



## IMPORTANT INFORMATION

### ELIGIBILITY

Individuals, 18 years of age or older, plus their eligible dependents (spouse and/or unmarried children from birth to age 19; extended to age 23 if child is a full-time student). This is subject to individual state regulations.

### PRETREATMENT REVIEW

If the Course of Treatment will exceed the amount shown in the Coverage Schedule, We will request prior review. We must be given the Dentist's treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays. We will determine Eligible Expenses and state how much We will pay for the treatment. Our determination may suggest an alternate, less expensive Course of Treatment if it will produce professionally satisfactory results. If You do not request a pretreatment review, We will pay for the least expensive method of treatment regardless of the method actually used.

### ALTERNATE BENEFIT

If: 1) We determine that a less expensive alternate procedure, service or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and 2) the alternate treatment will produce a professionally satisfactory result; then the maximum We will allow will be the charges for the less expensive treatment.

### COORDINATION OF BENEFITS

This Plan will be coordinated with any other group, blanket or franchise plan under which an Individual will receive benefits.

## *Dental Insurance Protection for You and Your Family*

### DENTAL EXCLUSIONS AND LIMITATIONS

- Charges in excess of those considered Reasonable and Customary
- Cosmetic procedures
- The replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function
- Implants and for replacement of lost or stolen appliances, replacement of retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication
- Missing Tooth - When covered under your plan, benefits are provided for placement of dentures, fixed bridgework, implants or the addition of teeth to existing dentures only when the service includes replacement of a natural tooth extracted or lost while covered under this plan. This limitation ends after the individual receiving care has been covered under this plan for 36 consecutive months.
- Overdentures and associated procedures
- Oral hygiene instructions, and for: plaque control, completion of a claim form, acid etch, broken appointments, prescription or take-home fluoride, or diagnostic photographs
- Services not completed by the end of the month in which coverage ends unless continuation of coverage has been requested and accepted by Us
- Procedures that are begun, but not completed
- Services and treatment provided without charge, or for which there would be no charge in the absence of insurance
- Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries
- A condition covered under any Worker's Compensation Act or similar law
- That are applied toward satisfaction of a Deductible, if any
- That are generally considered by the dental profession as experimental or investigational
- The treatment of cleft palate and anodontia
- Services or supplies payable under any medical expense plan
- Orthodontia, unless included within the Coverage Schedule
- Services rendered prior to the date the Insured is covered under the Policy
- The diagnosis or treatment of Temporomandibular Joint Dysfunction (TMJD)
- Hospital services
- If You voluntarily end Your insurance, You will not be eligible to re-enroll for a period of 2 years after the date Your coverage first ended and
- Charges for infection control, sterilization, and waste disposal.

### VISION EXCLUSIONS AND LIMITATIONS

The cost of a lens in excess of a standard lens will not be covered. A standard lens is any lens which fits 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. A standard frame is any frame which has a retail value of \$75.00 or less. The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.

In addition to the above, the following expenses are not covered:

- Any procedure, service or supply included as a covered medical expense under any group insurance plan, whether benefits are payable as to all or only part of such charges;
- Special procedures, such as orthoptics, vision training and subnormal vision aids;
- Plano or prescription sunglasses or other special purpose vision aids;
- Medical or surgical treatment of the eyes including hospital expenses;
- Replacement of lost or broken lenses and/or frames;
- Duplicate glasses or lenses or frames; and
- Services or materials not listed as an Eligible Expense.

This brochure provides a very brief description of some important features of your Plan. It is not the Insurance Contract nor does it represent the Contract. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance under Group Policy Form GH-1112. A specimen copy is available upon request.

Some provisions may vary by state. This Dental Plan may not be available in all states.

No agent has the authority to change any benefits, to bind coverage with Security Life Insurance Company of America or to promise a certain effective date.

**Security Life Insurance Company of America, Minnetonka, MN  
PrimeStar Classic Enrollment Form**

Dental Plan Selection:  Gold  Silver

Optional Vision Plan Selection:  Plan 1  Plan 2

Calendar Year Maximum Selection:  \$1,000  \$1,500 (added cost \$8.00)  \$2,000 (added cost \$11.00)

I apply for coverage on:  Applicant Only  Applicant and Spouse  Applicant and Child(ren)  Applicant and Family

**APPLICANT INFORMATION (PLEASE PRINT CLEARLY)**

Last Name		First Name		Initial		Birth Date / /	
Address				Telephone Number		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
City				State	Zip	Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/>	
Billing Address (If Different)		City		State	Zip		

**LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW**

Last Name (If Different)	First Name	Initial	Sex M/F	Age	Birth Date / /
Spouse					/ /
Dependent					/ /
Dependent					/ /
Dependent					/ /
Dependent					/ /

Does Spouse have a dental plan: Yes  No  With Whom? \_\_\_\_\_  
 If answer is "Yes", are dependents enrolled under spouses plan? Yes  No   
 Do you claim a tax exemption for all eligible dependents listed above? Yes  No  If no, who is not? \_\_\_\_\_  
 All dependent children over age 18 are full-time students. Yes  No  If no, who is not? \_\_\_\_\_

**IMPORTANT FRAUD NOTICES**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia** - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Kentucky** - Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

**New Mexico** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee/Virginia** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**IMPORTANT INFORMATION**

**Effective Date** – The effective date is the first of the month following the day in which the application is received in the Service Center Office.

**Identification Card and Certificate of Insurance** - Upon receipt of your completed application you will receive a copy of your Certificate of Insurance and Identification Card(s).

Do not cancel any other dental coverage you may have until you receive written confirmation from Security Life. Please allow 3-4 weeks for processing.

**By my signature below, I hereby apply for coverage under Group Dental Insurance Policy GH-1112-38060 issued to the Voluntary Group Trust. I also certify I have read the applicable Fraud Notice above.**

**California Law prohibits an HIV Test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please refer to the reverse side for payment options and agent information**



## PRIMESTAR CLASSIC DENTAL - PREMIUM RATE TABLE

For effective dates July 1, 2010 through December 1, 2010

**FOR ALL STATES EXCEPT**

**MARYLAND, NORTH CAROLINA, NORTH DAKOTA, WASHINGTON**

*(Please request separate rate sheets for the above states)*

**Monthly Premiums illustrated are guaranteed for the initial twelve (12) months of coverage. Thereafter, premiums are likely to increase on a semi-annual basis.**

RATE CHART			Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
UNDER AGE 65	GOLD PLAN	Applicant Only	\$ 31.00	\$ 35.00	\$ 37.00	\$ 41.00	\$ 45.00	\$ 50.00	\$ 56.00	\$ 60.00
		Applicant+Spouse	\$ 64.00	\$ 68.00	\$ 77.00	\$ 85.00	\$ 93.00	\$ 103.00	\$ 112.00	\$ 122.00
		Applicant+ Child(ren)	\$ 69.00	\$ 76.00	\$ 83.00	\$ 89.00	\$ 100.00	\$ 109.00	\$ 121.00	\$ 133.00
		Applicant + Family	\$ 107.00	\$ 117.00	\$ 129.00	\$ 140.00	\$ 158.00	\$ 170.00	\$ 188.00	\$ 207.00
	SILVER PLAN	Applicant Only	\$ 28.00	\$ 31.00	\$ 33.00	\$ 37.00	\$ 41.00	\$ 45.00	\$ 51.00	\$ 56.00
		Applicant+Spouse	\$ 58.00	\$ 63.00	\$ 69.00	\$ 77.00	\$ 85.00	\$ 94.00	\$ 104.00	\$ 112.00
		Applicant+ Child(ren)	\$ 64.00	\$ 68.00	\$ 77.00	\$ 81.00	\$ 92.00	\$ 99.00	\$ 110.00	\$ 122.00
		Applicant + Family	\$ 97.00	\$ 107.00	\$ 118.00	\$ 129.00	\$ 144.00	\$ 156.00	\$ 172.00	\$ 190.00
65 AND OVER	GOLD PLAN	Applicant Only	\$ 35.00	\$ 37.00	\$ 41.00	\$ 45.00	\$ 50.00	\$ 56.00	\$ 60.00	\$ 65.00
		Applicant+Spouse	\$ 69.00	\$ 77.00	\$ 85.00	\$ 93.00	\$ 103.00	\$ 112.00	\$ 122.00	\$ 135.00
	SILVER PLAN	Applicant Only	\$ 31.00	\$ 33.00	\$ 37.00	\$ 41.00	\$ 45.00	\$ 51.00	\$ 56.00	\$ 58.00
		Applicant+Spouse	\$ 64.00	\$ 69.00	\$ 77.00	\$ 85.00	\$ 94.00	\$ 104.00	\$ 112.00	\$ 123.00

Optional Vision Rates for All Ages						
Plan 1	Applicant Only	\$ 6.00		Plan 2	Applicant Only	\$ 5.00
	Applicant+Spouse	\$ 13.00			Applicant+Spouse	\$ 10.00
	Applicant+ Child(ren)	\$ 13.00			Applicant+ Child(ren)	\$ 10.00
	Applicant + Family	\$ 17.00			Applicant + Family	\$ 13.00

ZIP CODE AREA CHART													
State & Zip	Area	State & Zip	Area	State & Zip	Area	State & Zip	Area	State & Zip	Area	State & Zip	Area	State & Zip	Area
Alabama		California		Illinois		Michigan		Nebraska	1	Pennsylvania		Virginia	
350-355	3	943-948	4	600-605	2	480-483	2	Nevada		170-178	2	222-223	6
359	3	949, 961	6	606-608	3	490-491	2	890-891	2	182-187	2	224-225	1
All Others	1	956-958	3	All Others	1	488-489	3	894-895	6	190-192	3	230-232	1
Alaska		959	4	Indiana		All Others	1	898	6	All Others	1	228-229	2
995-996	8	All Others	5	463-464	2	Minnesota		All Others	4	So. Carolina	1	240-244	2
All Others	6	Colorado		473	3	553-558	2	New Mexico		Tennessee		233-237	5
Arizona		803	4	All Others	1	564, 566	2	881	2	373-374	2	All Others	4
856-857	2	808-810	4	Iowa	1	All Others	1	882	5	All Others	1	West Virginia	
864	2	All Others	1	Kansas		Mississippi		All Others	1	Texas		255-257	4
All Others	1	Delaware	2	660-662	2	390-392	2	Ohio	1	751-753	3	262-265	3
Arkansas	1	Dist Columbia	6	All Others	1	All Others	1	Oklahoma		754	4	All Others	2
California		Georgia		Kentucky	1	Missouri		740-743	2	756-757	1	Wisconsin	1
900-905	7	300-303	2	Louisiana		640-641	2	All Others	1	776-777	1	Wyoming	1
906-914	6	307, 311	2	707-711	2	644-649	2	Oregon		All Others	2		
915-916	8	All Others	1	712	3	All Others	1	977	3	Utah	1		
917-918	4	Hawaii	3	All Others	1	Montana		978	1	Virginia			
919-927	6	Idaho	1			590-591	1	All Others	2	201	5		
930-934	6					599	2			220-221	5		
939	6					All Others	3						