

EMPLOYEE PLAN OPTIONS

(Employee may select any one of the three plans)

Office Visit Copay
Type I Coverage ¹
Type II Coverage ¹
Type III Coverage ¹
Non-insured (Discount) Orthodontic Program
Calendar Year Deductible (Type II & III Services)
Calendar Year Maximum ³
Type I Waiting Period ³
Type II Waiting Period ³
Type III Waiting Period ³

Monthly Premium Rates	Employee
	Employee + Spouse
	Employee + Child(ren)
	Employee + Family
SecureCare Dental Plan Code	

The Copay Plan 111

Network	Non-Network
\$10	
See schedule	See schedule
See schedule	See schedule
See schedule	See schedule
Included	Not included
\$50 per person; \$150 per family	
None	
None	
None	
None	12 months

\$ 12.57
\$ 23.87
\$ 27.66
\$ 35.82
111A

The PPO Plan

Network	Non-Network ²
None	
100 %	80 %
80 %	60 %
50 %	40 %
Included	Not included
\$50 per person; \$150 per family	
\$2,000 per person	
None	
6 months	
12 months	

\$ 29.19
\$ 54.47
\$ 64.23
\$ 83.38
2042

The Indemnity Plan

Network	Non-Network ²
None	
100 %	100 %
80 %	80 %
50 %	50 %
Included	Not included
\$50 per person; \$150 per family	
\$2,000 per person	
None	
6 months	
12 months	

\$ 45.66
\$ 85.19
\$ 100.44
\$130.39
3020

¹SUMMARY OF COVERED SERVICES (The Certificate of Coverage will include a complete list of Covered Services.)

Type I: Diagnostic & Preventive	Oral examinations (2 per calendar year) • Routine cleanings (2 per calendar year) • Topical fluoride up to age 16 (1 per calendar year) • Diagnostic x-rays, full or panoramic (1 in any 3-year period) • Bitewing x-rays (2 per calendar year) • Emergency palliative treatment to relieve pain • Space maintainers (for premature loss of primary tooth).
Type II: Basic	Fillings using amalgam, silicate, acrylic, synthetic porcelain and composite filling materials • Simple extractions • Antibiotic injections administered by Dentist • Oral surgery, including customary postoperative treatment
Type III: Major	Restorative - inlays, onlays, crowns (5-year waiting period for replacement) • Prosthodontics - full or partial dentures or bridges (5-year waiting period for replacement) . • Endodontics - root canal therapy, pulpotomy • Periodontics – treatment of gum disease

NOTES: Pre-determination recommended for services or supplies over \$300.

ELIGIBILITY: [Full-time employees working at least 30 hours per week, and their dependents.] See page 2 for details.

² PPO, Indemnity & SecureFlex Plan non-network benefits are paid on a Usual, Customary, and Reasonable (UCR) basis. The employee is responsible for non-network balance billing that may result.

³ Replacement Benefits: Time periods satisfied under the employer's prior qualifying group dental plan (without coverage gap) will reduce Type I, II, III and Orthodontic benefit Waiting Periods.

Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details consult the Certificate of Coverage.

For SecureCare Dental customer service, please call (602) 241-0914 (toll-free at 1-888-429-0914), or visit www.securecaredental.com for additional contact information.

SecureCare Dental Plan Information

Eligibility for Enrollment

You may enroll yourself for coverage if you (1) are an active employee; (2) meet your employer's eligibility criteria (e.g., number of work hours, job classification); and (3) have completed any applicable waiting period for coverage.

You may also enroll (1) your lawful spouse; (2) your child (natural, legally-adopted, step, or foster) who receives at least 50% support and care from you, and who is either (a) under age 19; or (b) under age 25, and attending an accredited school on a full-time basis; (3) your grandchild who is under age 19, and whom you can claim as an exemption on your federal income tax return; and (4) your handicapped child or grandchild older than the maximum age limit, who receives at least 50% support and care from you. A dependent who is also eligible as an employee may not be enrolled.

Effective Date of Coverage

Your coverage will begin on the first day of the month following your completed enrollment, provided (1) you are **Actively At Work** on such date; and (2) your first premium has been paid by you, or on your behalf. (**Actively At Work** means you are performing all customary job duties of your occupation, at your usual place of employment [or would be able to do so if it is a regular paid vacation day, or a regular non-working day, provided you are at work on the last preceding regular work day].)

If you enroll for dependent coverage, such coverage will begin on the same day your coverage begins. If you enroll for dependent coverage at a later date, coverage on such eligible dependent(s) will begin on the first day of the month following completed enrollment, and payment of premium. If a dependent is **Disabled** (hospital confined; or unable to perform the regular and customary activities of a person in good health, and of the same age) on the date their coverage is to begin, coverage on that dependent will be delayed until the first of the month coincident with, or next following, the date Disability no longer exists.

End of Coverage

Your coverage will end on the earliest of (1) the date the policy ends; (2) the date you enter the Armed Forces of any country; (3) the end of the month during which you cease eligibility; or (4) the end of the last period for which premium payment has been made by you or on your behalf.

Coverage on your dependents will end on the earliest of (1) the date your coverage ends; (2) the date your dependent no longer meets eligibility requirements; (3) the date your dependent enters

the Armed Forces of any country; or (4) the end of the last period for which premium payment has been for dependent coverage.

Expenses Not Covered

No benefits are payable for, and any applicable Deductible amount may not be reduced by, any of the following:

- any service or supply (a) not listed as a Covered Service within the Schedule of Benefits, (b) payable under any medical expense plan, or (c) rendered by someone who is related to the covered person by blood, marriage, or adoption; or is normally a member of the covered person's household;
- any procedure (a) begun, but not completed; (b) begun before insurance begins; or (c) begun after insurance ends;
- any prosthetic appliance (a) for which the impression (for new or modified device) was made before insurance begins; (b) installed before insurance begins; or (c) finally installed or delivered more than 30 days after insurance ends;
- any treatment which is elective, or primarily cosmetic in nature, and/or not recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- any procedure that (a) is determined to be not Medically Necessary, (b) does not offer a favorable prognosis, (c) does not have uniform professional endorsement, or (d) is experimental in nature;
- the correction of congenital malformations, including anodontia and cleft palate;
- the replacement of lost, discarded, or stolen appliances; or any duplicate device or appliance;
- cast restorations, inlays, onlays, and crowns for teeth that are not broken down by extensive decay or accidental injury, or for teeth that can be restored by other means (such as an amalgam or composite filling);
- restoration of third molars, except fillings;
- crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology;
- replacement of (a) bridges, (b) full or partial dentures, (c) crowns, inlays or onlays, or (d) occlusal guards (night guards, except for bruxism); unless such item is more than five years old and cannot be made serviceable;
- appliances, services, or procedures relating to: (a) the change or maintenance of vertical dimension; (b) correction of attrition, abrasion, erosion, or abfraction; (c) bite

registration; (d) bite analysis; or (e) splints, other than provisional splints;

- charges for (a) implants of any type, and all related procedures; (b) removal of implants; (c) precision or semi-precision attachments; or (d) denture duplication, overdentures and any associated surgery, or (e) other customized services or attachments;
- services provided for any type of (a) temporomandibular joint (TMJ) dysfunction; (b) muscular or skeletal deficiencies involving TMJ or related structures; or (c) myofascial pain;
- orthognathic surgery;
- orthodontic treatment, unless stated otherwise;
- treatment of malignancies;
- general anesthesia and intravenous sedation (regardless of the age of the patient), except in conjunction with covered oral surgery procedures;
- hospital services, or services of anesthetists or anesthesiologists;
- prescribed drugs;
- any instruction for diet, plaque control, or oral hygiene;
- dental disease, defect, or injury caused by a declared or undeclared war, or any act of war;
- charges for failure to keep a scheduled visit, or for the completion of any claim forms;
- expenses compensable under Workers' Compensation or Employers' Liability Laws or by any coverage provided or required by law (including, but not limited to, group, group-type and individual automobile "No-Fault" coverage);
- expenses provided, or paid for, by any governmental program or law, except as to charges which the person is legally required to pay;
- services for which there would be no charge in the absence of insurance, or for any service or treatment provided without charge.

Coordination of Benefits

Other coverage you have may affect benefits payable under the policy, to ensure that the total benefits from all plans will not exceed 100% of eligible expenses.

Administered by:

Southwest Preferred Dental Organization

Underwritten By:

**American Fidelity Assurance Company
Oklahoma City, Oklahoma**