of any unpaid premium, subject to the grace period;
- ♦ the date You terminate coverage by notifying Us in writing of the date You desire coverage to terminate and specify the Covered Insured whose coverage is to terminate;
- ♦ the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Certificate or in filing a claim for Benefits under the Certificate;
- ♦ with respect to Your spouse who is covered under the Certificate, the premium due date in the month following the effective date of Your divorce decree, annulment or court approved separation;
- ♦ the date You cease being a member of the group to whom the Group Policy is issued;
- ♦ the premium due date in the month following the earlier of: (a) the date the Covered Insured attains age 65; or (b) the date the Covered Insured becomes eligible or qualified for Benefits under Medicare or any other government insurance plan (except Medicaid);
- ♦ Your child(ren) who is covered under the Certificate reaches the limiting age as defined in Your state; or
- ♦ with respect to child(ren) born to a covered dependent who are covered under the Certificate, the premium due date in the month following the child(ren) reaching eighteen (18) months from the date of such child(ren)'s birth.

Except for claims involving fraud or intentional misrepresentation of material fact, any termination shall be without prejudice to any claim originating prior to the date of termination. If coverage is terminated, unearned premium will be computed pro-rata and any unearned premium will be refunded to You.

Renewability: You may renew the Certificate on any renewal date, subject to the Termination of Coverage provision, unless We give You at least thirty-one (31) days written notice that We are refusing to renew. We may refuse to renew only if We do so on Certificates of this form on a Class Basis in the state where Your Certificate was issued. Our refusal to renew can only be effective on a premium date and the coverage under the Certificate will then terminate at 12:01 A.M. local time where You live. To renew, pay the renewal premium at the interval(s) available to You at the time of renewal.

Coordination of Benefits: Benefits payable under the Certificate will be proportionately reduced by any Other Valid Insurance Coverage You maintain. Other Valid Insurance Coverage will reduce the Benefits payable under the Certificate. When Your Benefits are reduced due to Other Valid Insurance, We will return part of the last monthly premium that You paid prior to the commencement of a loss covered under the Certificate.

Dispute Resolution: The Certificate contains Dispute Resolution Procedures for the prompt, efficient and cost effective resolution of any Dispute. This provision provides for the parties to first attempt to achieve resolution of any Dispute through negotiation. If the parties cannot reach an agreement through negotiation, this provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through binding arbitration.

ACA Individual Mandate & Shared Responsibility Payment: The Individual Choice Dental Insurance Plan provides benefits for covered dental services only. The Individual Choice Dental Insurance Plan is considered an "excepted benefit plan" under the ACA and is not a "minimum essential coverage" plan under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014-2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter.

Dental Exclusions and Limitations

The Certificate does not provide coverage or any payment for the following:

- ♦ Any expenses for treatments, care, procedures, services or supplies which are not Covered Expenses Incurred by a Covered Insured, and which are not specifically enumerated in the Benefits section of the Certificate;
- ♦ Treatment on or to the teeth or gums for cosmetic purposes, including charges for personalizations, characterizations or Dentures;
- ♦ Any dental conditions for which the Covered Insured has received or is entitled to receive compensation for that particular dental condition under any Worker's Compensation or Occupational Disease Law;
- ♦ Expenses Incurred for oral hygiene instructions, a plaque control program or dietary instructions;
- ♦ Service Provided by You or a Dentist who is a member of the Covered Insured's Family;
- ♦ Any loss caused by war or act of war, whether declared or undeclared;
- ♦ Loss Incurred while engaged in military, naval or air service;
- ♦ Replacement of lost or stolen prosthetics;
- ♦ Dental treatment Provided by or paid for by the United States government or any instrumentality thereof;
- ♦ Expenses Incurred for restorative services (i.e. the initial placement of a complete or Partial Denture or for fixed bridgework) or Endodontic therapy if it involves the replacement of one or more natural teeth missing on the Issue Date of the Certificate or when initial preparations were started prior to Your Issue Date as shown on the Certificate Schedule;
- ♦ Expenses Incurred for restorative services for one or more natural teeth missing on the Issue Date as shown on the Certificate Schedule of the Certificate will be considered Covered Expenses if Incurred five (5) years after the Issue Date;
- ♦ Dental services performed in a Hospital and any related expenses;
- ♦ Temporomandibular Joint Disorder or Craniomandibular Disorder diagnosis and treatment;
- ♦ Replacement of an appliance or prosthetic device, Crown, cast restoration or a Fixed Bridge within five (5) years after the date it was last placed, whether under this plan or any prior plan under which You were covered. This exclusion does not apply if replacement is due to accidental dental Injury received while covered under the Certificate;
- ♦ Expenses Incurred for dental care which is not customarily performed, which is experimental in nature or which is not considered acceptable by the American Dental Association or Federal Drug Administration;
- ♦ Treatment of cleft palate, except for a newborn child covered under the Certificate from birth, andontia or mandibular prognathism;
- ♦ General anesthesia, except as specifically Provided in the Benefits section;
- ♦ Placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- ♦ The use of unilateral, removable prosthetics;
- ♦ Orthodontic diagnosis or treatment;
- ♦ Charges Incurred by You due to broken or cancelled appointments;
- ♦ Expenses which exceed 100% of those actually Incurred by the Covered Insured;
- ♦ Expenses for which a Covered Insured is not legally liable to pay;
- ♦ Crowns for teeth that are restorable by other means or for the purpose of periodontal splinting;
- ♦ Services that are otherwise included by a plan of health insurance;
- ♦ Implants, including any appliances and/or Crowns and the surgical insertion or removal of implants;
- ♦ Crowns, fillings or appliances that are used to correct (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or for cosmetic purposes; and
- ♦ Orthognathic surgery.

Note: The information shown here and in any accompanying literature does not provide full details of the Dental plan. Different plan provisions may apply in certain states. This brochure is only a brief description of Benefits available. The complete terms of the coverage, including limitations and exclusions, and any state required provisions are in the Certificate.



Freedom Life Insurance Company of America has agreed to perform or cause to be performed certain monthly administrative services on behalf of the association including the collection of certain enrollment fees and monthly membership dues on behalf of the association, and transmission to the association of monthly membership census data. Freedom Life Insurance Company of America is paid a monthly fee by the association for these administrative services.

Group Policy: GDENT-P-FLIC



Underwritten by:

Freedom Life Insurance Company of America
A member company of USHEALTH Group®

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