

Protecting your smile starts with that semi-annual trek to the dentist. Research shows that good dental health is essential to your overall health. Keep your smile sparkling with PrimeStar Advantage Dental insurance today!

- Freedom to use any dentist
- No waiting periods on all services
- 30 Day Customer Satisfaction Guarantee
- No online enrollment fees



OVERVIEW OF BENEFITS

PREVENTIVE SERVICES

Includes exams and cleanings (2 per year), fluoride treatments and sealants (under age 16)

Policy pays **100% day one**

BASIC SERVICES

Includes fillings, x-rays and simple extractions

Policy pays **35% day one**
50% after year one
65% after year two

Bitewing x-rays are a Preventive Service in TN

MAJOR SERVICES

Includes oral surgery, endodontics, periodontics, crowns, bridges and dentures

Policy pays **10% day one**
25% after year one
50% after year two

- » **\$50 Lifetime Deductible** for Preventive Services
- » **\$50 Calendar Year Deductible** combined per person for Basic & Major Services with a maximum of 3 deductibles per family

ANNUAL MAXIMUM OPTIONS

» Policy will pay in a calendar year:

- ✓ **\$1,000:** Preventive, Basic & Major Services combined, with Major Services not exceeding \$500
- ✓ **\$2,000:** Preventive, Basic & Major Services combined, with Major Services not exceeding \$1,000

PROUDLY BROUGHT TO YOU BY

PrimeStar Advantage Individual Dental Insurance



DENTAL PROVIDER

The PrimeStar Advantage plan is designed for those who value the freedom to use any dentist.

With this plan you can visit any dentist you wish, but enjoy additional savings should you see a dental provider that is part of the Maximum Care Network.

When you use a Maximum Care provider, plan-paid benefits are based on a negotiated Maximum Care fee schedule. If you use a non-network provider, plan-paid benefits are based on the 80th percentile of the Reasonable and Customary charges, which may result in higher out-of-pocket costs compared to the Maximum Care negotiated fee schedule.

Maximum Care Network features:

- Over 200,000 access points nationwide
- Discounts of 5-50% on dental services
- Immediate network discounts

To search for providers, go to
[SecurityLife.com/FindADentist](https://www.SecurityLife.com/FindADentist)

You are responsible for any coinsurance and required deductible. The Maximum Care Network is not available in the following locations and will be issued as an indemnity policy: AK, GA, MA and the PA counties of Adams, Bradford, Cameron, Forest, Huntington, Mifflin, Montour, Potter, Tioga & Warren.

MAXIMUM CARE SAVINGS SAMPLE

	REGULAR COST	MAXIMUM CARE COST	SAVINGS
Adult Cleaning	\$97	\$60	38%
Routine Check-up	\$53	\$31	42%
4 Bitewing X-rays	\$68	\$40	41%
Composite Filling	\$187	\$110	41%
Crown	\$1,185	\$751	37%
Molar Root Canal	\$1,155	\$717	38%

Prices subject to change. Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2015 FairHealth Report. These fees represent the average of the assigned Careington Care Series, Care Platinum Series & DenteMax fees in the United States.



OPTIONAL VISION RIDER

EXAMS

Includes one exam per year

Policy pays **100% day one**

LENS & FRAMES OR CONTACTS

Includes one pair every two years

Policy pays **75% after 15 months**

Policy pays 75% after 12 months in NM & PA

» **\$25 Calendar Year Deductible** per person

» **\$200 Maximum Benefit Amount** each year

Not available in Maryland and New Jersey.



QUICK FACTS

» Who is available for coverage?

Individuals 18+ and their dependents.

» When will my coverage begin?

Your coverage can begin as soon as tomorrow with the ability to select any day effective date (except 29, 30, 31).

» What do I get once I am enrolled?

Within 10 business days, you will receive your full policy and ID cards.



SECURITYLIFE
INSURANCE COMPANY OF AMERICA

PrimeStarSM ADVANTAGE DENTAL RATES

Use this sheet to find your PrimeStar Advantage monthly policy rate:

State	Zip	Area	State	Zip	Area	State	Zip	Area
Alabama	All	1	Kentucky	400-402, 410, 422	3	North Carolina	275-277, 280-282	4
Alaska	All	7		403, 405, 411, 421, 423-424, 427	2		283-289	2
Arizona	851, 855-856, 859, 865	2		All Others	1		All Others	3
	All Others	3	Louisiana	700-701, 704	2	North Dakota	580-581, 585	3
Arkansas	All	1		All Others	1		All Others	2
California	922-925, 932-933, 936-937, 952-953	5	Maine	039-041	5	Ohio	430-432, 440-442	3
	934, 938-939, 942, 955, 959-961	6		042	4		All Others	2
	All Others	7		All Others	3	Oklahoma	730-731	3
			Massachusetts	010-013, 027	6		740-741	2
Colorado	800-806, 808-809	5		All Others	7	Oregon	All	4
	All Others	3	Maryland	208-209	6	Pennsylvania	150-154, 156, 160, 170-171, 175-176, 180-181	3
Delaware	199	3		213, 215-216, 218	4		183, 189-194	5
	All Others	5		All Others	5		All Others	2
D.C.	All	7	Michigan	480-483	5	Rhode Island	All	4
Florida	330-334	5		484-485, 488-492	4	South Carolina	All	2
	341-342	4	Minnesota	All Others	3	South Dakota	All	2
	All Others	3		550-554	4	Tennessee	370-372	3
Georgia	300-303, 308-309	3	Mississippi	All Others	3		373-374, 377-381	2
	All Others	2		All	1		All Others	1
Hawaii	All	5	Montana	590-591, 598	4	Utah	All	2
Indiana	460-464	3		All Others	3		All	4
	All Others	2	Nebraska	680-681, 685	2	Virginia	201, 220-225	5
Iowa	500-503	3		687	3		226, 228-229, 240-241	3
	511, 515, 520, 522-524, 527-528	2	Nevada	All Others	1		230-238	4
	All Others	1		All Others	4		All Others	2
Kansas	660-662, 666, 670-672	2	New Hampshire	030-031, 038	6	West Virginia	254, 267	5
	All Others	1		All Others	5		All Others	1
			New Mexico	All	2	Wisconsin	538-539, 542, 545-548	3
						Wyoming	All Others	4
							All	2
							AREA #	

This plan is not available in CT, ID, IL, MO, NJ, NY, TX and WA.

What level of calendar year maximum benefit coverage would you like?

\$1,000

Find your dental rate using your state, area, plan type & coverage

Alaska Indemnity

Area	Applicant	Applicant + One	Applicant + Family
7	\$47.11	\$94.22	\$150.74

Georgia Indemnity

Area	Applicant	Applicant + One	Applicant + Family
2	\$29.40	\$58.80	\$94.07
3	\$32.23	\$64.46	\$103.14

Massachusetts Indemnity

Area	Applicant	Applicant + One	Applicant + Family
6	\$42.86	\$85.72	\$137.14
7	\$47.11	\$94.22	\$150.74

Pennsylvania

Area	Applicant	Applicant + One	Applicant + Family
2	\$28.88	\$57.75	\$92.40
3	\$31.66	\$63.32	\$101.31
5	\$38.27	\$76.54	\$122.46

Pennsylvania Indemnity

Area	Applicant	Applicant + One	Applicant + Family
2	\$29.40	\$58.80	\$94.07
3	\$32.23	\$64.46	\$103.14
5	\$38.96	\$77.92	\$124.67

Tennessee

Area	Applicant	Applicant + One	Applicant + Family
1	\$27.49	\$54.98	\$87.96
2	\$30.42	\$60.84	\$97.34
3	\$33.35	\$66.70	\$106.72

All Other Network States

Area	Applicant	Applicant + One	Applicant + Family
1	\$26.09	\$52.19	\$83.50
2	\$28.88	\$57.75	\$92.40
3	\$31.66	\$63.32	\$101.31
4	\$34.79	\$69.58	\$111.33
5	\$38.27	\$76.54	\$122.46
6	\$42.10	\$84.19	\$134.71
7	\$46.27	\$92.54	\$148.07

DENTAL RATE

1

\$2,000

Find your dental rate using your state, area, plan type & coverage

Alaska Indemnity

Area	Applicant	Applicant + One	Applicant + Family
7	\$57.95	\$115.90	\$185.43

Georgia Indemnity

Area	Applicant	Applicant + One	Applicant + Family
2	\$36.16	\$72.33	\$115.72
3	\$39.65	\$79.30	\$126.87

Massachusetts Indemnity

Area	Applicant	Applicant + One	Applicant + Family
6	\$52.72	\$105.44	\$168.70
7	\$57.95	\$115.90	\$185.43

Pennsylvania

Area	Applicant	Applicant + One	Applicant + Family
2	\$35.37	\$70.73	\$113.17
3	\$38.78	\$77.55	\$124.08
5	\$46.87	\$93.74	\$149.99

Pennsylvania Indemnity

Area	Applicant	Applicant + One	Applicant + Family
2	\$36.16	\$72.33	\$115.72
3	\$39.65	\$79.30	\$126.87
5	\$47.93	\$95.85	\$153.36

Tennessee

Area	Applicant	Applicant + One	Applicant + Family
1	\$33.68	\$67.35	\$107.76
2	\$37.27	\$74.53	\$119.25
3	\$40.86	\$81.72	\$130.75

All Other Network States

Area	Applicant	Applicant + One	Applicant + Family
1	\$31.96	\$63.92	\$102.26
2	\$35.37	\$70.73	\$113.17
3	\$38.78	\$77.55	\$124.08
4	\$42.61	\$85.22	\$136.35
5	\$46.87	\$93.74	\$149.99
6	\$51.56	\$103.12	\$164.98
7	\$56.67	\$113.34	\$181.35

Vision Rates

If adding vision coverage, find your rate below by coverage

Applicant	Applicant + One	Applicant + Family
\$7.00	\$14.00	\$20.00

VISION RATE

2

TOTAL MONTHLY COST

Add 1 and 2 together for the monthly cost of your policy

Total monthly cost:

The monthly premium is guaranteed for the initial 12 months of coverage. After 12 months, premiums may increase.

\$

PrimeStar Advantage Individual Dental Insurance

DENTAL LIMITATIONS & EXCLUSIONS

The following are not covered or available as an alternative benefit:

- Occlusal, athletic, or night guards.
- Preventive root canal therapy.
- Overdentures or precision attachments.
- Items/treatments/services: not listed as an eligible expense on the Coverage Schedule; not prescribed by/performed by/under the direct supervision of a dental practitioner; not dentally necessary as determined by us; not meeting the accepted standards of dental practice; experimental in nature; that have a questionable prognosis; covered under any medical insurance policy; or performed by a member of your or your spouse's family (includes parents, step-parents, in-laws, spouse or former spouse, domestic partner, children, siblings, aunts, uncles, cousins, nieces, nephews, grandparents, and guardians).
- Services furnished primarily for cosmetic reasons, including but not limited to: specialized techniques, characterizing and personalizing prosthetic devices; making facings on prosthetic devices for any tooth in back of the second bicuspid; or replacements of restorations performed for cosmetic reasons.
- Charges for any appliance or service that is used to: change vertical dimension; restore or maintain occlusion, except to the extent that this policy covers orthodontic treatment; splint or stabilize teeth for periodontal reasons; or treat disturbances of the temporomandibular joint (TMJ).
- Charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction.
- Implantology and related services; implants and all related procedures, including removal of implants.
- Charges for any services that are considered to be an integral part of another service, such as pulp capping, surgical trays, or sutures.
- Ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites.
- Preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly.
- Duplicate or temporary devices, appliances, and services except as listed as an eligible expense.
- Replacing a lost, stolen or missing appliance or prosthetic device.
- Application of chemotherapeutic agents.
- Oral hygiene, plaque control, diet instruction or infection control.
- Non-emergency services performed outside the USA, Canada & Mexico.
- Treatment which is: due to an on-the-job or job-related illness or injury; or a condition for which benefits are payable by Workers' Compensation or similar laws, whether or not benefits are claimed.
- 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: your covered employer, labor union or similar group, in its dental/medical department/clinic; a facility owned/run by any government body; or any public program, except Medicaid, paid for/sponsored by any government body.
- Treatment resulting from: your participation in a war or an act of war, declared or undeclared; your attempting to commit, or committing, an assault or felony; your unlawful participation in a riot, rebellion, or insurrection; or an intentionally self-inflicted injury while sane or insane.

VISION LIMITATIONS & EXCLUSIONS

- The cost of a lens in excess of a standard lens will not be covered. Standard lens fits in a frame with an eye size less than 61mm. Charges for replacement lenses will not be covered, unless there is a change in prescription.
- The cost of a frame in excess of a standard frame will not be covered. Standard frame has a retail value of \$75 or less. The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.
- The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.

The following are not covered or available as an alternative benefit:

- Two pair of glasses in lieu of bifocals.
- Artistically painted contact lenses.
- Medical or surgical treatment of the eyes.
- Codes that are by report.
- Items, treatments or services: not listed as an eligible expense; not prescribed by or performed by or under the direct supervision of a vision provider; not visually necessary to restore or maintain a patient's visual acuity and health; not meeting the accepted standards of vision practice; experimental in nature; or covered under any medical insurance policy.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a $\pm .50$ diopter power).
- Replacement of lenses, frames/contacts furnished under this policy that are lost or broken, except at the normal intervals when services are otherwise available.
- Corneal refractive therapy or orthokeratology.
- Additional office visits for contact lens pathology.
- Contact lens modification, polishing or cleaning.
- Charges for service agreements or insurance policies.

Not available in: CT, IL, MO, NJ, NY, TX, WA.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Individual Dental Policy Form IP1000 (and any state specific) and Vision Rider IPR1001 (and any state specific), or One Life Group Dental Policy that may be issued to the group voluntary trust, GH-1112 (and any state specific) and Vision Rider GHR-1112(Vision) (and any state specific). Premium rates may change upon renewal. This policy is renewable at the option of the insured (IP1000) or the Company (GH-1112). This product may not be available in all states and is subject to individual state regulations.

For the Outline of Coverage and Replacement Notice, visit SecurityLife.com/Forms

©2015 Security Life Insurance Company of America
10901 Red Circle Drive, Minnetonka, MN 55364

SecurityLife.com | 800.328.4667