PREMIER CHOICE℠

DENTAL insurance for employer groups with 2+ lives or 5+ voluntary lives

Underwritten by Security Life Insurance Company of America, 10901 Red Circle Drive, Minnetonka, Minnesota, 55343

- **Employer Funded or Voluntary plan options**
- **Credit for prior coverage available**
- **Access to VSP Discount Program**
- **Choice of Indemnity or PPO plan options utilizing the DenteMax Network**

Premier Choice group products were designed for employers seeking maximum product flexibility. The flexible benefit choices can be designed around the employees' needs and budgeting constraints. Based on benefit choices selected, the price of the plan will vary.

Benefits Available	Benefit Choices
Deductibles	• $0, $25, $50, $75 or $100 per person per year (waived for preventive) • For voluntary groups, choice of $25 or $50 per person per year • $100 lifetime deductible per person (waived for preventive) • Family deductible 3 times individual
Annual Maximums	• For 2-9 life groups, $500-$1,500 • For 10+ life groups, $500-$2,500 • For voluntary groups, $500-$2,000
Co-insurance Options	• 100% / 80% / 50% (common plans) • 100% / 90% / 60% in network and 100% / 80% / 50% out of network (common PPO plan) • Or, let us know what works for your group
Optional Benefits	• Group can choose the placement of endodontic, surgical & non-surgical periodontal and complex oral surgery services to be paid as basic or major services • Annual maximum rollover benefit • Orthodontia coverage: – Cover for children under age 19 for groups with 2-9 lives – Choice of waiting period for takeover groups, co-insurance and lifetime maximum benefit limits for voluntary and groups with 10+ lives • Additional periodontal cleanings • Preventive expenses not applying to annual maximum • Implant coverage • Open enrollment for groups with 10+ lives

About VSP Discount Program:
Vision Access program provides discounts on exams and eyewear through a VSP Network doctor offering the following discounts:

- Eye Examination: 20% off through a VSP Network doctor
- Glasses: 20% off unlimited complete pairs of prescription glasses, all lens options and unlimited non-prescription sunglasses
- Contact Lenses: 15% off contact lens services, excluding materials
- Value Added Benefits: Laser VisionCare Programs, VSP contracted laser centers provide discounts for laser surgery including PRK, LASIK, and Custom LASIK (discounts average 15% off, or 5% off if the laser center is offering a promotional price)

To find a participating VSP doctor, visit **VSP.com** or call **800.877.7195**.

About DenteMax:
DenteMax, founded in 1985 presently has more than 128,000 access points nationally and continues to grow. When using a DenteMax provider, savings can average between 20 and 40%. To learn more about DenteMax and to locate a provider near you, visit dentemax.com.

Credit for Prior Coverage:
For groups with prior dental coverage, individual takeover credit given to those enrolling on the groups effective date.

SECURITYLIFE
INSURANCE COMPANY OF AMERICA

This is only a summary of benefits and is subject to individual state regulations. This product may not be available in all states. Premium rates may change upon renewal. This policy is renewable at the option of the Company. For complete information, please see the Certificate of Insurance.

UNDERWRITING GUIDELINES

You cannot offer this plan in conjunction with any other dental insurance plan utilized by your employees.

MINIMUM GROUP SIZE

You can offer this plan if you employ 2 or more non-related full time employees; or 5 or more full time employees for voluntary groups.

ELIGIBILITY

Your full time employees working 30 or more hours per week are eligible for this plan. Annual open enrollment period is required for voluntary groups. Employees must enroll within 31 days of becoming eligible or wait for the next open enrollment period and satisfy waiting periods for Basic, Major and Orthodontic Services. Once in the plan an employee who voluntarily terminates can re-enroll one time at the employer's next scheduled annual open enrollment period.

EMPLOYER RESTRICTIONS

This plan is only available to employers that have been in business more than one year. You must contribute a minimum of 25% of the employee premium for non-voluntary groups. Most Firms will qualify for this plan; however, coverage is not available to: (a) groups funded by the government or any government agency; (b) groups that are home based; (c) groups that are seasonal in nature; (d) groups with more than 90% family content. This list of ineligible Firms is representative only and not all-inclusive.

MINIMUM PARTICIPATION REQUIREMENTS, 2-9 LIVES GROUPS

100% if you pay the full cost of the benefits, with a minimum of 2 enrolled. 100% if your employees contribute toward the cost, when there are less than 5 employees, with a minimum of 2 enrolled. 75% if your employees contribute toward the cost, when there are 5 or more lives, with a minimum of 4 enrolled.

MINIMUM PARTICIPATION REQUIREMENTS, 10+ LIVES GROUPS

100% of your employees must participate if you pay the full cost of this coverage. At least 75% of your employees (or 8 lives, whichever is greater) must participate if your employees contribute toward the cost.

MINIMUM PARTICIPATION REQUIREMENTS, VOLUNTARY GROUPS

20% of your eligible employees (minimum of 5 employees) must participate. This requirement must be maintained at renewal. Rates are based on participation. You must have at least 10 enrolled in order to offer the Orthodontia option for a voluntary plan. Note: participation for groups with 2-9 lives, 10+ lives or that are voluntary is based on the percentage of employees who are eligible for the plan, not counting those employees who have waived coverage because they are insured under another plan.

ANNUAL MAXIMUM BENEFIT ROLLOVER OPTIONS, 10+ LIVES AND VOLUNTARY GROUPS

Available for groups with annual maximum benefit of $1,000 or more. Rollover applies only to Preventive, Basic and Major Services. It does not apply to Orthodontia. Rollover applies separately for each family member. (Each employee and dependent has his or her own rollover balances.) To be eligible for rollover, the member must have annual net incurred claims (net of member cost sharing) less than 50% of the annual maximum. The annual rollover amount is equal to 25% of the annual maximum. The maximum rollover account balance cannot exceed the annual maximum. Currently not available in conjunction with preventive expenses not applying to annual maximum option.

LATE ENTRANT PROVISION, 2-9 AND 10+ LIVES GROUPS

If your employees contribute toward the cost of this plan, they can enroll at any time subject to these late entrant provisions. An employee (or their dependent) who enrolls more than 31 days after becoming eligible will be considered a late entrant. Coverage will become effective on the date we receive his or her enrollment form. Once effective, a late entrant's coverage is limited to Preventive and Basic Services up to a maximum of $250 per person for the first 12 months of coverage. We will waive this late entrant provision if the individual loses coverage under another group dental plan for certain qualifying events, provided he or she enrolls in our plan within 31 days of termination under the prior group dental plan. Open enrollment is available upon request and replaces the late entrant provision for groups with 10+ lives. Cost for open enrollment varies.

WAITING PERIODS, VOLUNTARY GROUPS

There is a standard 6 month waiting period for Basic Services and a standard 12 month waiting period for Major Services. Groups have a choice to buy out of the standard waiting period for Basic Services. Groups with 50+ eligible employees have the additional opportunity to buy out of the standard waiting period for Major Services. There is an 18 month waiting period for Orthodontic Services. For groups with prior coverage, individual takeover credit given to those enrolling on the group's effective date. Open Enrollment waiting periods for Basic, Major and Orthodontic Services will apply regardless of buy-out of waiting periods on current employees and new hires.

WAITING PERIODS, 2-9 LIVES GROUPS

For major services, groups with prior coverage have a 12 month wait for new enrollees; groups with no prior coverage have a 12 wait for all employees. There is no waiting period for preventive and basic dental services. Orthodontia coverage requires a 18 month wait period with takeover credit available.

LIMITATIONS AND EXCLUSIONS

1. Items, treatments or services: (a) not listed in the Description of Qualifying Dental Expenses; (b) not prescribed by or performed by or under the direct supervision of a dental practitioner; (c) not dentally necessary as determined by us; (d) not meeting the accepted standards of dental practice; (e) experimental in nature; (f) that have a questionable prognosis; (g) covered under any medical insurance policy; (h) performed by a member of your or your spouse's family (family includes parents, step-parents, including in-laws, spouse or former spouse, children, including in-laws, siblings, including in-laws, aunts, uncles, cousins, nieces, nephews, grandparents, and guardians). **2.** Services furnished primarily for cosmetic reasons, including but not limited to: (a) specialized techniques, characterizing and personalizing prosthetic devices; (b) making facings on prosthetic devices for any tooth in back of the second bicuspid; (c) replacements of restorations performed for cosmetic reasons. **3.** Charges for any appliance or service that is used to: (a) change vertical dimension; (b) restore or maintain occlusion, except to the extent that the policy covers orthodontic treatment; (c) splint or stabilize teeth for periodontal reasons; (d)treat disturbances of the temporomandibular joint (TMJ). **4.** Charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction. **5.** Occlusal, athletic, or night guards. **6.** Implantology and related services; implants and all related procedures, including removal of implants (unless coverage was chosen at the time of application). **7.** Preventive root canal therapy. **8.** Full mouth debridement. **9.** Charges for any services that are considered to be an integral part of another service, such as pulp capping, surgical trays, or sutures. **10.** Ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites. **11.** Overdentures or precision attachments. **12.** Preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly. **13.** Duplicate or temporary devices, appliances, and services except as listed as a qualifying expense. **14.** Replacing a lost, stolen or missing appliance or prosthetic device. **15.** Application of chemotherapeutic agents. **16.** Oral hygiene, plaque control, diet instruction or infection control. **17.** Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies. **18.** Non-emergency services performed outside the United States or Canada. **19.** Treatment which is: (a) due to an on-the-job or job-related illness or injury; (b) a condition for which benefits are payable by Workers' Compensation or similar laws, whether or not benefits are claimed. **20.** 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: (a) your covered employer, labor union or similar group, in its dental or medical department or clinic; (b) a facility owned or run by any government body; (c) any public program, except Medicaid, paid for or sponsored by any government body. **21.** Telephone consultations, charges for failure to keep a scheduled appointment, x-ray copy fees, or charges for completion of a claim form. **22.** Codes that are by report. **23.** Ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of provider office space. **24.** Treatment resulting from: (a) your participation in a war or an act of war, declared or undeclared; (b) your attempting to commit, or committing, an assault or felony; (c) your unlawful participation in a riot, rebellion, or insurrection; (d) an intentionally self-inflicted injury while sane or insane.

BENEFITS ARE LIMITED AS FOLLOWS:

(1) In the event you transfer from the care of one dental practitioner to that of another during the course of treatment, or if more than one dental practitioner performs services for one qualifying expense, we shall be liable for not more than the amount we would have been liable for had but one dental practitioner performed the service. (2) In all cases involving qualifying expenses in which the dental practitioner and you select a more expensive course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the qualifying expense concerned, payment under the plan will be based on the charge allowed for the lesser procedure.

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