



## Oral Health & Systemic Disease: The Hidden Connection

Poor oral health doesn't just affect your teeth—it can increase your risk for serious health conditions.

### ▢ 67% More Likely to Have Heart Disease

People without dental insurance and care are 67% more likely to suffer from heart disease. This is due to chronic inflammation and bacterial infections associated with gum disease, which can lead to atherosclerosis, heart attacks, and strokes. Bacteria from the mouth can enter the bloodstream and harm the heart.

*Sources: American Heart Association, Mayo Clinic, Journal of Clinical Periodontology*

### ▢ 50% More Likely to Have Osteoporosis

Lack of dental care contributes to osteoporosis by weakening the jawbone and worsening gum disease. People with poor oral health are 50% more likely to experience bone density issues, which can result in tooth loss and accelerated bone degeneration.

*Sources: National Institute of Dental and Craniofacial Research, National Osteoporosis Foundation*

### ▢ 29% More Likely to Have Diabetes

There is a two-way connection between diabetes and gum disease. Inflammation from gum disease can raise blood sugar levels, while high blood sugar weakens the immune system, making it harder to fight infections like periodontitis. This cycle increases the risk and severity of diabetes.

*Sources: CDC, American Diabetes Association, Journal of Periodontology*

## Dental Plan Coverage Options

Comprehensive dental coverage with immediate preventive benefits and no annual maximums **NO DEDUCTIBLE**

✓ 100% Preventive Care	When you use a network dentist
■ No Deductible	No deductible to pay on any plan
■ Immediate Benefits	Preventive and basic care from Day 1, major benefits start after 12 months
■ Premier Advantage	Premier pays 36% major benefits from Day 1

### Treatment Example

	Premier	Preferred	Standard	Economy
Preventive treatment (exam, X-rays, cleaning)	100% Day 1	100% Day 1	100% Day 1	100% Day 1
Basic treatment (two cavities filled)	70% Day 1	55% Day 1	40% Day 1	40% Day 1
Major benefits (root canal & crown)	70% (12 months)	55% (12 months)	40% (12 months)	40% (12 months)

### Monthly Premium Options

Plan	Individual	One Parent + One Child	Family
Premier	\$56.50	\$113.00	\$177.95
Preferred	\$46.95	\$93.30	\$147.90
Standard	\$38.75	\$77.50	\$122.05
Economy	\$30.50	\$61.00	\$96.10

### Vision and Hearing Coverage

Add comprehensive vision and hearing coverage for just **\$8.95 per person per month**.



# Physicians Mutual

## Vision and Hearing Rider Benefits



### Vision Coverage:

- Eye Exams: Up to \$100 per person, each year
- Prescription Glasses or Contacts: Up to \$150 per person (after a 3-month waiting period) Plus, in addition
  - VSP discounts for vision benefits at VSP network providers
  - 20% off a Comprehensive Exam
  - 15% off contact lens exam
  - 20% off glasses, lens, options and Sunglasses

<https://www.vsp.com/eye-doctor>

This rider is designed to provide basic vision and hearing coverage as an add-on to Physicians Mutual dental insurance plans, offering modest reimbursements for routine eye exams, glasses/contacts, hearing exams, and hearing aids.

Charles Clark 888 840 5814 [Charles@firstamericanmedicare.com](mailto:Charles@firstamericanmedicare.com)

## Vision and Hearing Rider Benefits



### Hearing Coverage

- Hearing Exams: Up to \$75 per person, each year!
- Hearing Aids: Up to \$500 per ear (after a 12-month waiting period)  
Hearing exams must be performed by a Provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor)  
« The 12-month wait is from the effective date of the rider.  
Limit one per ear in a 5-year period (for hearing aids)

This rider is designed to provide basic vision and hearing coverage as an add-on to Physicians Mutual dental insurance plans, offering modest reimbursements for routine eye exams, glasses/contacts, hearing exams, and hearing aids.

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## DENTAL APPLICATION

<b>NAME (Please Print)</b>			<b>Date of Birth</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
First	Middle Initial	Last	Month	Day	Year	
<b>Spouse's Name</b> (complete if you choose the Individual/Spouse or All-Family Plan )						
<b>Child</b>						
<b>Child</b>						
<b>Child</b>						
Address _____			Street	Apt. No. _____		
			City	State	ZIP	Phone (_____) _____
			(If additional space is needed use the Application Addendum AM5-1296)			Email _____

<b>Choose the Plan You Want</b> (Check One)			
<input type="checkbox"/> Individual – Plan 4 <input type="checkbox"/> Individual/Spouse – Plan 3 <input type="checkbox"/> One-Parent – Plan 2 <input type="checkbox"/> All-Family – Plan 1			
<b>Choose Your Level of Benefits</b> (Check One)		<b>Optional Rider</b>	
<input type="checkbox"/> Schedule 4 <input type="checkbox"/> Schedule 3 <input type="checkbox"/> Schedule 2 <input type="checkbox"/> Schedule 1		<input type="checkbox"/> Vision and Hearing (B469TX)	
<b>Choose Your Method of Payment</b> (Check One)		<b>Choose Your Mode of Payment</b> (Check One)	
<input type="checkbox"/> Automatic Bank Withdrawal (Monthly Only) <input type="checkbox"/> Direct Bill		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	

**Please make check or money order payable to Physicians Mutual Insurance Company.**

Do you intend to replace any existing health insurance currently in force?     Yes     No

Date Application Completed: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

I enclose my first month's premium and apply for coverage under individual insurance Policy P154TX. I understand no coverage is in force until the Company issues a Policy.

By checking this box, I consent to receive information electronically via pdf document. I may request these documents via paper any time and opt to not receive this information electronically by contacting the Company.

**Signature of Applicant** \_\_\_\_\_

Signature Date \_\_\_\_\_ Dated at \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

### THIS IS A LIMITED BENEFIT POLICY

I certify that I have truly and accurately recorded in this application all information supplied by the Applicant.

\_\_\_\_\_  
Signature of Licensed Resident Agent

\_\_\_\_\_  
Licensed Resident Agent's Printed Name and NPN

\_\_\_\_\_  
Signature of Licensed Resident Agent

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Licensed Resident Agent's Printed Name and NPN

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Signature of Licensed Resident Agent

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Licensed Resident Agent's Printed Name and NPN

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Signature of Licensed Resident Agent

\_\_\_\_\_  
Licensed Resident Agent's Printed Name and NPN

A154TX

### POLICYOWNER'S PROXY (for Physicians Mutual Insurance Company)

I hereby appoint the Board of Directors of Physicians Mutual Insurance Company, or a majority of such of them as actually are present, as my proxy with full power and authority to vote and otherwise act for me in my behalf at all annual and special meetings of the policyholders at which I am not present, and I also direct that this proxy shall not expire but shall continue in force until withdrawn by me by written notice mailed to the Company.

Sign Here X

Date \_\_\_\_\_



Physicians  
Mutual®

Insurance for all of us.®

## Additional information you should know

**Rate protection:** Your rates will not go up, because of how many claims you file. We may change Your renewal premium for this Insurance Policy or attached Riders, but only if the same change is made by Us on all Insurance Policies of this form (not SC and class) in the state where You live. In addition, We can change Your renewal premium if You request a change in Your Insurance Policy benefits or Riders or how You pay, or Your dependent status. Your Renewal premium will change with the first modal payment due on or after the premium change is effective.

**Renewal of coverage:** You are guaranteed to keep your coverage as long as you pay your premiums on time. We will only cancel your coverage due to fraud, intentional misrepresentation, your coverage eligibility ends (C254 series only). The only other way your coverage could be canceled is if it is canceled for all other certificates/insurance policies of this form (not SC and class) in the state where you live.

**No benefits under the Insurance Policy are payable (or considered a Covered Expense) for any of the following:**

1. Services performed during any Waiting Period.
2. Initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the Covered Person is insured under this contract. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
3. Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items; unless: (a) replacement is required due to an accidental Injury sustained while a Covered Person's coverage is in force; and (b) replacement occurs while such Covered Person's coverage is in force.
4. Appliances, restorations, or procedures to: (a) alter vertical dimension; (b) restore or maintain occlusion; or (c) splint or replace tooth structure lost as a result of abrasion or attrition.
5. Any procedure started after the Covered Person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than ninety (90) days after the Covered Person's insurance under this contract terminates.
6. Any procedure started before the Covered Person was insured under this contract.
7. Replacement of lost or stolen appliances.
8. Any treatment which is for cosmetic purposes.
9. Any procedure not shown in the Schedule (Frequency limitations may apply).
10. Orthodontic treatment (in SC except as needed as a result of cleft lip and cleft palate).
11. Injury or Sickness arising out of, or in the course of, work for wage or profit, for which the Covered Person receives benefits under any Worker's Compensation Act or similar laws. (In KS: Care, treatment, services, supplies or drugs for injury or sickness related to a Covered Person's job to the extent the Covered Person is covered or is required to be covered by the Workers' Compensation law. If the Covered Person enters into settlement giving up his/her rights to recover further medical benefits under a Workers' Compensation law, the policy will not pay those medical benefits that would have been payable in absence of that settlement.)
12. Charges for which the Covered Person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
13. Services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
14. Not in MI: War or any act of war, declared or not. (In FL: "War" does not include terrorism. In OK: War or any act of war, declared or not, when serving in the military or an auxiliary unit attached thereto.)
15. SD only: For services provided by a Family Member, unless: a) The Family Member is a Physician; b) The Family Member is a regular employee of the organization furnishing the service or care; c) The organization receives the payment for the services; and d) The Family Member receives no compensation other than the normal compensation for employees in his or her job category, e) The Family Member is the only provider in the area providing the service or care.

**Alternative Procedures:** If two or more procedures are adequate and appropriate treatment to correct a certain condition, your benefit amount may be limited to that available for the least expensive procedure.

**In addition to any Insurance Policy Limitations, We will not pay Vision or Hearing Care Benefits for:**

1. Eye or Hearing examinations performed, correction materials, or Hearing Aid materials ordered for a Covered Person while their coverage is not in force; or
2. Expenses incurred for missed appointments; or
3. Subnormal vision aids; orthoptic or vision training or any associated testing; or
4. Medical or surgical treatment of the eyes or ears.

Eye examinations must be performed by an optometrist or ophthalmologist. Hearing examinations must be performed by a Provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor).

**Third Party Discount Details:** We arrange for a third party to give you access to discounted goods and services such as vision exams and material discounts. Access to these discounts will discontinue upon termination of the rider or our arrangement with such third party.

**Additional information:** This is not a contract and does not provide a complete description of the coverage provided by Group Insurance Policy M254 (Individual Insurance Policy PI54). We will send you a certificate/insurance policy with additional information upon your enrollment. Or, you may call Customer Service at 1-800-557-6545 to request a copy.

This is limited-benefit insurance. Coverage form numbers, options and benefits vary by state. Ask your agent/producer for cost and full details. This is a solicitation of insurance for Certificate C254/B465 (ID: C254ID/B465ID; PA: C254PA); Insurance Policy PI54/B469 (FL: PI54FL/B469FL; OK: PI54OK; TN: PI54TN). An insurance agent/producer will contact you. Insurance Agent/Producer License #\_\_\_\_\_

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Customer Service: 800-228-9100

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