

Pearl Dependable Dental

Adults Dental Insurance

Adults Dental Insurance helps working individuals and families cover the costs of dental services for exams, cleanings, fillings and extractions, as well as crowns, bridges, dentures and orthodontia.

- You choose your own dentist
- For individuals ages 18 through 64 and their eligible dependents ‡
- Affordable \$50 annual deductible

‡ Eligible dependents include spouse and unmarried children from birth to age 19, or 23 if full-time students.

Adults Dental Insurance For Ages 18 through 64

Maximum Benefits	\$1,500 per insured person per calendar year*
Annual Deductible	\$50 per insured person per calendar year

* Major Services have a Maximum Benefit of \$750 per insured person per Calendar Year.

Seniors Dental Insurance

Seniors Dental Insurance protects individuals and families against the rising cost of dental care. This affordable plan offers reimbursement for all covered dental expenses and allows you to continue seeing your own dentist.

- You choose your own dentist
- For individuals age 65 and over and their eligible dependents
- \$100 annual deductible

Seniors Dental Insurance For Ages 65 and older

Maximum Benefits	\$1,000 per insured person per calendar year **
Annual Deductible	\$1 00 per insured person per calendar year

** Major Services have a Maximum Benefit of \$500 per insured person per Calendar Year.

Preventive, Basic, Major and Ortho Services

Preventive Dental Services-100%

No waiting period

- Exam, 2 per 12 months
- Cleanings
- Fluoride (up to age 16)

Basic Dental Services-50%

6 month waiting period

- X-rays
- Fillings
- Simple extractions

This plan is available to Minnesota residents only.

Major Dental Services-50%

18 month waiting period

- Crowns
 - Bridges
 - Dentures
 - Endodontics
 - Periodontics
 - Oral surgery (surgical extractions and impactions)
- Major services are limited to a maximum benefit of \$750 per calendar year per insured person on the adult plan and \$500 per calendar year per insured person on the senior plan.

Orthodontic Services-50%

24 month waiting period

- Straightening of teeth (limited to children under the age of 19)
- Orthodontic services are available on the adult plan only and are limited to a maximum benefit of \$350 per calendar year and \$1,000 lifetime per insured child.

After meeting the annual deductible, these plans will reimburse you 100% of the Reasonable and Customary (R&C) rate for Preventive Dental Services and 50% of the R&C rate for Basic, Major and Orthodontic Dental Services.*

*Reasonable and Customary charges are fees that do not exceed the general level of charges being made by other providers of dental services in the area where the charge is incurred.

This plan is available to Minnesota residents only.

Monthly Rates by Area

Area	Applicant only	Applicant & spouse	Applicant & child(ren)	Applicant & family
MN	\$ 21.33	\$ 40.45	\$ 36.03	\$ 55.15

Above premium rates include a \$1.00 per month Administration Fee

Sales by:



Michael W. Smith Agency

5261 Florida Avenue North
Crystal, Minnesota 55428
(763) 535-7293

www.insuremn.com

mwsmith@insuremn.com

Administered by:



Pearl & Associates, Ltd.
1200 East Glen Avenue
Peoria Heights, IL 61614
www.pearlins.com

1-800-289-8170

Underwritten by:

Security Life Insurance Company of America

10901 Red Circle Drive, Minnetonka, MN 55343

Notice:

The Plan Effective Date is always the FIRST of the month. Applications received by Pearl by the FIFTH of the month are eligible for the first of THAT month coverage date. Premium rates illustrated are likely to increase on a semi-annual basis.

This brochure provides a very brief description of some important features of this Plan. It is not the Insurance Contract nor does it represent the Insurance Contract. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance, Policy Form Series GH-1112, issued to The Voluntary Group Trust.

Plan Information

Eligible Expenses: Expenses must be incurred while the Policy is in force and the person is covered by the Policy. To be an Eligible Expense, the dental services must be performed by: a licensed Dentist acting within the scope of his/her license; a licensed Physician performing dental services within the scope of his/her license; or a licensed dental hygienist acting under the supervision and direction of a dentist.

Expenses Incurred. An Eligible Expense is considered incurred on the following dates: for full and partial dentures-on the date the final impression is taken; for fixed bridges, crowns, inlays and onlays-on the date the teeth are first prepared; for root canal therapy-on the date the pulp chamber is opened; for periodontal surgery-on the date surgery is performed; for orthodontic services-on the date the appliance or bands are inserted or on the date a one-step orthodontic procedure is performed; for all other services-on the date the service is performed.

Expenses Not Covered. No benefits will be paid for expenses incurred: for any portion of a charge for any service in excess of the Scheduled Benefit; for any procedure not listed as a Scheduled Benefit; for overdentures and associated procedures; for cosmetic procedures, for the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function; for implants; and for (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouthguards; (d) precision or semi-precision attachments; (e) denture duplication; or for (f) sealants; for oral hygiene instructions; and for (a) plaque control; (b) the completion of claim form; (c) acid etch; (d) broken appointments; (e) prescription or take-home fluoride; or for (f) diagnostic photographs.

In addition, no benefits will be paid for expenses incurred: for services not completed by the end of the month in which coverage terminates; for procedures that are begun, but not completed; for those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge; for 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; for care or treatment of a condition for which you are entitled to or eligible for benefits under any Workers' 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; for the treatment of cleft palate and anodontia; for services or supplies payable under any medical expense plan; for orthodontia (unless specifically included); prior to the date the Insured is covered under the Policy; for the diagnosis or treatment of TMJ; for hospital services.

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 alternative treatment will produce a professionally satisfactory result;

then the maximum we will allow will be the charge for the less expensive treatment.

General Information

Deductible Amount. The Deductible is shown in the Coverage Schedule. The Deductible is an amount of covered dental charges incurred by an insured person for which no benefits will be paid.

Calendar Year Maximum: The maximum amount payable for all Eligible Dental Expenses in any calendar year is shown in the Coverage Schedule. The Calendar Year Maximum will apply to each insured person.

Coordination of Benefits: This plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. This helps keep the cost of the Plan reasonable.

Termination of Coverage: Coverage terminates on the earliest of the following dates: the last day of the month in which you cease to be eligible for coverage; for dependents, the last day of the month for which they are no longer an eligible dependent as defined; subject to the Grace Period, the last day of the month for which a premium has been paid by you or on your behalf; or the date the Policy ends.

Pretreatment Review: If the course of treatment will **exceed \$300**, we will require 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.

Effective Date: Plan effective dates are always the First of the month. Enrollment cards received by Pearl & Associates, Ltd. after the Fifth of the month will become effective on the First of the following month. Incomplete enrollment cards or failure to submit the required initial premium amount may cause an initial delay in issuance of insurance. Do not cancel any other insurance or assume you are insured under the Plan until you receive written confirmation from Pearl & Associates, Ltd.

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Pearl
Dependable
Dental™
Protection for Individuals and Families

The Pearl Dependable Dental™ Insurance Plan is valuable protection for you and your family. It protects you from the high cost of Preventive, Basic, Major and even Orthodontic dental services.

