

Act Today! To add this economical dental protection, just complete and return the enclosed enrollment form.

Now Available – A dental care program that's right for your budget!

Flexible, economical dental insurance

75% of the U.S. population has some form of periodontal gum disease—the most common cause of tooth loss in adults. Early detection of periodontal disease reduces the risk of permanent damage to teeth and gums and can prevent more extensive and costly treatment in later years.

– American Dental Hygienists' Association Website, 10/2008

PLAN SUMMARY

EFFECTIVE DATE: Your coverage will be effective the first day of the month following receipt of your enrollment form and first premium payment. Some services are subject to a 6- or 12-month waiting period. When you become insured, you will be sent a Certificate of Insurance summarizing the provisions of the plan under which you are insured. You must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status on the date insurance is to take effect; otherwise, insurance will take effect on the day you resume such activities. Dependents might be hospitalized on the date insurance is to take effect. If so, insurance will take effect on the day after discharge.

EXCLUSIONS: No benefits will be paid for expenses incurred for the following: any portion of a charge for any service in excess of the scheduled benefit; any procedure not listed as a scheduled benefit; overdentures and associated procedures; cosmetic procedures including charges for porcelain or other veneer crowns, pontics, and porcelain or other veneer facings on crowns or pontics to replace molars; the replacement of full and partial dentures, bridges, inlays, on-lays or crowns that can be repaired or restored to normal function; implants; and for (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouthguards; (d) precision or semi-precision attachments; (e) denture duplication or for (f) sealants, except as provided in the Schedule of Benefits; oral hygiene instructions; and for (a) plaque control; (b) the completion of a claim form; (c) acid etch; (d) broken appointments; (e) prescription or take-home fluoride; or for (f) diagnostic photographs; services and procedures that are begun, but not completed, by the end of the month in which coverage terminates; charges in connection with an orthodontic service; services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge; 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; expenses that are applied toward satisfaction of a deductible; services that are not recommended, approved and certified as necessary and reasonable by a dentist; services that are not viewed by the American Dental Association as being proper treatment.

In addition, no benefits will be paid for charges incurred for treatment: which is given after insurance ends; which results from intentionally self-inflicted injury, war or an act of war; which is given by your spouse or spouse's father, mother, son, daughter, brother, or sister; which is given by a person's employer or an employee of such employer.

TERMINATION: Your dental coverage will be terminated only if you fail to pay the appropriate premium when due, insurance ends for your class, or the policy is discontinued. Coverage for dependents will end on the date your insurance ends, at the end of the month for which the last premium has been paid for the dependent, or when they are no longer eligible as your dependent.

This is only a brief summary of benefits and is subject to the terms, conditions, limitations and exclusions of group policy number V-610,290, form number G-19000. Coverage may vary and may not be available in all states.


Administered by:
Plan Administrator, Pearl Insurance
1200 East Glen Avenue
Peoria Heights, IL 61616-5348
1-866-809-5175

Underwritten by:
The United States Life Insurance Company in the City of New York
New York, New York

DentalSelect

INSURANCE PLAN

Dental insurance at economical rates

Special limited-time offer...
please take a moment
to review this important
information 

Underwritten by:
The United States Life Insurance Company in the City of New York
New York, New York

You and your family can save on the important dental care you need by enrolling today for this plan. You automatically qualify for this plan – you can't be turned down.

And unlike most employer-provided plans, this plan stays with you if you change jobs – it's yours as long as you pay your DentalSelect premium when due.

FAMILY COVERAGE AVAILABLE

You can select this dental insurance for yourself as well as other family members. Eligible dependents include your spouse and unmarried, dependent children under age 19, or up to age 25 if a full-time student. Dependent age varies by state.

KEEP YOUR FAMILY DENTIST

Because this plan allows you to use any dentist, you're able to continue going to your current provider or choose any dentist you'd like. And you decide whether you want benefits paid directly to your dentist or reimbursed to you.

WIDE-RANGE DENTAL CARE

You and your eligible dependents receive coverage for a full range of dental health services:

- The plan provides benefits for diagnostic, preventive and restorative services, including comprehensive oral evaluations, bitewing and intraoral x-rays, fillings, sealants and crowns. See the chart inside for specific benefit amounts paid for each procedure.
- There are no waiting periods for preventive, diagnostic, restorative and adjunctive services.
- Benefits for emergency and specialty care are included.
- Plan benefits include coverage for procedures such as endodontics and oral surgery after a six-month waiting period.
- Major restorative, periodontics, removable prosthetics and fixed bridge services are also covered after you have been enrolled under the plan for 12 consecutive months.

Take a moment to enroll today!
Simply complete and return the enclosed form in the envelope provided.

TAKE ADVANTAGE OF ECONOMICAL GROUP RATES

Our convenient EFT and direct-bill payment options help ensure you and your family are covered.

Monthly costs are:

Applicant only	\$24.00 per month
Applicant and spouse	\$43.00 per month
Applicant and children	\$43.00 per month
Applicant and full-family coverage.	\$58.00 per month

Calendar year deductible: \$50 per person; \$150 maximum annual deductible per family

Annual maximum benefit per person: \$1,000

IT TAKES JUST MINUTES TO ENROLL!

1. Complete the brief enrollment form enclosed.
2. Mail your signed enrollment form in the envelope provided.

QUESTIONS?

Call the plan administrator, Pearl Insurance, at 1-866-809-5175.

DentalSelect Plan – Covered Benefits

Benefit payments for covered services are detailed below.

These payments are the maximum allowable dollar amount paid for each procedure (not to exceed actual charges). Benefits can be paid directly to the dentist or be reimbursed to you.

I. Preventive – No waiting period

Comprehensive oral evaluation	\$25
Periodic oral evaluation	15
Limited oral evaluation – problem focused	25
Prophylaxis – adult	40
Prophylaxis – child	25
Topical application of fluoride (prophylaxis not included) – to age 19	15
Sealants, per tooth 1st and 2nd molars within 2 years of eruption	10
Palliative (emergency) treatment of dental pain – minor procedure	15

II. Diagnostic – No waiting period

Intraoral – complete series (including bitewings)	\$45
Intraoral – periapical – first film	10
Intraoral – periapical – each additional film	5
Intraoral – occlusal film	10
Bitewing – single film	15
Bitewings – two films	15
Bitewings – four films	20
Panoramic film	35
Cephalometric film	50

III. Restorative – No waiting period

Space maintainer – removable – unilateral	\$25
Space maintainer – removable – bilateral	50
Silicate cement – per restoration	25
Amalgam – two surfaces, primary	30
Amalgam – three surfaces, primary	35
Amalgam – four or more surfaces, primary	35
Amalgam – one surface, permanent	30
Amalgam – two surfaces, permanent	35
Amalgam – three surfaces, permanent	35
Amalgam – four or more surfaces, permanent	35
Resin – one surface, anterior	30
Resin – two surfaces, anterior	35
Resin – three surfaces, permanent	45
Resin – four or more surfaces or involving incisal angle (anterior)	50

IV Restorative – Major – Covered after 12 months in the plan

Crown – resin (laboratory)	\$100
Crown – resin with high noble metal	200
Crown – resin with predominantly base metal	180
Crown – resin with noble metal	210
Crown – porcelain/ceramic substrate	215
Crown – porcelain fused to high noble metal	230
Crown – porcelain fused to predominantly base metal	220
Crown – porcelain fused to noble metal	220
Crown – full cast high noble metal	225
Crown – full cast predominantly base metal	215
Crown – full cast noble metal	215
Crown – 3/4 cast metal	220
Recement inlay	15
Recement crown	15
Prefabricated stainless steel crown – primary tooth	50
Core buildup, including any pins	45

Pin retention – per tooth, in addition to restoration	10
Cast post and core in addition to crown	68

V Endodontics – Covered after 6 months in the plan

Therapeutic pulpotomy (excluding final restoration)	\$20
Root Canal – anterior (excluding final restoration)	125
Root Canal – bicuspid (excluding final restoration)	135
Root Canal – molar (excluding final restoration)	140
Apexification/recalcification – initial visit (apical closure/calific repair of perforation, root resorption, etc.)	70
Apexification/recalcification – interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.)	40
Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calific repair of perforations, root resorptions, etc.)	30
Apicoectomy/Periradicular surgery – anterior	115
Root Amputation – per root	35
Hemisection (including any root removal), not including root canal therapy	80
Canal preparation and fitting of preformed dowel or post	25

VI. Periodontics – Covered after 12 months in the plan

Gingivectomy or gingivoplasty – per quadrant	\$75
Gingivectomy or gingivoplasty – per tooth	45
Gingival curettage, surgical, per quadrant, by report	45
Gingival flap procedure, including root planing – per quadrant	110
Clinical crown lengthening – hard tissue	20
Osseous surgery (including flap entry and closure) – per quadrant	205
Bone replacement graft – first site in quadrant	20
Pedicle soft tissue graft procedure	110
Free soft tissue graft procedure (including donor site surgery)	110
Periodontal scaling and root planing – per quadrant	30
Periodontal maintenance procedures (following active therapy)	35

Cavities are the most common chronic disease nationally, affecting 53% of 6 to 8-year-olds and 84% of 17-year-olds.
– ADHA Access to Care Facts & Stats, American Dental Hygienists' Association, 2008

VII. Prosthetics – Removable – Covered after 12 months in the plan

Complete denture – maxillary	\$250
Complete denture – mandibular	250
Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	110
Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	110
Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	130
Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	130
Adjust complete denture – maxillary	15
Adjust complete denture – mandibular	15
Adjust partial denture – maxillary	15
Adjust partial denture – mandibular	15
Repair broken complete denture base	20
Replace missing or broken teeth – complete denture (each tooth)	20
Repair resin denture base	20
Repair cast framework	30
Repair or replace broken clasp	15
Replace broken teeth – per tooth	20
Add tooth to existing partial denture	40
Add clasp to existing partial denture	40
Rebase complete maxillary denture	45
Rebase complete mandibular denture	45
Rebase maxillary partial denture	45
Rebase mandibular partial denture	45
Reline complete maxillary denture (chairside)	55
Reline complete mandibular denture (chairside)	55
Reline maxillary partial denture (chairside)	55
Reline mandibular partial denture (chairside)	55
Reline complete maxillary denture (laboratory)	75

Reline complete mandibular denture (laboratory)	75
Reline maxillary partial denture (laboratory)	75
Reline mandibular partial denture (laboratory)	75
Tissue conditioning maxillary	25

VIII. Fixed Bridge – Covered after 12 months in the plan

Space maintainer – fixed – unilateral	\$90
Space maintainer – fixed – bilateral	115
Pontic – cast high noble metal	165
Pontic – cast predominantly base metal	185
Pontic – cast noble metal	185
Pontic – porcelain fused to high noble metal	200
Pontic – porcelain fused to predominantly base metal	200
Pontic – porcelain fused to noble metal	200
Pontic – resin with high noble metal	200
Pontic – resin with predominantly base metal	150
Pontic – resin with noble metal	150
Inlay/onlay – porcelain/ceramic	145
Inlay – metallic – two surfaces	145
Inlay – metallic – three or more surfaces	150
Onlay – metallic – three surfaces	155
Onlay – metallic – four or more surfaces	155
Retainer – cast metal for resin bonded fixed prosthesis	150
Crown – resin with high noble metal	170
Crown – resin with predominantly base metal	165
Crown – resin with noble metal	165
Crown – porcelain fused to high noble metal	180
Crown – porcelain fused to predominantly base metal	165
Crown – porcelain fused to noble metal	165
Crown – 3/4 cast high noble metal	170
Crown – full cast high noble metal	175
Crown – full cast predominantly base metal	175
Crown – full cast noble metal	165
Recement fixed partial denture	25

IX. Oral Surgery – Covered after 6 months in the plan

Single tooth	\$20
Each additional tooth	20
Root removal – exposed roots	25
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	30
Removal of impacted tooth – soft tissue	45
Removal of impacted tooth – partially bony	70
Removal of impacted tooth – completely bony	85
Removal of impacted tooth – completely bony, with unusual surgical complications	85
Surgical removal of residual tooth roots (cutting procedure)	30
Biopsy of oral tissue – hard	25
Biopsy of oral tissue – soft	25
Alveoloplasty in conjunction with extractions – per quadrant	75
Excision of benign tumor – lesion diameter up to 1.25 cm	65
Excision of benign tumor – lesion diameter greater than 1.25 cm	65
Excision of malignant tumor – lesion diameter up to 1.25 cm	65
Excision of malignant tumor – lesion diameter greater than 1.25 cm	65
Removal of odontogenic cyst or tumor – lesion diameter up to 1.25 cm	70
Removal of odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	70
Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	70
Removal of nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	70
Destruction of lesion(s) by physical or chemical method, by report	70
Removal of exostosis – maxilla or mandible	100
Incision and drainage of abscess – intraoral soft tissue	35
Frenulectomy (frenectomy or frenotomy) – separate procedure	60
Excision of pericoronal gingival	75

X. Adjunctive Services – No waiting period

General anesthesia – first 30 minutes	\$50
Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	20



Protect yourself from the rising cost of dental care

Get competitive dental insurance for yourself and your family.

You are guaranteed acceptance into this economical dental plan.

- Simple enrollment
- No qualifying questions
- Just complete and return the enclosed form today!

