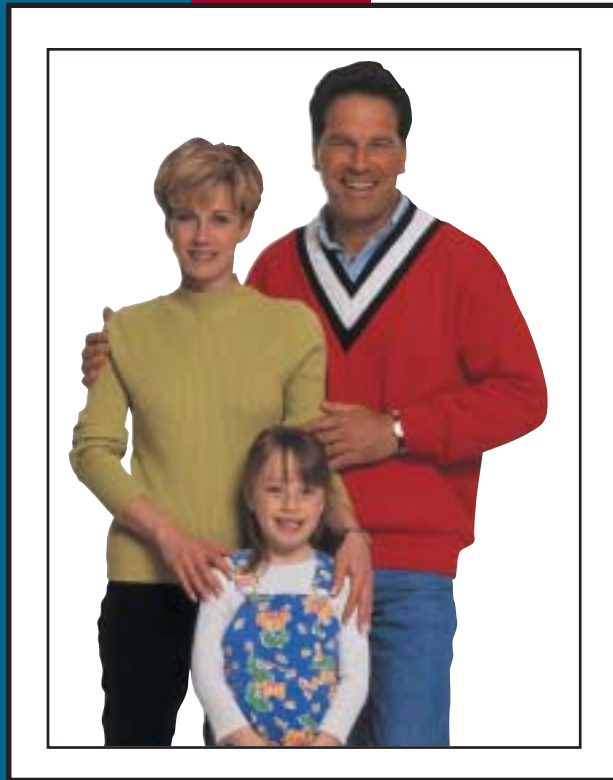


Grin & Share It

Individual
Dental Plan

- **Comprehensive Coverage**
- **Freedom to use the Dentist of Your Choice**
- **Choice of Plan Designs**



**Dental coverage
when you need it**



- A dedicated dental claims team

freedom

- Choice of multiple plan designs

- The freedom to see any dentist

- Lower negotiated fee schedules when using network providers

competitive

- No balance billing when using network providers

- Competitive rates and plan designs

- “Off-the-shelf” rates for quoting

- A smooth application process

- Stand-alone dental insurance or plans offered in conjunction with our medical products

choice

- Discount if annual premium is paid

- Monthly premiums can be paid by credit card or bank draft

dedicated

- Sealant coverage for children

- NO waiting period for preventive services

coverage

- 50/50/50 plan has NO deductible



IMPORTANT INFORMATION

Covered Expenses

Dental services incurred by a covered person which are: necessary for dental health; prescribed by a dentist; and usual and customary for the treatment as specified by the certificate of coverage. See next page for a list of exclusions.

Deductible Amount

This is the amount you pay for covered expenses during a calendar year before your dental insurance begins paying benefits. The deductible amount is the larger of the amount shown on the Certificate Schedule or the amount of benefits paid for covered expenses by any other health insurance plan. The deductible applies to each covered person.

Coinsurance Amount

The percentage of covered expenses payable by Central Reserve Life Insurance Co. The coinsurance amount is applicable to each covered person per calendar year.

Predetermination

If your dental services are expected to cost \$300 or more, we encourage you to have your dentist submit a pretreatment estimate to us. This should include a treatment plan of dental care or treatment and proposed fees, submitted by a dentist to us for benefit determination prior to the treatment. We will notify you what services are allowed under the policy. We may suggest alternative procedures to the proposed treatment plan, based on professionally endorsed dental care standards.

Eligibility

Persons eligible for coverage are: you and your eligible dependents, ages 0-64, who are shown on the application. Subject to acceptance. Dependents eligible for coverage include:

- your spouse;
- your unmarried dependent children from birth until the age of 19 years (23 years, if a full-time student*).
- your dependent children over the age of 19 years who are continuously both: 1) incapable of self-sustaining employment due to mental retardation or physical handicap; and 2) chiefly dependent on you for support and maintenance. (If you notify us, coverage for this child will continue while this coverage is in force and as long as such incapacity continues and the required premium is paid. Satisfactory proof must be submitted to us within 31 days after such child attains the age of 19 years, and thereafter as required, but no more than once a year.)
- adopted children, covered from the date of placement in home for purpose of adoption and continuing on the same basis as coverage for other dependent children.

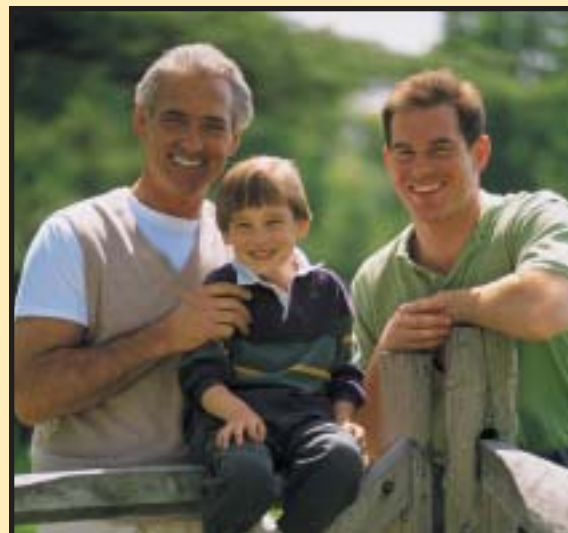
NOTE: a person is ineligible for coverage if eligible for or covered by Medicare.

Terms of Coverage

Coverage starts on the Certificate Effective Date at 12:01 a.m., Standard Time where you live.

PREMIUMS SUBJECT TO CHANGE

The premium for these plans may be changed, if changed on all policies by us in the state where you live.



*varies by state

Expenses Not Covered

We will not pay for:

- Any expenses or charges for procedures which are chiefly for oral hygiene instruction, education or training;
- Caries susceptibility test, bacteriologic studies, histopathologic exams, pulp vitality tests and magnetic resonance imaging;
- The extraction of asymptomatic teeth;
- Gnathologic tests, orthognathic surgery, osteoplasties, osteotomies, LeFort procedures, vestibuloplasties and stomatoplasties, or any expense for treatment of congenital malformations;
- Any expenses related to treatment of temporomandibular joint disorder or dysfunction and functional/myofunctional therapy except to the extent as may be required by state law;
- Implants or any procedure associated with the preparation for maintenance of or placement or removal of implants;
- Procedures for the treatment of teeth or gums for cosmetic or reconstructive purposes, including realignment of teeth except for covered orthodontic procedures;
- Replacement of third molars with prostheses;
- Replacement of lost or stolen dentures or retainers;
- Prostheses, including bridges, crowns and/or dentures, to replace teeth missing prior to the Certificate Effective Date;
- Prostheses, including bridges and crowns, for which final impressions were taken prior to the date a covered person becomes eligible for these benefits under this certificate;
- Retreatment or adjustment, recementation, reline, rebase, replacement or repair of cast restorations, crowns and prostheses either within six months of the completion of the service or within any time frame if initial service is not adequate to meet nationally accepted dental standards;
- Initial placement or replacement of cast restoration or fixed bridgework for eligible dependent children age 16 and under;
- Fixed bridgework:
 - 1) in conjunction with the initial placement of a partial denture in the same arch; or
 - 2) when an existing partial denture is in the same arch;
 - 3) multiple fixed bridgework simultaneously placed in the same arch;
- Expenses incurred after a covered person is no longer insured under this certificate;
- Provisional or permanent periodontal splinting;
- Procedures, restorations, devices, appliances or dentures to change vertical dimension, to alter occlusion or to replace tooth structure lost through attrition, erosion or abrasion or any expenses for occlusal adjustment or equilibration;
- Athletic mouth guards, bruxism appliances or any appliance to correct harmful habits or any procedure related to such appliances;
- Procedures related to guided tissue regeneration;
- Local anesthesia as a separate charge or any expense for drugs and medications whether or not they require a written prescription or any expense for intravenous sedation, analgesics or euphoric drugs;
- Any expenses for procedures provided by a person who is not a dentist or dental hygienist or who not under the direct supervision of a dentist;
- More expensive procedure(s) when less expensive procedure(s):
 - 1) is recognized to be adequate in accordance with nationally accepted standards of dental practice; and
 - 2) is determined to be adequate by us in view of the oral condition;
- When there are two or more methods of treating a condition, covered expense for a covered procedure will be based upon the charges for the least expensive adequate course of action;
- Any treatment, procedure or supply not shown under Covered Dental Services;
- Covered expenses a covered person is not required to pay, including expenses for procedures furnished by any dental provider which normally makes no charge if the patient has no insurance;
- Any expenses or charges for procedures or supplies which are:
 - 1) determined not to be provided in accordance with generally accepted professional dental standards; or
 - 2) for investigational or experimental treatment;
- Duplication of procedure or separate charges for procedures which are customarily associated with the completion of a more comprehensive dental procedure;
- Expenses incurred for duplication of procedures when a covered person transfers from the care of one dentist to the care of another dentist;
- Service for which a positive prognosis cannot be supported by documentation;
- Any expenses for which a covered person is entitled to benefits under a workers' compensation or occupational disease law;
- Any expenses which are in excess of the maximum allowable charges;
- Any expenses or charges for dental procedure which are not considered a covered expense;
- Any expenses which result from an intentional self-inflicted injury or sickness, whether the covered person is sane or insane;
- Any expenses resulting from the covered person's participation in a riot or in the commission of a felony;
- Any expenses for services or supplies which are provided or paid for by a government plan or educational institution;
- Any expenses which result from an act of declared or undeclared war or armed aggression;
- Any expenses:
 - 1) which are incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country; and
 - 2) for which any governmental body or its agencies are liable;
- Orthodontia, unless specified elsewhere as a covered benefit;
- Procedures that are not included in the classes of eligible dental expenses, that are not dentally necessary or not the treatment customarily recognized by the dentist's field of specialty as essential to treating the condition;
- Dental treatment, appliance or device related periodontal splinting, correction of abrasion, erosion, attrition, abfraction, bruxism, or desensitizing or restored by other means;
- Changing vertical dimension, restoring occlusion or bite, bite analysis;
- Replacement of full or partial dentures within five years of the last replacement, except for loss of natural tooth;
- Replacement of bridges crowns, dentures, inlays, or onlays if they can be repaired or restored;
- Precision or semi-precision attachments;
- Denture duplications, (treatment of fractures, cysts, TMJ or related conditions);
- Orthognathic surgery;
- Plaque control;
- Acid etch;
- Broken photograph;
- Cost to complete claim forms;
- Hospital and related anesthesia charges;
- Procedures begun but not completed;
- Services rendered by a family member or someone who lives with you or provided free without insurance;
- Services eligible under workers' compensation;
- Treatment provided without charge;
- Services received outside of the U.S.;
- Broken or missed appointments.



PPO Advantages

Although you have the freedom to receive services from the dentist of your choice, there are many advantages to using our Preferred Provider Organization (PPO) network of dentists. By using a PPO provider (available in most states), you are protected from being billed for amounts above the reasonable and customary limits of your insurance. Plus, you may also receive discounted fees, which can mean additional savings on your out-of-pocket coinsurance payments.

INDIVIDUAL DENTAL PLAN DESIGNS

		Plan 850	Plan 855	Plan 175	Plan 555
Preventive Services					
<ul style="list-style-type: none"> Initial & Periodic Exams Prophylaxis (Cleanings) Fluoride Treatment Sealants 	Subject to Deductible: Coinsurance: Waiting Period:	yes 80% none	no 80% none	no 100% none	no 50% none
Basic Services					
<ul style="list-style-type: none"> Diagnostic X-rays Fillings Simple Extractions 	Subject to Deductible: Coinsurance: Waiting Period:	yes 50% 6 months	yes 50% 6 months	yes 75% 6 months	no 50% 6 months
Special Services					
<ul style="list-style-type: none"> Oral Surgery Endodontics (Root Canal) Periodontics 	Subject to Deductible: Coinsurance: Waiting Period:	yes 50% 12 months	yes 50% 12 months	yes 50% 12 months	no 50% 12 months
Major Services					
<ul style="list-style-type: none"> Crowns Dentures Bridges 	Subject to Deductible: Coinsurance: Waiting Period:	not covered not covered not covered	yes 50% 18 months	yes 50% 18 months	no 50% 18 months
Deductible					
<ul style="list-style-type: none"> Per person 	Per calendar year:	\$50	\$50	\$50	\$0
Maximum Benefit					
<ul style="list-style-type: none"> Per person 	Per calendar year:	\$750	\$1,000	\$1,000	\$1,000

Orthodontic related services are not covered.

Quality Commitment



At Central Reserve Life, we are committed to providing quality service and quality health insurance products at affordable prices. Our mission is to fully serve the needs of all those associated with our company.

NOTICE

This sales brochure is not the insurance policy. Not all policy provisions, exclusions and limitations are listed. The certificate, which is issued upon approval of coverage, will contain a summary of the coverage, including a complete list of covered charges, exclusions and limitations. To review a specimen copy of the certificate – just ask your agent.

The laws of your state may mandate that the coverage described in this brochure be changed. Please refer to any insert that may accompany this brochure for a description of those changes, if applicable.

No agent has the authority to change any benefits, to bind coverage with Central Reserve Life Insurance Company, or to promise a certain effective date.

Underwritten by CRL

**Administration by Continental
General Insurance Company**