coredentalinsurance™

Table of Contents

An Introduction to Core Dental Insurance	2
Rates	11
Administrative Procedures	12
Benefits	13
Type 1 - Preventive	13
Type 2 - Basic	13
Type 3 - Major	13
Additional Benefits	14

Benefit Payouts - Click Here To view a full list of MCE (Maximum Covered Expense) amounts

An Introduction to Core Dental Insurance

An affordable and valuable benefit.

- * Routine Exams
- Filling Restorations
- * Crowns
- * Denture Repair
- * Orthodontia
- * Teeth Whitening
- * Vision & Hearing
- * Dental Rewards® & More



coredentalinsurance™

Provided exclusively through:





Why Dental Insurance?

Client

- Dental insurance is the most requested benefit after medical insurance
- The number one reason individuals don't have preventative dental care performed is the lack of dental insurance
- 50% of Americans are without dental insurance
- 77% of those without dental insurance delay regular dental care
- 74% of the noninsured only see a dentist when there's a perceived problem
- On average, the uninsured go to the dentist only once every three years

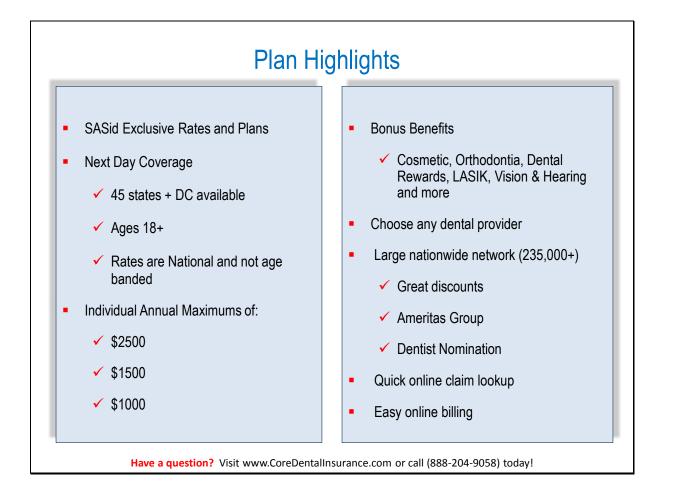
Agent

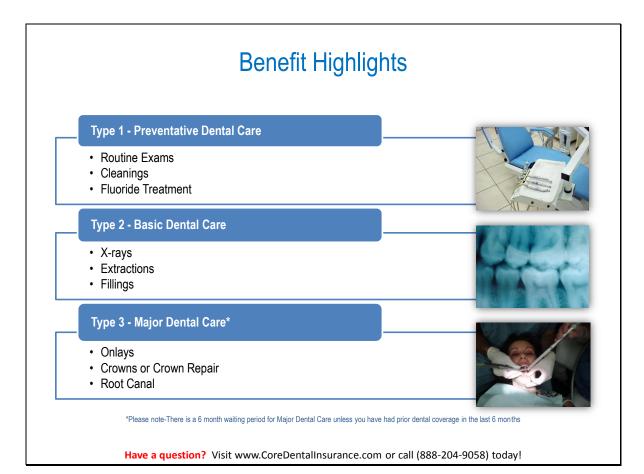
- A benefits rich dental insurance plan sees extremely high retention. In many cases, well above 80%
- Dental insurance is a great lead product, allowing you to get your foot in the door with additional products
- The need for dental insurance is great. The need for a dental insurance plan with real value, is greater.
- Dental insurance is easy to sell; either you need it or you don't

Dental Facts

- Dental caries (cavities) are the most common chronic disease nationally affecting 53 percent of 6-8 year olds and 84 percent of 17 year olds
- For every person without medical insurance, there are approximately 2.8 people without dental insurance.^{1,2}
- People without dental benefits are less likely to have tooth-saving and restorative procedures (fillings, crowns, root canals) than those with benefits but more likely to have extractions and dentures ³
- People with dental benefits are more likely to receive restorative procedures whereas those without are more likely to have extractions performed or require dentures ³
- One study focusing on consumers in general showed that four in five Americans (79 percent) consider dental benefits to be "extremely important." ⁴
- Each year, more than 35,000 new cases of oral cancer are diagnosed and an estimated 7,600 people annually will die of the disease ⁵
- An average of just under 100 people are newly diagnosed with oral cancer in the United States each day 5

NADP/DDPA Joint Dental Benefits Report: Enrollment, June 2009.
 2U.S. Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2008," September 2009.
 ³NADP Report: The Haves and the Have-Nots: Consumers With and Without Dental Benefits, February 2009.
 ⁴Delta Dental Children's Oral Health Survey, 2009.
 ⁵National Cancer Institute, SEER Stat Fact Sheet, 2009.







Orthodontia for dependent children					
 Under the Platinum, Gold and Silver plans, orthodontic benefits are available for dependent children. Benefits are payable for orthodontic programs that are started before the dependent's 17th birthday. Waiting periods may apply. The Platinum, Gold and Silver plans provide a \$1,000 lifetime maximum benefit per eligible dependent child, <u>in addition</u> to the plans annual maximum. 					
Core De	ental Insurance (CDI)	– Orthodontia Plan A	llowances		
	Platinum Plan	Gold Plan	Silver Plan	Value Plan	
Coinsurance	50%	50%	50%	No Ortho	
Coverage for Adults	No	No	No	-	
Lifetime Maximum (per person)	\$1,000	\$1,000	\$1,000	-	
Waiting Period	12 months	12 months	12 months	-	

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!



• Professional teeth bleaching, also referred to as whitening, has become a popular cosmetic procedure. With this benefit, plan members can enjoy having a healthy, white smile that will boost self-confidence and add sparkle to their appearance.

Tooth bleaching pays a benefit for the following services up to the maximum covered expense:

- Per arch bleaching (upper or lower) for ages 14 and over every 2 years
- Single tooth bleaching
- Internal bleaching to lighten a discolored tooth that has had root canal therapy

Dental Rewards®

Is valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns Dental Rewards® by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Members and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year. When a claim is submitted, your EOB will include the status of your Dental Rewards®. Or, you may call our Claim Customer Service unit to ask about the status of your Dental Rewards®.

	All Plans
Threshold	\$500
Annual Carryover Amount	\$250
PPO Bonus (Annual bonus if PPO provider is used for all claims)	\$100
Maximum Rewards Accumulation	\$1,000

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Increase Annual Maximum with Dental Rewards®

To be eligible for Dental Rewards®, file at least one claim in the given calendar year but not receive more than \$500 of benefit. This allows you to carry-over \$250/year into the next years annual maximum, for up-to 4 years. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost.

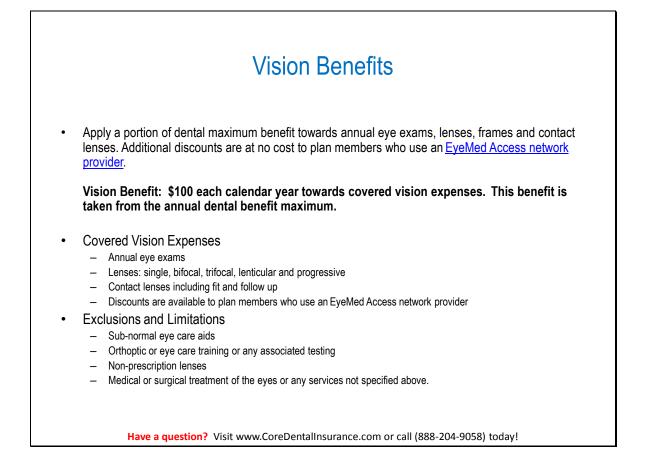
Base Individual Annual Maximum	Annual Maximum Potential with Dental Rewards®
Platinum Plan - \$2500	\$3500
Gold Plan - \$1500	\$2500
Silver Plan - \$1000	\$2000
Value Plan - \$1000	\$2000

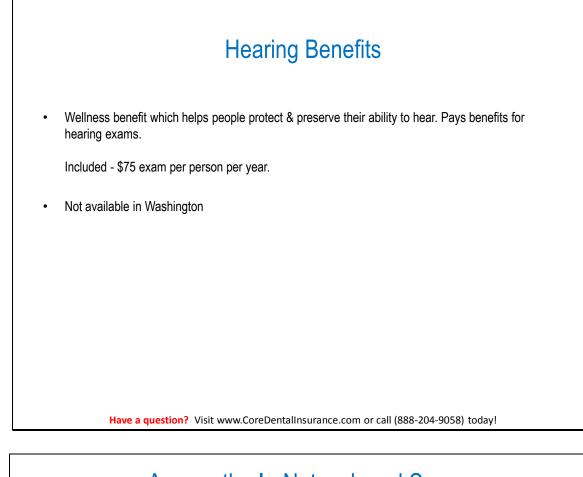
Vision Correction

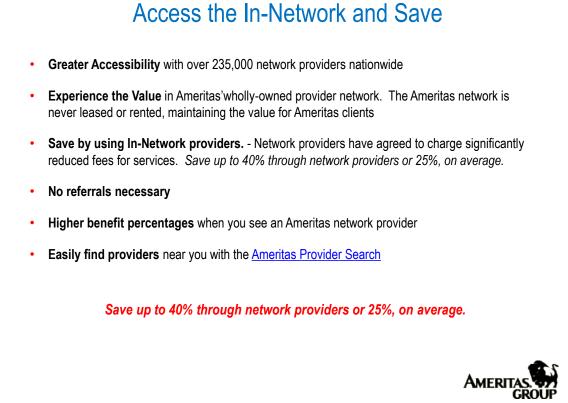
 Provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time. The benefit amount increases throughout a four-year period, with the highest coverage provided at year four. Members earn benefits for each eye and may not combine benefits earned for each eye to pay for a covered procedure for a single eye. The LASIK Advantage benefit is available to members age 18 and older. There is no network tied to this coverage.

Value, Silver, Gold & Platinum Plans	Lifetime Bene	fit Earned per Eye
	After 12 months	After 24 months
	\$125 benefit/eye	\$250 benefit/eye

• There is a 12-month wait on LASIK benefits. After 12-months, a \$125 benefit per eye is accrued. After 24-months, a \$250 benefit per eye is accrued. One lifetime benefit allowable per eye.

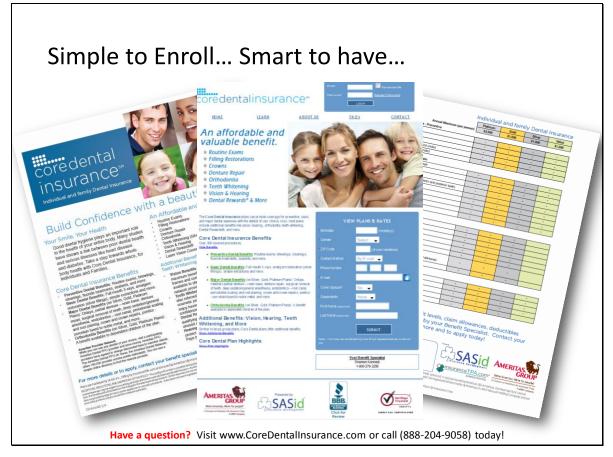






 235,000 network p 	providers nation	onwide		
In-Network saving			o referrals neede	ed
Procedure	Provider Charges	Provider Network Negotiated Fee	Plan Coverage ∗	Patients' Responsibility
Routine exam (D0120)	\$59	\$38	\$30	\$8
Adult Cleaning (D1110)	\$75	\$50	\$63	\$0 (no deductible)
Bitewing x-ray (D0274)	\$36	\$22	\$42	\$0 (no deductible)
Filling (D2160)	\$102	\$68	\$101	\$0 (no deductible)
TOTAL	\$272	\$178	\$236	\$8

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!



Example of an agent enrollment site: www.CoreDentalinsurance.com

State Availability						
STATE	Approved	Credit Cards	ETF	Check	No \$35 Enrollment Fee, Rates \$5 less	Pre- Appointment Required
AL	Yes	Yes	Yes	Yes		
AK	Yes		Yes	Yes		
AZ	Yes	Yes	Yes	Yes		
AR	Yes	Yes	Yes	Yes		
CA	Yes		Yes	Yes		
CO	Yes	Yes	Yes	Yes	No Fees	
СТ	Yes	Yes	Yes	Yes		
DE	Yes	Yes	Yes	Yes		
DC	Yes	Yes	Yes	Yes		
FL						
GA	Yes	Yes	Yes	Yes		
н	Yes	Yes	Yes	Yes		
ID	Yes	Yes	Yes	Yes		
IL	Yes	Yes	Yes	Yes		
IN	Yes	Yes	Yes	Yes		<u> </u>
IA	Yes	Yes	Yes	Yes		
KS	Yes	Yes	Yes	Yes		Pre-Appoint
KY		165			No Fees	FIE-Appoint
	Yes	Vaa	Yes	Yes	NO Fees	
LA	Yes	Yes	Yes	Yes		
ME	Yes	Yes	Yes	Yes		
MD						
MA						
MI	Yes		Yes	Yes	No Fees	
MN	Yes	Yes	Yes	Yes		
MS	Yes	Yes	Yes	Yes		
MO	Yes	Yes	Yes	Yes		
MT	Yes	Yes	Yes	Yes		Pre-Appoint
NE	Yes	Yes	Yes	Yes		
NV	Yes	Yes	Yes	Yes		
NH	Yes	Yes	Yes	Yes		
NJ	Yes	Yes	Yes	Yes		
NM	Yes	Yes	Yes	Yes		
NY						
NC	Yes		Yes	Yes		
ND	Yes	Yes	Yes	Yes		
OH	Yes	Yes	Yes	Yes		
OK	Yes	103	Yes	Yes		
OR	Yes	Yes	Yes	Yes		
PA	Yes	Yes	Yes	Yes		Pre-Appoint
						Fie-Appoint
RI	Yes	Yes	Yes	Yes		
SC	Yes	Yes	Yes	Yes		
SD	Yes	Yes	Yes	Yes	N -	
TN	Yes		Yes	Yes	No Fees	
ТΧ	Yes	Yes	Yes	Yes		
UT	Yes	Yes	Yes	Yes		
VT	Yes	Yes	Yes	Yes		
VA						
WA	Yes	Yes	Yes	Yes		
WV	Yes	Yes	Yes	Yes		
WI	Yes	Yes	Yes	Yes		
WY	Yes	Yes	Yes	Yes		

Rates

Monthly Rates

Individual	\$51.00	\$41.00	\$31.00	\$21.00
Single & Dependents	\$122.75	\$99.40	\$75.82	\$57.01
Married, No Dependents	\$97.00	\$77.00	\$57.00	\$37.00
Family	\$168.75	\$135.40	\$101.82	\$73.01

Quarterly Rates

Individual	\$150.00	\$120.00	\$90.00	\$60.00
Single & Dependents	\$365.25	\$295.20	\$224.46	\$168.03
Married, No Dependents	\$288.00	\$228.00	\$168.00	\$108.00
Family	\$503.25	\$403.20	\$302.46	\$216.03

Semi-Annual Rates

Individual	\$298.50	\$238.50	\$178.50	\$118.50
Single & Dependents	\$729.00	\$588.90	\$447.42	\$334.56
Married, No Dependents	\$574.50	\$454.50	\$334.50	\$214.50
Family	\$1,005.00	\$804.90	\$603.42	\$430.56

Annual Rates

Individual	\$595.50	\$475.50	\$355.50	\$235.50
Single & Dependents	\$1,456.50	\$1,176.30	\$893.34	\$667.62
Married, No Dependents	\$1,147.50	\$907.50	\$667.50	\$427.50
Family	\$2,008.50	\$1,608.30	\$1,205.34	\$859.62

*In CO, MI, TN, KY, subtract \$5.00 from premium amounts – <u>No Fees</u>, including application fees, can be collected in these states.

Administrative Procedures

Waiting Periods	There is a 6-month waiting period on ALL "Type 3 – Major" benefits. Orthodontia and LASIK benefits have a 12-month waiting period.
Deductible	There are no deductibles to meet
Networks	Dental – Ameritas provider network
	Vision – EyeMed Access network provider
Customer Service	Billing – InsuranceTPA.com – 800-279-2290
	Claims, Benefits, Eligibility – Ameritas – 800-487-5553
Max Covered Expense (MCE) List	Click to View
Application Fee	\$35.00 – charged in first month only in addition to first premium payment. Fees are NOT collected in CO, KY, MI, TN.
12-month Commitment	"This is premium dental insurance, to be accepted to this insurance a 12 month commitment is required. If you cannot commit to 12 months of coverage you will be declined."
10-day Review	Each member has 10-days to review their policy. Written notice is needed to terminate their plan within 10-days from their effective date.
NO Credit Card States	Credit cards are not accepted in AK, CA, OK and NC. However, ETF from a checking account is accepted.
Upgrade/Downgrade	After 12 consecutive months on a plan, members are eligible for a plan upgrade. They are allowed 1 downgrade per year.
Plan Take Over	The 6 month wait period for type 3 major services can be waived with proof of prior qualified dental insurance that has been canceled within 30 days prior to enrollment.
FAQ's	Click to View
Limitations & Exclusions	Click to View

Benefits

Common procedures and coverage amounts

Type 1 - Preventive		Plan Allowable Amount				
Procedure	Code	Platinum	Gold	Silver	Value	
Routine Exam	D0120	30.00	23.00	18.00	12.00	
Adult Cleaning	D1110	63.00	49.00	38.00	27.00	
Child Cleaning	D1120	45.00	35.00	26.00	19.00	
Bitewing X-ray	D0274	42.00	33.00	25.00	18.00	
Sealant	D1351	35.00	27.00	21.00	15.00	
Space Maintainer	D1525	428.00	333.00	254.00	179.00	

Type 2 - Basic	Plan Allowable Amount				
Procedure	Code	Platinum	Gold	Silver	Value
Filling (silver)	D2160	101.00	78.00	46.00	31.00
Extraction (simple)	D7210	80.00	59.00	54.00	44.00
Filling (composite)	D2330	80.00	62.00	37.00	25.00
Periodontal Maintenance	D4910	84.00	65.00	38.00	26.00
Denture Repair	D5510	84.00	65.00	38.00	26.00

Type 3 - Major		Plan Allowable Amount			
Procedure	Code	Platinum	Gold	Silver	Value
Porcelain Crown	D2750	384.00	285.00	260.00	0.00
Complete Denture - Upper	D5110	409.00	303.00	277.00	0.00
Complete Denture - Lower	D5120	396.00	294.00	268.00	0.00
Implant Supported Crown	D6067	372.00	276.00	252.00	0.00
Bridge Abutment	D6750	403.00	299.00	273.00	0.00
Bridge Pontic	D6240	372.00	276.00	252.00	0.00
Root Canal	D3310	229.00	170.00	155.00	0.00

A 6-month waiting period applies to all Type 3 – Major benefits unless creditable prior dental insurance was in place within 30 days prior to enrollment.

To view a full Maximum Covered Expense (MCE) list, click here

Additional Benefits

Orthodontia	After a 12-month wait, there is a \$1,000 lifetime benefit for each dependent child to be used towards orthodontia. Ortho services must be started before the child's 17 th birthday. This benefit is "in addition to" their annual maximum benefit. This benefit is subject to 50% coinsurance.
Cosmetic Whitening	Cosmetic teeth whitening benefits are available for member over 14 years of age. These benefits vary by plan and are eligible every 2 years.
Dental Rewards®	Dental Rewards® is a unique feature that allows members to roll a portion of their un-used annual benefit maximum into their next plan year. To access this benefit, the member must have submitted at least one claim during that year for dental services. A maximum lifetime carryover of \$1,000 is allowed (\$250/yr for 4 years).
LASIK Vision Correction	After a 12-month wait, there is a lifetime benefit for LASIK vision correction available for members 18 years and older. After 12-months on the plan there is a \$125 benefit per eye. After 24-months on the plan there is a \$250 benefit per eye. This is a lifetime benefit meaning only one benefit per eye is allowed.
Vision Benefits	\$100 each calendar year towards covered vision expenses. This benefit is taken from the annual dental benefit maximum. Benefit can be used on/towards Exams, Frames, Lenses, contacts. Additional savings and discounts for members who use <u>EyeMed Access network provider</u> .
Hearing Benefits	Not available in Washington. \$75 per person per year towards a hearing exam.