

wellabe®

Medico
Insurance Company
A Wellabe Company

Dental Insurance



Great dental coverage that's easy on the wallet

When you stay on top of your dental visits, you ensure good oral health — and protection from painful, inconvenient, and expensive situations. At Wellabe, we want you to be well always, both with your health and finances. It's why we provide competitive dental insurance plans that can be used at any provider. Be healthy. Be smart. Be well.

FIND THE IDEAL PLAN

It shouldn't be hard to find a dental plan that helps you maintain a healthy smile. It shouldn't be costly either. At Wellabe, we make it simple and affordable, because it's the right thing to do.

- Two plan options with customizable coverage levels
- First-day coverage for all services
- Security in comprehensive coverage with benefits for preventive, basic, and major services

CHOOSE ANY PROVIDER

You have the freedom to use any provider and the confidence that the plan will cover your care. Additional savings may occur if you use an in-network dental provider for services, such as exams, cleanings, dentures, and root canals. Our dental network focuses on neighborhood dentists. It is one of the largest in the United States, but it's not available in all states. Visit Wellabe.com/dental to see if your provider is in our network.



Plan benefits	Gold \$1,000	Gold \$1,500	Platinum \$1,000	Platinum \$1,500
Calendar year maximum	\$1,000	\$1,500	\$1,000	\$1,500
Preventive services Evaluations, cleaning, and X-rays	100% (no waiting period, \$0 deductible)		100% (no waiting period, \$0 deductible)	
Calendar year deductible	\$50 for basic and major services		\$50 for basic and major services	
We pay the following coinsurance percentages after the deductible:				
Basic services Diagnostic X-rays, fillings, and nonsurgical extractions	50% (no waiting period)		80% (no waiting period)	
Major services Bridges, crowns, dentures, implants, surgical extractions, root canals, and periodontal services	20% within first 12 months; 50% after 12 months		20% within first 12 months; 50% after 12 months	

OPTIONAL RIDER BENEFITS

At the time of application, you may choose one of two additional benefits to add to your policy for an additional fee.

- BUYUP BENEFIT**

Add \$1,000 of coverage (buyup) to maximize your benefits. For example, if you have the Gold \$1,000 plan, and add a \$1,000 buyup, you'll have \$2,000 of coverage. This is available for both levels in each plan.

- CALENDAR YEAR MAXIMUM CARRY-OVER BENEFIT**

If you think you may not use your plan's full benefits during the year, you can add the carry-over benefit to your plan. You will be able to carry over any amount not used until you reach a max of \$3,000. For example, if you have the Gold \$1,000 plan and only use \$500 of the benefit, you can carry over the extra \$500 to the next plan year.

Take care of your oral health

- Among U.S. adults ages 20+, 90% have had at least one cavity.¹
- Research shows 42% of adults ages 30+ show signs of gum disease.²
- Approximately 26% of adults age 65 and older have eight or fewer teeth.³

Save money

1. Add a spouse to the dental policy at time of application for a combined savings.
2. Include a 5% discount if either you or your spouse (if applicable) are applying for and issued a Wellabe Medicare Supplement plan at the time of the dental plan or already have an existing Wellabe Medicare Supplement plan.⁴



Customer resources

When you become a Wellabe policyholder, you'll have access to resources that make it easy to make the most of your plan, including our mobile app, customer portal, and Customer Success team via email or phone. Visit [Wellabe.com/Customer-Resources](https://www.wellabe.com/Customer-Resources) to learn more.

Footnotes

1. Centers for Disease Control and Prevention. "Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016." 2019 data. <https://www.cdc.gov/oral-health/php/data-research/2019-oral-health-surveillance-report/index.html>. Viewed August 2024.
2. Centers for Disease Control and Prevention. "Gum Disease Facts." 2018 data. <https://www.cdc.gov/oral-health/data-research/facts-stats/fast-facts-gum-disease.html>. Viewed August 2024.
3. Centers for Disease Control and Prevention. "Tooth Loss Facts." 2019 data. <https://www.cdc.gov/oral-health/data-research/facts-stats/fast-facts-tooth-loss.html>. Viewed August 2024.
4. Insurance products are underwritten by Wellabe companies: Medico® Insurance Company, Medico® Corp Life Insurance Company, Medico® Life and Health Insurance Company, American Republic® Insurance Company, and American Republic® Corp Insurance Company.

Exclusions and limitations (may vary by state)

No benefits will be paid for any expense not identified and included as a covered loss under the policy. You will be fully responsible for payment of any expenses that are not a covered loss. We will not pay benefits for:

1. Any loss that occurs while this policy is not in force.
2. Amounts not reimbursed because of applicable calendar year deductible, coinsurance, benefit maximums, or frequency limitations.
3. Any loss that occurs during a waiting period.
4. Amounts in excess of the reasonable and customary charge.
5. Items, treatments, or services:
 - a. Not covered under this policy, including any complications arising therefrom.
 - b. That are not prescribed by or performed by or under the direct supervision of a physician in accordance with generally accepted dental or medical standards, to include services not rendered or that are not rendered within the scope of their license.
 - c. Not medically necessary as determined by us.
 - d. Deemed to be experimental or investigational as determined by us.
 - e. That would not routinely be paid in the absence of insurance.
6. Separate fees for services that are considered an integral part of an entire service, such as pulp capping, surgical trays, sutures, or pre- and post-operative care.
7. Services or procedures that have not been completed.
8. Any cosmetic items, treatments, or services provided primarily for the purpose of improving appearance, self-esteem, or body image, including characterizing and personalizing prosthetic devices, and correction of congenital malformation.
9. Any device, appliance, or service related to:
 - a. Altering vertical dimension.
 - b. Restoring or maintaining occlusion.
 - c. Splinting teeth or stabilizing teeth for periodontal reasons.
 - d. Abrasion, attrition, bruxism, erosion, abfraction.
 - e. Coping.
 - f. Tooth desensitization.
 - g. Maxillofacial prosthetics.
10. Any surgical or nonsurgical treatments or services, including myofunctional therapy and physical therapy for any jaw joint problems, including, but not limited to: temporomandibular joint disorder (TMJ), craniomandibular disorder, craniomaxillary or other conditions of the joint linking the jaw bone and skull or treatment of the facial muscles used in expressions and chewing functions, for symptoms including, but not limited to, headaches.
11. Occlusal, athletic, or night guards and related services.
12. Orthodontic treatment, orthognathic surgery, and related services.
13. Ridge preservation, augmentation, bone grafts, and tissue regeneration when performed in edentulous sites (toothless areas).
14. Overdentures, precision or semi-precision attachments, and related services.
15. Sealants, fluoride treatments, preventive resin restorations, space maintainers, and related services.
16. Services and supplies, including, but not limited to, for temporary or provisional crowns, bridges, or dentures, and duplicate or temporary devices, appliances, and prosthetics.
17. Replacing a lost, stolen, or missing appliance or prosthetic device.
18. Oral hygiene instructions, behavior modification, diet instruction, or infection control.
19. Sterilization of equipment; disposal of medical waste or other requirements mandated by the Occupational Safety and Health Administration (OSHA) or other regulatory agencies.
20. Treatment or diagnosis received while outside the continental United States, except Hawaii.
21. Work-related sickness or injury for which you are eligible for any workers' compensation, employers' liability, or similar laws, whether or not benefits are claimed.
22. Services for which no charge is made or for which you are not legally obligated to pay, including, but not limited to, services furnished through:
 - a. Your employer, labor union or similar group, in its dental or medical department or clinic.
 - b. A facility owned or run by any government body.
23. Services furnished by, or payable under, any public program (except Medicaid), or paid for or sponsored by any government body.
24. Telephone consultations, charges for failure to keep a scheduled appointment, copy fees, sales tax, charges for completion of a claim form, or any take-home supplies. If you use an external discount or coupon, the amount that is reduced from the billed charge is not a covered loss under this policy.
25. Ancillary charges, including, but not limited to, hospital, ambulatory surgical center, or similar facility; or use of provider office space.
26. Any loss resulting from:
 - a. War, declared or undeclared, or actively serving in the armed forces or their auxiliary units, including any country's National Guard or Army Reserve or their equivalent.
 - b. Committing, attempting to commit, or participation in a felony or engaging in an illegal occupation.
 - c. Your participation in a riot, rebellion, or insurrection.
 - d. An intentionally self-inflicted injury while sane or insane.
27. Impacted teeth.
28. Prescription and non-prescription drugs, whether dispensed or prescribed, including chemotherapeutic agents.
29. Speech therapy for any purpose.
30. Laboratory and pathology tests and examinations, except as specifically listed in the Benefits section of your policy.
31. Oral surgery and related services, except as specifically listed in the Benefits section of your policy.
32. Full mouth debridement.
33. Any procedures performed to replace a tooth or teeth that were extracted or missing prior to the policy date.

Premium change

Your premium rate is subject to change if a rate adjustment to all policyholders in the same plan, rate class, and state as yours is issued. Your premium may change due to age, a change in your premium payment method, a new rate table being applied, or a misstatement on the application that results in the proper amount due not being charged.

30-day right to return

If you are not completely satisfied with your dental insurance plan, you can cancel it within 30 days of receiving it, and we will refund you any premium paid minus any claims paid (may vary by state).

Guaranteed renewable

This insurance will remain in force as long as your premiums are paid on time.



Let's do more, worry less, and make every day better

Since 1929, we have provided solutions to help people protect their health and financial well-being. Every day, we show we care through our shared values and doing what's right. We'll always be here helping people be well so they can prepare for tomorrow and live better today.

Medicare Supplement • Preneed • Hospital Indemnity
Dental • Short-term Care • First Diagnosis Cancer

Policy forms

DEN2021, DEN2021(CO), DEN2021(FL), DEN2021(IL), DEN2021(KS), DEN2021(MI), DEN2021(MO), DEN2021(NC), DEN2021(OH), DEN2021(OR), DEN2021(TN), DEN2021(TX), and DEN2021(VA).

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