



SECURE DENTAL

DENTAL INSURANCE

EVERYONE DESERVES A HEALTHY SMILE

SECDEN-IBR-UT-NFL-0419

Insurance underwritten by:
National Foundation Life Insurance Company



SECURE DENTAL PLAN

Premium Plan

Deductibles \$50 per person, \$150 per family ^{1,6}		Additional Orthodontic Deductible \$150 per person ^{1,8}		
Coinsurance	Preventive ⁹ Care	Basic Care	Major Care	Orthodontic Care
PPO (In-Network)	100% ²	80% ⁴	70% ⁵	70% ⁵
Non-PPO (Out-of-Network)	80% ^{2,3}	60% ^{3,4}	50% ^{3,5}	50% ^{3,5}
Calendar Year Maximum Per Insured		\$1,500		
Orthodontic Calendar Year Maximum Per Insured		\$400		
Lifetime Maximum Orthodontic Benefit Per Insured		\$1,000		

Saver Plus Plan

Deductibles \$50 per person, \$150 per family ^{1,6}				
Coinsurance	Preventive ⁹ Care	Basic Care	Major Care	Orthodontic Care
PPO (In-Network)	100% ²	70% ⁴	60% ⁵	<i>Discounted Services at a Participating Dentist⁷</i>
Non-PPO (Out-of-Network)	80% ^{2,3}	50% ^{3,4}	50% ^{3,5}	
Calendar Year Maximum Per Insured		\$1,000		

Saver Plan

Deductibles \$50 per person, \$150 per family ^{1,6}				
Coinsurance	Preventive ⁹ Care	Basic Care	Major Care	Orthodontic Care
PPO (In-Network)	100% ²	60% ⁴		<i>Discounted Services at a Participating Dentist⁷</i>
Non-PPO (Out-of-Network)	70% ^{2,3}	50% ^{3,4}		
Calendar Year Maximum Per Insured		\$500		

¹Family limit of 3 per Person Deductibles

²Not subject to benefit waiting period

³Subject to network fee schedule

⁴Subject to 6 month benefit waiting period

⁵Subject to a 12 month benefit waiting period

⁶Separate \$50 Deductible For Non-Participating Dentist per Insured

⁷These services are not covered under the Policy but are subject to a discount of up to 20% if you see a Participating Dentist.

⁸Separate \$150 Deductible for Non-Participating Orthodontic Dental Care per Insured

⁹Not subject to Calendar Year Deductible when received from a Participating Dentist

BENEFITS & DISCOUNTS¹

PREVENTIVE DENTAL CARE⁴

- Initial & Periodic oral examinations²
- Intraoral X-rays, with/without bitewings
Limit one series every thirty-six months per Insured
- Bitewing X-rays
Limit one set every twelve months per Insured
- Prophylaxis (cleaning of the teeth) with/without oral examination²
- Periodontal Prophylaxis (deep scaling & cleaning)²
- Topical fluoride for Insureds under fourteen years of age
One treatment every twelve months per Insured
- Topical sealant - posterior tooth for Insureds under fourteen (14) years of age³
- Space maintainers (fixed/lateral) for missing primary teeth

BASIC DENTAL CARE

- General anesthesia, when Dentally Necessary & in connection w/Oral Surgery
- Amalgam, silicate cement, acrylic or plastic fillings
- Simple tooth Extractions
- Temporary treatment to relieve dental pain
- Non-routine X-rays
- Full mouth or panoramic x-rays
- Oral Surgery

¹Benefits are subject to the Calendar Year Deductible and Calendar Year Maximum specified above per Insured

²One during a consecutive six months per Insured

³One treatment per tooth every consecutive thirty-six months per Insured

⁴Not subject to Calendar Year Deductible when received from a Participating Dentist

SECURE DENTAL PLAN



MAJOR DENTAL CARE (INSURANCE BENEFITS FOR PREMIUM & SAVER PLUS PLANS)

- Onlays/Inlay fillings, two or three surfaces
- Single Crown restorations
- Dentures, including fixed or removable prosthetic devices, complete Dentures, upper & lower
- Partial Dentures - lower, with two clasps & gold lingual bar upper w/two clasps & gold palatal bar
- Bridge Pontics
- Abutment Crowns
- Root Canal Therapy, including treatment plan & follow-up care
- Apicoectomy
If performed with a root canal, this service will be considered a separate service
- Gingivectomy or gingivoplasty, per quadrant
- Osseous surgery, per quadrant
If more than one (1) periodontal surgery service is performed per quadrant, only the most inclusive surgical service performed will be considered a Covered Dental Expense
- Periodontic scaling
- Surgical Extractions of an impacted tooth, including full bony impaction
- Repairs & adjustments to Dentures
This will not be considered a Covered Dental Expense if performed within six (6) months of: Denture installation; adjustments to Dentures or Partial Dentures; replacement of a broken tooth or complete or Partial Denture; other Denture repairs; and re-cementing of a bridge
- Implants

ORTHODONTIC CARE (INSURANCE BENEFITS FOR PREMIUM PLAN ONLY)

- Periodic oral evaluation¹
- Comprehensive oral evaluation¹ – new or established patient
- Re-evaluation¹
limited, problem focused (established patient, not post-operative visit)
- Comprehensive periodic evaluation¹ – new or established patient
- Intraoral – complete series (including bitewings)¹
- Panoramic film, including bitewings & periapicals if necessary¹
- Cephalometric film
- Oral/facial images¹ (includes intra & extraoral images)
- Diagnostic casts¹
- Transseptal fiberotomy, supra crestal fiberotomy, by report
- Limited Orthodontic treatment of the primary dentition
- Limited Orthodontic treatment of the transitional dentition
- Limited Orthodontic treatment of the adolescent dentition
- Limited Orthodontic treatment of the adult dentition
- Interceptive Orthodontic Treatment of the primary dentition
- Interceptive Orthodontic Treatment of the transitional dentition
- Comprehensive Orthodontic Treatment of the transitional dentition
- Comprehensive Orthodontic Treatment of the adolescent dentition
- Comprehensive Orthodontic Treatment of the adult dentition
- Removable appliance therapy¹
- Fixed appliance therapy¹
- Pre-orthodontic treatment visit
- Periodic Orthodontic treatment visit (as part of contract)
- Orthodontic retention (removal of appliances, construction & placement of retainer(s))
- Orthodontic treatment (alternative billing to a contract fee)
- Repair of Orthodontic appliance
- Replacement of lost or broken retainer (limited to replacement of broken retainer)
- Rebonding or recementing, and/or repair, as required of fixed retainers

DENTAL NETWORK DISCOUNTS

Saver Plan and Saver Plus Plan members may take advantage of savings on the following services, when services are provided by a Participating Dentist:

- Save up to 20%² on most major dental procedures³, including onlays/inlay fillings, single crown restorations, dentures, bridge pontics, root canal therapy, surgical extractions of impacted teeth, and implants.
- Save up to 20%² on orthodontic care⁴, including braces and retainers for children and adults, diagnostic casts, oral/facial images, and fixed appliance therapy.

¹If performed in connection with Orthodontic Treatment Plan

²Actual savings may vary depending on your geographic location and the Participating Dentist You select

³Discount services for Saver Plan Members

⁴Discount services for Saver Plan and Saver Plus Plan Members

SECURE DENTAL PLAN

TERMINATION

Your Policy is guaranteed renewable to age sixty-five (65) or in the event an Insured otherwise becomes a Medicare enrollee.

An Insured's coverage ends on the earlier of: with respect to Your Spouse who is covered under the Policy, the premium due date in the month following the effective date of Your divorce decree, annulment or court approved separation; the date Your child(ren) who are covered under the Policy reach the limiting age as defined by Your state; the due date of any unpaid Renewal Premium, subject to the grace period; the date You terminate coverage by notifying Us of the date You desire coverage to terminate and specify the Insured whose coverage is to terminate; the date We are required by the order of an appropriate regulatory authority to non-renew or cancel the Policy; the date We cease offering and renewing the same form of coverage as the Policy in Your state in which case You will be given a minimum of ninety (90) days prior written notice mailed to Your last known address; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Policy or in filing a claim for Benefits under the Policy; Orthodontic Benefits for an Insured if the total amount of any orthodontic payments made by Us are equal to the Lifetime Maximum Orthodontic Benefit for such Insured; or with respect to You and Your Spouse who is covered under the Policy, the premium due date in the month following the attainment of age 65 or You, or in the event Your Spouse, are eligible for Medicare. Coverage will not end for a child that is dependent on You for support and maintenance and incapable of self-support because of a mental handicap or physical disability. Such coverage will continue as long as the Policy stays in force and the child remains dependent. Proof of such handicap or disability must be furnished to Us within 31 days prior to the child reaching the limiting age, and thereafter upon Our request, but not more frequently than annually after the 2 year period following the child's attainment of the limiting age.

INSURANCE WITH OTHER INSURERS

Benefits under the SecureDental Dental Insurance Plan may be reduced when an Insured has more than one plan, covering the same loss, and it was not disclosed to Us. The SecureDental Dental Insurance Plan contains an Insurance With Other Insurers provision which says that liability under the SecureDental Dental Insurance Plan shall only be for a certain proportion of the total loss amount when taking this coverage and Your other coverage into consideration.

PRE-TREATMENT ESTIMATE OF BENEFITS

An Insured may find the amount payable by the Policy prior to having a Dentist begin any extensive treatment. Your Dentist may submit the treatment plan to Us prior to services being performed. We will notify You and the Dentist, in advance regarding what benefits are considered Covered Dental Expenses or Covered Orthodontic Expenses, how much is payable under the Policy and how much You will be responsible for paying.

The Pre-Treatment Estimate is not a guarantee of payment. Benefits are payable if coverage is in effect on the date Covered Dental Expenses or Covered Orthodontic Expenses are performed, subject to the definitions, exclusions, and limitations, and Benefit Waiting Periods.



SECURE DENTAL PLAN

PREMIUM PLAN LIMITATIONS

In addition to any other provisions of the Policy, Benefits and coverage are limited as follows:

- The amount of the Calendar Year Maximum Dental Benefit Per Insured shall not exceed the sum of \$1,500, with an additional \$400 Calendar Year Maximum Orthodontic Benefit Per Insured and Lifetime Maximum Orthodontic Benefit Per Insured of \$1,000.
- No Benefits are payable under the BASIC DENTAL CARE provision unless they are incurred at least six (6) months after the Issue Date.
- No Benefits are payable under the MAJOR DENTAL CARE provision unless they are incurred at least twelve (12) months after the Issue Date.
- No Benefits are payable under the ORTHODONTIC DENTAL EXPENSES provision unless they are incurred at least twelve (12) months after the Issue Date.

PREMIUM PLAN NON-COVERED ITEMS

Coverage under the Policy is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the Policy. In addition, the Policy does not provide coverage for professional and dental services Provided to an Insured or any payment obligation for Us under the Policy for any of the following, all of which are excluded from coverage:

- any expenses for treatments, care, procedures, services or supplies which are not Covered Dental Expenses or Covered Orthodontic Expenses incurred by a Covered Insured, and which are not specifically enumerated in the COVERED DENTAL EXPENSE or COVERED ORTHODONTIC EXPENSE section of the Policy;
- treatments, care, procedures, services or supplies received before the Policy Issue Date;
- Covered Dental Expense or Covered Orthodontic Expense received after the Policy terminates, regardless of when the condition originated;
- Covered Dental Expenses that exceed the amount of the Calendar Year Maximum Dental Benefit Per Insured;
- Covered Orthodontic Expenses that exceed the amount of the Calendar Year Maximum Orthodontic Benefit Per Insured;
- Prescription Drugs;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED DENTAL EXPENSES or COVERED ORTHODONTIC EXPENSE sections of the Policy and any optional coverage rider attached to the Policy;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- Dental Injury or Dental Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any dental conditions for which the covered Insured has received or is entitled to receive compensation for that particular dental condition under any Worker's Compensation or Occupational Disease Law;
- expenses incurred for oral hygiene instructions, a plaque control program or dietary instructions;
- expenses incurred for dental care which is not customarily performed, which is experimental in nature or which is not considered acceptable by the American Dental Association or Federal Drug Administration;
- any professional and dental services provided an Insured in treatment of a Dental Sickness or Dental Injury caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Dental Injury, suicide or any suicide attempt while sane or insane;
- Dental Sickness or Dental Injury while serving in one of the branches of the armed forces of the United States of America;
- Dental Sickness or Dental Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corp or Air Force Reserves or the National Guard;
- Dental Sickness or Dental Injury while serving on active duty in the armed forces of any foreign country or any international authority;
- services Provided by You or a provider who is a member of an Insured's Family;
- any dental condition excluded by name or specific description by either the Policy or any riders, endorsements, or amendments attached to the Policy;
- any loss to which a contributing cause was the Insured's being voluntarily engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery or cosmetic dentistry, except for Dentally Necessary cosmetic surgery which is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- treatment received outside of the United States;
- treatment on or to the teeth or gums for cosmetic purposes, including charges for personalizations, characterizations or Dentures;
- replacement of lost or stolen prosthetics;
- restorative services (i.e. the initial placement of a complete or Partial Denture or for Fixed Bridgework) or Endodontic therapy if it involves the replacement of one or more natural teeth missing on the Issue Date of the Policy or when initial preparations were started prior to the Issue Date as shown on the Policy Schedule;
- restorative services for one (1) or more natural teeth missing on the Issue Date as shown on the Policy Schedule of the Policy will be considered Covered Dental Service if incurred five (5) years after the Issue Date;
- dental services performed in a hospital and any related expenses;
- replacement of an appliance or prosthetic device, Crown, cast restoration or a Fixed Bridge within five (5) years after the date it was last placed. This exclusion does not apply if replacement is due to accidental Dental Injury received while covered under the Policy;
- treatment of cleft palate, except for a newborn child covered under the Policy from birth, andontia or mandibular prognathism;

SECURE DENTAL PLAN

PREMIUM PLAN NON-COVERED ITEMS, CONTINUED

- general anesthesia, except as specifically provided in the COVERED DENTAL EXPENSES section;
- placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- the use of unilateral, removable prosthetics;
- Orthodontic diagnosis or treatment, except as provided in the COVERED ORTHODONTIC EXPENSE provision;
- charges incurred by an Insured due to broken or cancelled appointments;
- Crowns for teeth that are restorable by other means or for the purpose of periodontal splinting;
- Crowns, fillings or appliances that are used to correct (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or for cosmetic purposes;
- orthognathic surgery; and
- expenses which exceed 100% of those actually incurred by the covered Insured.

SAVER PLUS PLAN LIMITATIONS

In addition to any other provisions of the Policy, Benefits and coverage are limited as follows:

- The amount of the Calendar Year Maximum Dental Benefit Per Insured shall not exceed the sum of \$1,000.
- No Benefits are payable under the BASIC DENTAL CARE provision unless they are incurred at least six (6) months after the Issue Date.
- No Benefits are payable under the MAJOR DENTAL CARE provision unless they are incurred at least twelve (12) months after the Issue Date.

SAVER PLUS PLAN NON-COVERED ITEMS

Coverage under the Policy is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the Policy. In addition, the Policy does not provide coverage for professional and dental services Provided to an Insured or any payment obligation for Us under the Policy for any of the following, all of which are excluded from coverage:

- any expenses for treatment, care, procedures, services or supplies which are not Covered Dental Expenses incurred by a Covered Insured, and which are not specifically enumerated in the COVERED DENTAL EXPENSE section of the Policy;
- treatments, care, procedures, services or supplies received before the Policy Issue Date;
- Covered Dental Expense received after the Policy terminates, regardless of when the condition originated;
- Covered Dental Expenses that exceed the amount of the Calendar Year Maximum Dental Benefit Per Insured;
- Prescription Drugs;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED DENTAL EXPENSES section of the Policy and any optional coverage rider attached to the Policy;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- Dental Injury or Dental Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any dental conditions for which the covered Insured has received or is entitled to receive compensation for that particular dental condition under any Worker's Compensation or Occupational Disease Law;
- expenses incurred for oral hygiene instructions, a plaque control program or dietary instructions;
- expenses incurred for dental care which is not customarily performed, which is experimental in nature or which is not considered acceptable by the American Dental Association or Federal Drug Administration;
- any professional and dental services provided an Insured in treatment of a Dental Sickness or Dental Injury caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Dental Injury, suicide or any suicide attempt while sane or insane;
- Dental Sickness or Dental Injury while serving in one of the branches of the armed forces of the United States of America;
- Dental Sickness or Dental Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corp or Air Force Reserves or the National Guard;
- Dental Sickness or Dental Injury while serving on active duty in the armed forces of any foreign country or any international authority;
- services Provided by You or a provider who is a member of an Insured's Family;
- any dental condition excluded by name or specific description by either the Policy or any riders, endorsements, or amendments attached to the Policy;
- any loss to which a contributing cause was the Insured's being voluntarily engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery or cosmetic dentistry, except for Dentally Necessary cosmetic surgery which is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- treatment received outside of the United States;
- treatment on or to the teeth or gums for cosmetic purposes, including charges for personalizations, characterizations or Dentures;
- replacement of lost or stolen prosthetics;
- restorative services (i.e. the initial placement of a complete or Partial Denture or for Fixed Bridgework) or Endodontic therapy if it involves the replacement of one or more natural teeth missing on the Issue Date of the Policy or when initial preparations were started prior to the Issue Date as shown on the Policy Schedule;
- restorative services for one (1) or more natural teeth missing on the Issue Date as shown on the Policy Schedule of the Policy will be considered Covered Dental Service if incurred five (5) years after the Issue Date;
- dental services performed in a hospital and any related expenses;
- replacement of an appliance or prosthetic device, Crown, cast restoration or a Fixed Bridge within five (5) years after the date it was last placed. This exclusion does not apply if replacement is due to accidental Dental Injury received while covered under the Policy;
- treatment of cleft palate, except for a newborn child covered under the Policy from birth, andontia or mandibular prognathicism;
- general anesthesia, except as specifically provided in the COVERED DENTAL EXPENSES section;
- placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- the use of unilateral, removable prosthetics;
- Orthodontic diagnosis or treatment;
- charges incurred by an Insured due to broken or cancelled appointments;
- Crowns for teeth that are restorable by other means or for the purpose of periodontal splinting;
- Crowns, fillings or appliances that are used to correct (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or for cosmetic purposes;
- orthognathic surgery; and
- expenses which exceed 100% of those actually incurred by the covered Insured.

SECURE DENTAL PLAN

SAVER PLAN LIMITATIONS

In addition to any other provisions of the Policy, Benefits and coverage are limited as follows:

- The amount of the Calendar Year Maximum Dental Benefit Per Insured shall not exceed the sum of \$500.
- No Benefits are payable under the BASIC DENTAL CARE provision unless they are incurred at least six (6) months after the Issue Date.

SAVER PLAN NON-COVERED ITEMS

Coverage under the Policy is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the Policy. In addition, the Policy does not provide coverage for professional and dental services Provided to an Insured or any payment obligation for Us under the Policy for any of the following, all of which are excluded from coverage:

- any expenses for treatment, care, procedures, services or supplies which are not Covered Dental Expenses incurred by a Covered Insured, and which are not specifically enumerated in the COVERED DENTAL EXPENSE section of the Policy;
- treatments, care, procedures, services or supplies received before the Policy Issue Date;
- Covered Dental Expense received after the Policy terminates, regardless of when the condition originated;
- Covered Dental Expenses that exceed the amount of the Calendar Year Maximum Dental Benefit Per Insured;
- Prescription Drugs;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED DENTAL EXPENSES section of the Policy and any optional coverage rider attached to the Policy;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- Dental Injury or Dental Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any dental conditions for which the covered Insured has received or is entitled to receive compensation for that particular dental condition under any Worker's Compensation or Occupational Disease Law;
- expenses incurred for oral hygiene instructions, a plaque control program or dietary instructions;
- expenses incurred for dental care which is not customarily performed, which is experimental in nature or which is not considered acceptable by the American Dental Association or Federal Drug Administration;
- any professional and dental services provided an Insured in treatment of a Dental Sickness or Dental Injury caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Dental Injury, suicide or any suicide attempt while sane or insane;
- Dental Sickness or Dental Injury while serving in one of the branches of the armed forces of the United States of America;
- Dental Sickness or Dental Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corp or Air Force Reserves or the National Guard;
- Dental Sickness or Dental Injury while serving on active duty in the armed forces of any foreign country or any international authority;
- services Provided by You or a provider who is a member of an Insured's Family;
- any dental condition excluded by name or specific description by either the Policy or any riders, endorsements, or amendments attached to the Policy;
- any loss to which a contributing cause was the Insured's being voluntarily engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery or cosmetic dentistry, except for Dentally Necessary cosmetic surgery which is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- treatment received outside of the United States;
- treatment on or to the teeth or gums for cosmetic purposes, including charges for personalizations, characterizations or Dentures;
- replacement of lost or stolen prosthetics;
- restorative services (i.e. the initial placement of a complete or Partial Denture or for Fixed Bridgework) or Endodontic therapy if it involves the replacement of one or more natural teeth missing on the Issue Date of the Policy or when initial preparations were started prior to the Issue Date as shown on the Policy Schedule;
- restorative services for one (1) or more natural teeth missing on the Issue Date as shown on the Policy Schedule of the Policy will be considered Covered Dental Service if incurred five (5) years after the Issue Date;
- dental services performed in a hospital and any related expenses;
- replacement of an appliance or prosthetic device, Crown, cast restoration or a Fixed Bridge within five (5) years after the date it was last placed. This exclusion does not apply if replacement is due to accidental Dental Injury received while covered under the Policy;
- treatment of cleft palate, except for a newborn child covered under the Policy from birth, andontia or mandibular prognathicisim;
- general anesthesia, except as specifically provided in the COVERED DENTAL EXPENSES section;
- placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- the use of unilateral, removable prosthetics;
- Orthodontic diagnosis or treatment;
- charges incurred by an Insured due to broken or cancelled appointments;
- Crowns for teeth that are restorable by other means or for the purpose of periodontal splinting;
- Implants, including any appliances and/or Crowns and the surgical insertion or removal of Implants;
- Crowns, fillings or appliances that are used to correct (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or for cosmetic purposes;
- orthognathic surgery; and
- expenses which exceed 100% of those actually incurred by the covered Insured.

ACA INDIVIDUAL MANDATE & SHARED RESPONSIBILITY PAYMENT

The SecureDental Plans provide benefits for covered dental services only. The SecureDental Plans are considered “excepted benefit plans” under the ACA and are not “minimum essential coverage” plans under the ACA. The ACA generally requires individuals to maintain “minimum essential coverage” or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014-2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA “minimum essential coverage” during 2019 or any year thereafter.



Insurance coverage underwritten by:
National Foundation Life Insurance Company
A member company of USHEALTH Group®

P.O. Box 1719 | Fort Worth, TX 76101 | 1-800-221-9039

Policy: DENTAL-2013-IP1-UT-NFL