



PrimeStarSM

ADVANTAGE PLUS II

INDIVIDUAL DENTAL INSURANCE
CT, IL, MO, TX

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 Plus Dental insurance today!



OVERVIEW OF BENEFITS

PREVENTIVE SERVICES

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

Policy pays **100% day one**

BASIC SERVICES

Includes fillings and simple extractions

Policy pays **50% day one**
65% after year one
80% after year two

MAJOR SERVICES

Includes implants, oral surgery, endodontics, periodontics, crowns, bridges, dentures and x-rays

Policy pays **50% after 9 months**

ORTHODONTIC SERVICES

Includes straightening of teeth (under age 19)

Policy pays **50% after year one**

\$1,000 Lifetime Maximum per child

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

» **Annual Maximum options:** policy will pay in a calendar year for Preventive, Basic & Major Services combined:

- **\$1,000**
- **\$2,000**

- No waiting periods on most services
- No enrollment fees
- Maximum Care Dental Network
- 30 Day Customer Satisfaction Guarantee

DENTAL PROVIDER

PrimeStar Advantage brings you the Maximum Care Dental Network with features like:

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

You have the option of a Network (MAC) or UCR PPO dental plan. With both options, if you utilize a Maximum Care network provider, the plan-paid benefits are based on a negotiated fee schedule.

Network (MAC) plans are designed for those who will utilize a Maximum Care network provider.

If you use an in-network dentist, your out-of-pocket costs will almost always be less because of the negotiated fees. If you visit an out-of-network dentist, you pay the difference between what the plan pays and the dentist's actual charge, which may result in higher out-of-pocket costs.

UCR PPO plans are designed for those who value the freedom to use any dentist, but will enjoy additional savings with a Maximum Care network provider.

While all of our PrimeStar plans allow you to choose any dentist, UCR plans offer you richer benefits out-of-network than MAC plans. If you use a non-network provider, covered benefits are paid at the 80th percentile of usual and customary charges. You pay the difference between what the plan pays and the dentist's actual charge, which may result in higher out-of-pocket costs compared to the Maximum Care network negotiated fee schedule.

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

PrimeStar Advantage Plus Individual Dental Insurance

DENTAL LIMITATIONS & EXCLUSIONS

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

- Occlusal, athletic, or night guards.
- Full mouth debridement.
- Preventive root canal therapy.
- Codes that are by report.
- 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.
- 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.
- Procedures or treatment not prescribed or performed by or under the direct supervision of an orthodontia provider.



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.

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). Premium rates may change upon renewal. This policy is renewable at the option of the insured. 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

SecurityLife.com | 800.328.4667

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PrimeStarSM

ADVANTAGE PLUS

DENTAL RATES FOR CONNECTICUT, ILLINOIS, MISSOURI, TEXAS

Use the following to find your dental rates by Area and network coverage (MAC, UCR PPO or indemnity).

Find your Area by locating the first 3 digits of your zip code

State	Zip	Area	State	Zip	Area	State	Zip	Area
Connecticut	062-063	6	Missouri	630-633, 640-641	3	Texas	750-754, 762, 770, 773-775, 786-787	3
	All Others	7		650-652, 656-658	2		All Others	2
	600-608	5		All Others	1			
Illinois	609-611, 617-618, 620-622, 626-627	3						
	612, 615-616	2						
	All Others	1						

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

Advantage Plus (UCR PPO)

\$1,000 Calendar Year Maximum

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

Connecticut, Illinois, Missouri UCR

Area	Applicant	Applicant + One	Applicant + Family
1	\$35.64	\$72.96	\$126.03
2	\$39.44	\$80.74	\$139.47
3	\$43.24	\$88.52	\$152.92
5	\$52.27	\$107.01	\$184.84
6	\$57.50	\$117.71	\$203.33
7	\$63.20	\$129.38	\$223.49

Texas Indemnity

Area	Applicant	Applicant + One	Applicant + Family
2	\$40.40	\$82.67	\$142.56
3	\$44.30	\$90.64	\$156.30

\$2,000 Calendar Year Maximum

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

Connecticut, Illinois, Missouri UCR

Area	Applicant	Applicant + One	Applicant + Family
1	\$43.70	\$89.09	\$151.83
2	\$48.36	\$98.59	\$168.03
3	\$53.03	\$108.09	\$184.22
5	\$64.10	\$130.66	\$222.68
6	\$70.51	\$143.72	\$244.95
7	\$77.50	\$157.98	\$269.25

Texas Indemnity

Area	Applicant	Applicant + One	Applicant + Family
2	\$49.70	\$101.26	\$172.31
3	\$54.49	\$111.02	\$188.92

Advantage Plus Network (MAC)

\$1,000 Calendar Year Maximum

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

Connecticut, Illinois, Missouri, Texas Network

Area	Applicant	Applicant + One	Applicant + Family
1	\$24.55	\$50.78	\$90.54
2	\$27.17	\$56.19	\$100.20
3	\$29.78	\$61.61	\$109.86
5	\$36.00	\$74.47	\$132.79
6	\$39.60	\$81.92	\$146.07
7	\$43.53	\$90.04	\$160.56

\$2,000 Calendar Year Maximum

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

Connecticut, Illinois, Missouri, Texas Network

Area	Applicant	Applicant + One	Applicant + Family
1	\$30.06	\$61.80	\$108.18
2	\$33.27	\$68.39	\$119.72
3	\$36.47	\$74.98	\$131.26
5	\$44.09	\$90.64	\$158.66
6	\$48.50	\$99.70	\$174.53
7	\$53.31	\$109.59	\$191.84