

DENTAL PLAN PROVISIONS

Plan Benefits

Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details consult the Certificate of Coverage.

Pre-determination

Recommended for services or supplies over \$300.

Eligibility for Enrollment

An employee may enroll for coverage if he/she (1) is an active employee; (2) meets your eligibility criteria (e.g., number of work hours, job classification); and (3) has completed any applicable waiting period for coverage.

An employee may also enroll (1) his/her lawful spouse; (2) his/her child (natural, legally-adopted, step, or foster) who is under age 26; (3) his/her grandchild who is under age 19, and whom the employee can claim as an exemption on his/her federal income tax return; and (4) his/her handicapped child or grandchild older than the maximum age limit, who receives at least 50% support and care from the employee.

Effective Date of Coverage

An employee's coverage will begin on the first day of the month following the employee's completed enrollment, provided (1) he/she is Actively At Work on such date; and (2) his/her first premium has been paid.

(Actively At Work means the employee is performing all customary job duties of his/her occupation, at his/her usual place of employment [or would be able to do so if it is a regular paid vacation day, or a regular non-working day, provided the employee is at work on the last preceding regular work day].) If the employee

enrolls for dependent coverage, such coverage will begin on the same day the employee's coverage begins. If the employee enrolls for dependent coverage at a later date, coverage on such eligible dependent(s) will begin on the first day of the month following completed enrollment, and payment of premium.

If a dependent is Disabled (hospital confined; or unable to perform the regular and customary activities of a person in good health, and of the same age) on the date their coverage is to begin, coverage on that dependent will be delayed until the first of the month coincident with, or next following, the date Disability no longer exists.

End of Coverage

The Insured's coverage will end on the earliest of (1) the date the policy ends; (2) the date the Insured enters the Armed Forces of any country; (3) the end of the month during which the Insured ceases eligibility; or (4) the end of the last period for which premium payment has been made by the Insured or on the Insured's behalf.

Coverage on the Insured's dependents will end on the earliest of (1) the date the Insured's coverage ends; (2) the date the Insured's dependent no longer meets eligibility requirements; (3) the date the Insured's dependent enters the Armed Forces of any country; or (4) the end of the last period for which premium payment has been paid for dependent coverage.

Expenses Not Covered

No benefits are payable for and any applicable Deductible amount may not be reduced by, any of the following:

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- any service or supply (a) not listed as a Covered Service within the Schedule of Benefits, (b) payable under any medical expense plan, or (c) rendered by someone who is related to the covered person by blood, marriage, or adoption; or is normally a member of the covered person's household;
- any procedure (a) begun, but not completed; (b) begun before insurance begins; or (c) begun after insurance ends;
- any prosthetic appliance (a) for which the impression (for new or modified device) was made before insurance begins; (b) installed before insurance begins; or (c) finally installed or delivered more than 30 days after insurance ends;
- any treatment which is elective, or primarily cosmetic in nature, and/or not recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- any procedure that (a) is determined to be not Medically Necessary, (b) does not offer a favorable prognosis, (c) does not have uniform professional endorsement, or (d) is experimental in nature;
- the correction of congenital malformations, including anodontia and cleft palate;
- the replacement of lost, discarded, or stolen appliances; or any duplicate device or appliance;
- cast restorations, inlays, onlays, and crowns for teeth that are not broken down by extensive decay or accidental injury, or for teeth that can be restored by other means (such as an amalgam or composite filling);
- restoration of third molars, except fillings;
- crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology;
- replacement of (a) bridges, (b) full or partial dentures, (c) crowns, inlays or onlays, or (d) occlusal guards (night guards, except for bruxism); unless such item is more than five years old and cannot be made serviceable;
- appliances, services, or procedures relating to: (a) the change or maintenance of vertical dimension; (b) correction of attrition, abrasion, erosion, or abfraction; (c) bite registration; (d) bite analysis; or (e) splints, other than provisional splints;
- charges for (a) implants procedures related to implants other than what is listed as a covered service

within the Schedule of Benefits; (b) removal of implants; (c) precision or semi-precision attachments; or (d) denture duplication, overdentures and any associated surgery, (e) other customized services or attachments, or (f) complications as the result of implants;

- services provided for any type of (a) temporomandibular joint (TMJ) dysfunction; (b) muscular or skeletal deficiencies involving TMJ or related structures; or (c) myofascial pain;
- orthognathic surgery;
- orthodontic treatment, unless stated otherwise;
- treatment of malignancies;
- general anesthesia and intravenous sedation (regardless of the age of the patient), except in conjunction with covered oral surgery procedures;
- hospital services, or services of anesthetists or anesthesiologists;
- prescribed drugs;
- any instruction for diet, plaque control, or oral hygiene;
- dental disease, defect, or injury caused by a declared or undeclared war, or any act of war;
- charges for failure to keep a scheduled visit, or for the completion of any claim forms;
- expenses compensable under Workers' Compensation or Employers' Liability Laws or by any coverage provided or required by law (including, but not limited to, group, group-type and individual automobile "No Fault" coverage);
- expenses provided, or paid for, by any governmental program or law, except as to charges which the person is legally required to pay;
- services for which there would be no charge in the absence of insurance, or for any service or treatment provided without charge.

Coordination of Benefits

Other coverage you have may affect benefits payable under the policy, to ensure that the total benefits from all plans will not exceed 100% of eligible expenses.