



*No networks or waiting periods for
individuals, seniors, and groups of two or more.*

A Dental Insurance Plan For You & Your Family

No Waiting Periods

Choose Your Own Dentist

Covers Major And Orthodontia Dental Services

Pays Reasonable And Customary Fees

Fully Insured By Security Life Insurance Company of America

Distributed by:



Plan Coordinator:

*Direct Benefits, Inc.
570 Asbury Street, Suite 206
Saint Paul, MN 55104
651-649-3503 • 1-800-620-5010*



A Dental Insurance Plan for You & Your Family

This Dental Insurance Plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures.

This Plan reimburses you for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C) fees for those covered expenses after the *\$100 lifetime deductible has been satisfied. These percentages are: 100% for Preventive Services, 50% for Basic and 10% for Major and Ortho Services in the 1st year. In the 2nd year of coverage, Basic Services increase to 65%, and the Major and Ortho Services increase to 25%. In the 3rd year, Basic Services increase to 80% and Major and Ortho Services increase to 50% of the R&C Rate.

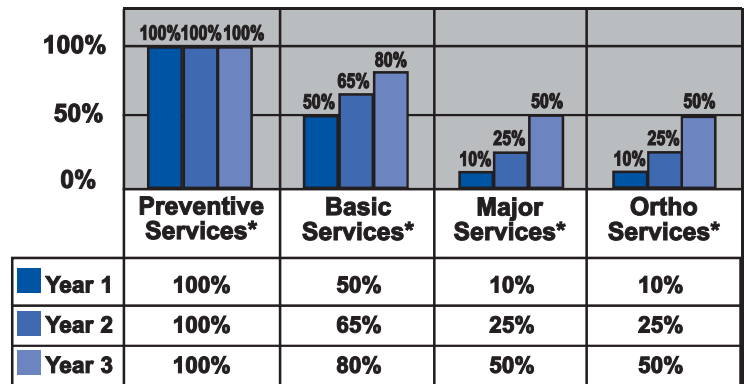
Spirit Dental allows you to select your own dentist, and it is affordable for you and your family.

* \$100 Lifetime Deductible PER PERSON.
 * \$1000 calendar year maximum benefit per person.
 * \$1500 maximum benefit available at a 15% rate increase.

REASONABLE AND CUSTOMARY - means the usual, customary and regular charges for the area where such expenses are incurred.

NOTICE: This brochure provides a very brief description of some important features of your Plan. It is not the Insurance Contract, nor does it represent the Insurance Contract. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance under Policy Form GH-1112 issued to the Voluntary Group Trust.

Covered Services



- PREVENTIVE***
 - two exams per year
 - two cleanings per year
 - one topical fluoride per year to age 16
- BASIC ***
 - Simple extractions
 - Space maintainers
 - one series of bitewing x-rays per year
- MAJOR ***
 - One diagnostic x-ray, full or panoramic in any 3 year period
 - Oral surgery
 - Endodontic treatment
 - Periodontic services
 - Restoration services; inlays, onlays and crowns
 - Prosthetic services; bridges and dentures
 - Basic fillings
 - Sealants (children to age 16)
- ORTHODONTIA ***
 - Orthodontic care for the proper alignment of teeth is provided only to dependent children who are under 19 when treatment is received
 - Coverage is 10% 1st year, 25% 2nd year and 50% 3rd year with a \$1000 lifetime maximum per child.

PLAN INFORMATION

ELIGIBLE EXPENSES: Expenses must be incurred while the Policy is in force and the person is covered by the Policy. To become an Eligible Expense, the dental services must be performed by: a licensed Physician performing dental services within the scope of his license; or a licensed dental hygienist acting under the supervision and direction of a Dentist.

EXPENSES INCURRED: An Eligible Expense is considered incurred on the following dates: for full and partial dentures - on the date the final impression is taken; for fixed bridges, crowns, inlays and onlays - on the date the teeth are first prepared; for root canal therapy - on the date the pulp chamber is opened; for periodontal surgery - on the date surgery is performed; for all other services - on the date the service is performed.

EXPENSES NOT COVERED: No benefits will be paid for expenses incurred: for charges in excess of those considered reasonable and customary; for overdentures and associated procedures; for cosmetic procedures; for the replacement of full and partial dentures, bridges, inlays, onlays, or crowns that can be repaired or restored to normal function; for implants, and for (a) the replacement of orthodontic retainer, (b) the replacement of lost or stolen appliances, (c) athletic mouthguards, (d) precision or semi-precision attachments, (e) denture duplication, and for (a) plaque control, (b) the completion of claim form, (c) acid etch, (d) broken appointments, (e) prescription or take-home fluoride, or for (f) diagnostic photographs; for services not completed by end of the month in which coverage terminates, unless continuation of coverage has been requested by us; for procedures that are begun, but not completed; for those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge; for services 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; for care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar law; that are applied toward satisfaction of a Deductible, if any; that are generally considered by the dental profession as experimental or investigational; for the treatment of cleft palate and anodontia; for services or supplies payable under any medical expense plan; for orthodontia (unless specifically included); prior to the date the Insured is covered under the Policy; for the diagnosis or treatment of Temporomandibular Joint Dysfunction (TMJD); for hospital services.

ALTERNATE BENEFIT: If: (1) We determine that a less expensive alternate procedure, service or course of treatment can be performed in place of the proposed treatment to correct a dental condition; and (2) the alternative treatment will produce a professionally satisfactory result, then the maximum we will allow will be the charge for the less expensive treatment.

GENERAL INFORMATION

ELIGIBILITY: Individuals to age 65 plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 23 if child is a full-time student). This is subject to state requirements.

DEDUCTIBLE AMOUNT: The Deductible is shown in the Coverage Schedule. The Deductible is an amount of covered dental charges incurred by an insured person for which no benefits will be paid.

CALENDAR YEAR MAXIMUM: The maximum amount payable for all Eligible Dental Expenses in any calendar year as shown in the Coverage Schedule. The Calendar Year Maximum will apply to each insured person.

PRETREATMENT REVIEW: If the Course of Treatment will exceed \$300, We will request prior review. We must be given the dentist's treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays. We will determine Eligible Expenses and state how much We will pay for the treatment. Our determination may suggest an alternate, less expensive Course of Treatment if it will produce professionally satisfactory results. If You do not request a pretreatment review, We will pay for the least expensive method of treatment regardless of the method actually used.

COORDINATION OF BENEFITS: This Plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. This helps keep the cost of the Plan reasonable.

TERMINATION OF COVERAGE: Coverage terminates on the earliest of the following dates: the last day of the month in which You cease to be eligible for coverage; the last day of the month in which Your dependent is no longer a dependent, as defined; subject to the Grace Period, the last day of the month for which a premium has been paid by You or on your behalf; or the date the policy ends.

EFFECTIVE DATE: Plan effective dates are always the First of the month. Enrollment cards received by Direct Benefits after the First of the month will become effective on the First of the following month. Incomplete enrollment cards or failure to submit the required initial premium amount may cause an initial delay in Issuance of insurance. Do not cancel any other Insurance or assume You are insured under the Plan until You receive written confirmation from Direct Benefits.

Insured By:

Security Life
INSURANCE COMPANY OF AMERICA
 10901 Red Circle Drive, Minnetonka, MN 55343-9137

policy: GH-1112-37740-1
 (Rev 07/06)
 Form: S-10677

Outlook Vision Services – Clearly the Best Vision Benefits Plan for You

Your dental plan includes a vision discount plan through Outlook Vision Services. The vision plan includes discounts on the purchase of eyeglasses, contact lenses, sunglasses and other prescription eyewear when provided by Outlook Vision Services providers. Eye exam discounts* and discounts on corrective surgery (Lasik) are available at select locations. Outlook Vision Services is available for you and everyone covered on your dental plan.

Easy To Use.

- 1) Find a provider – Call Outlook @ 800-342-7188 or visit www.outlookvision.com
- 2) Choose the frames, lenses or contacts you like
- 3) Present your card with the Outlook logo to a preferred provider
- 4) Pay the discounted price

This Vision Discount Plan is not Insurance.

* Exam discounts may not be available at all locations. CA and WA providers do not offer exam discounts.

- Discounts 10% to 50% on eyewear
- Over 10,000 preferred optical centers nationwide
- Discounts on eye exams at select locations
- Covers spouse and children
- Elective contact lenses
- Choose from entire eyeglass frame inventory
- Choose lenses (Single, Bifocal, Trifocal, Progressive, Contacts, etc.)
- Purchase multiple pairs
- Use as often as you like
- Never file a claim

SPIRIT DENTAL

No networks or waiting periods for individuals, seniors, and groups of two or more.



OUTLOOK
VISION SERVICES