

TripleChoicePlan

Exclusive Dental Packages

PPO Plan B—Dental Insurance with a Preferred Provider Organization (PPO)

Your employer has selected the Security Life Insurance Company of America Group PPO Dental Plan. Through this plan, you have the flexibility to choose any dental professional. However, if you choose a dentist in the PPO USA Network, you can realize even greater savings.¹ PPO USA Network's thousands of dental professionals have contracted to provide dental services at negotiated fees. These negotiated fees help contain costs, which means you end up paying less out-of-pocket.

Group PPO Dental Benefits at a Glance²

	In Network (percentage policy pays)
<p>Preventive Services include but are not limited to:</p> <ul style="list-style-type: none"> • Routine exams (once per six-month period) • Teeth cleaning (once per six-month period) • Fluoride treatments (once every six months for dependent children under age 16) • Bitewing X-rays (one set every six months) • Full mouth/panoramic X-rays (one every 48 months) • Sealants (once per first and second permanent molar every 36 months for dependent children under age 15) 	100%
<p>Basic Services include but are not limited to:</p> <ul style="list-style-type: none"> • Emergency exams (subject to Routine exam frequency limit) • Fillings and stainless steel crowns • Simple oral surgery • Complex oral surgery (includes extraction of impacted teeth) • General anesthesia • Periodontal prophylaxis (following active periodontal treatment; subject to teeth cleaning frequency limit) • Endodontics (root canal therapy) • Non-surgical periodontics, including scaling and root planing (once every 24 months per quadrant) 	80%
<p>Major Services include but are not limited to:</p> <ul style="list-style-type: none"> • Inlays, onlays and crowns, including replacement (once per tooth every 60 months) • Full and partial dentures, including replacement (covered only if at least 120 months have elapsed since last placement) • Bridgework, including replacement (covered once per 120 months) • Surgical periodontics (once every 36 months per quadrant) 	50%
<p>Deductible (waived for in-network Preventive services)</p>	\$50 (Total deductible for Basic and Major combined)
<p>Annual Maximum</p>	\$1,500

¹ The dental network is administered by PPO USA.

² Out-of-network benefits available and may differ from in-network benefits.

EXPENSES NOT COVERED: No benefits will be paid for expenses incurred:

1. before coverage under the policy is effective for You or Your Dependent;
2. before coverage under a class of Eligible Expenses is effective for You or Your Dependent, except as otherwise provided in the policy ;
3. for any procedure not:
 - a. considered an Eligible Expense;
 - b. necessary; or
 - c. usual and customary for the treatment of the condition;
4. for any portion of a charge for a service in excess of the prevailing fee;
5. for crowns, inlays or onlays for:
 - a. teeth that can be restored by other means;
 - b. the purpose of periodontal splinting; or
 - c. the correction of abrasion or erosion;
6. for procedures relating to:
 - a. the change of vertical dimension;
 - b. the restoration of occlusion;
 - c. bite registration; or
 - d. bite analysis;
7. for overdentures and associated procedures;
8. for cosmetic procedures.
9. for the initial placement of full and partial dentures or bridges that includes the replacement of natural teeth:
 - a. that are congenitally missing;
 - b. lost before coverage began; or
 - c. lost while covered; if such replacement occurs after a break in coverage or more than 12 months after loss of the teeth.
The 12-month rule will not apply for children:
 - i. whose teeth were extracted before age 16;
 - ii. who are covered at the time of extraction; and
 - iii. whose coverage has been continuous;
10. for the replacement of dentures, bridges, inlays, onlays or crowns within five (5) years of last placement, unless necessitated by extraction of a functioning tooth or teeth – and only if repair cannot restore normal function;
11. for the replacement of bridges, full and partial dentures, crowns, inlays or onlays that can be repaired and restored to natural function;
12. for implants and for:
 - a. the replacement of lost or stolen appliances;
 - b. the replacement of orthodontic retainers;
 - c. myofunctional therapy;
 - d. athletic mouth guards;
 - e. precision or semi-precision attachments;
 - f. denture duplication;
 - g. the treatment of fractures;
 - h. the treatment of cysts;
 - i. orthognathic surgery; or for
 - j. temporomandibular joint (TMJ) dysfunctions;
13. for oral hygiene instruction and:
 - a. plaque control;
 - b. completion of a claim form;
 - c. acid etch;
 - d. broken appointments;
 - e. prescription or take-home fluoride; or
 - f. diagnostic photographs;
14. for hospital expenses and related anesthetic expenses;
15. for services not completed by the end of the month in which coverage ends;
16. for procedures started, but not completed;
17. that are applied toward satisfaction of any dental Deductible;
18. for services that, in Our opinion, do not have a reasonable favorable prognosis;
19. for any expense payable under any medical plan provided by Your employer;
20. for procedures performed by a member of Your immediate family or for services rendered at no charge, in the absence of insurance;
21. 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; or
22. for care or treatment of a condition when a person is entitled to or eligible for benefits under any Worker's Compensation Act or similar law.

Dental product underwritten by:

Security Life Insurance Company of America
10901 Red Circle Drive
Minnetonka, MN 55343-9137

The underwriting risks, financial obligations and support functions associated with the products issued by Security Life Insurance Company of America are solely it's responsibility. Security Life Insurance Company of America is responsible for it's own individual financial condition and contractual obligations.

This is a brief description of coverage and is subject to the terms, limitations and exclusions of the policy. Actual offerings may vary by group size and are subject to state insurance law and the benefits/provisions as described may vary due to such law. Please see Certificate of Insurance of details.