

# GEMSTAR<sup>SM</sup> 1500

Dental Insurance for employer groups with 2+ lives

- Option available to receive Credit for Prior Coverage
- Dental rate discount for 50% voluntary participation
- Freedom to use any Dentist – Network Options Available for Additional Savings
- Rate discount for combined dental and vision package
- Option of Employer Funded or Voluntary contribution

Class A - Preventive		1500
Initial & Periodic Exams (2 per year), Cleanings (2 per year), Fluoride Treatments (under age 16)		
Benefit Day 1		100%
<b>Deductible—Lifetime per Insured</b>		\$50
<b>Waiting Period</b>		None
Class B - Basic		
X-rays, Fillings, Simple Extractions, Sealants (under age 16)		
Benefit Day 1		50%
Benefit After Year 1		60%
Benefit After Year 2		80%
<b>Deductible—Each Calendar Year per Insured*</b>		\$50/Year
<b>Waiting Period</b>		None
Class C - Major		
Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures		
Benefit Day 1		30%
Benefit After Year 1		50%
<b>Deductible—Each Calendar Year per Insured*</b>		\$50/Year
<b>Waiting Period</b>		None
Class D - Orthodontics		
Straightening of Teeth (for children under age 19)		
Benefit Day 1		0%
Benefit After Year 1		50%
<b>Deductible</b>		None
<b>Waiting Period</b>		12 Months
Calendar Year Maximums		
Calendar Year Maximum for Classes A, B and C Combined		\$1,500
Calendar Year Maximum for Class C – Major Services		\$750
Calendar Year Maximum for Class D		\$500
Lifetime Maximum Per Child for Class D		\$1,000

\*Class B & C Deductible is combined for each calendar year. A maximum of three (3) individual deductibles per family shall apply.

## PROUDLY BROUGHT TO YOU BY:

### MAXIMUM CARE NETWORK

GemStar 1500 gives you the freedom to use any dentist with the advantage of utilizing a MaxCare network provider for additional savings. The MaxCare network gives you:

- Over 200,000 access points nationwide
- Discounts of 5-50% on dental services
- Network discounts available immediately
- Provider search at [Careington.com/co/SLICA](http://Careington.com/co/SLICA)

Additionally, when you utilize a MaxCare dental provider, your out-of-pocket costs may be lower because they have agreed to a negotiated fee for services. You are responsible for any coinsurance and the required deductible. It is important to note that if you receive care from a non-MaxCare provider your out-of-pocket charges will be based on the Reasonable and Customary charge.

*Not available in ID, NJ, VT, WA.*

### CREDIT FOR PRIOR COVERAGE

A group with current dental coverage may choose to purchase the option to receive Credit for Prior Coverage (CPC) toward satisfaction of any waiting period or graded benefit year co-insurance. Credit may be given for the length of time an employee was covered under the employer's prior dental Insurance plan, provided there is no interruption in coverage between the prior plan and the replacement plan. The prior coverage must be similar in plan design to receive CPC. For example, if the prior plan did not cover Class C - Major services, CPC is not applied to Major services.

**Employer Paid plans:** CPC is given at the group level based on the length of time the employer carried the previous coverage. In order to receive CPC the employee must have been covered by the employer's previous plan. Any new employee and/or dependents added subsequent to the group's effective date of this coverage will not receive CPC.

**Voluntary Plans:** CPC is given individually to each person (employee, spouse or child) covered. Any new employee and/or dependents added subsequent to the group's effective date of this coverage will not receive CPC.

## DENTAL EXPENSES NOT COVERED

- for overdentures and associated procedures;
- for charges in excess of those considered Reasonable and Customary;
- for cosmetic procedures;
- for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
- for implants and for replacement of lost or stolen appliances, replacement of retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication;
- for missing tooth: when covered under your plan, benefits are provided for placement of dentures, fixed bridgework, implants or the addition of teeth to existing dentures only when the service includes replacement of a natural tooth extracted or lost while covered under this plan. This limitation ends after the individual receiving care has been covered under this plan for 36 consecutive months.
- for oral hygiene instructions; and for: plaque control, completion of a claim form acid etch, broken appointments, prescription or take-home fluoride, or diagnostic photographs;
- for services not completed by the end of the month in which coverage ends unless continuation of coverage has been requested and accepted by Us;
- for procedures that are begun, but not completed;
- for services and treatment provided without charge, or for which there would be no charge in the absence of insurance;
- 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 a condition covered under any Worker's Compensation Act or similar law;
- for services 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 included within Coverage Schedule;
- for services rendered prior to the date the Insured is covered under the Policy;
- for the diagnosis or treatment of Temporomandibular Joint Dysfunction (TMJD);
- for hospital services;
- if You voluntarily end Your insurance You will not be eligible to re-enroll for a period of 2 years after the date Your coverage first ended;
- charges for infection control, sterilization, and waste disposal.

## UNDERWRITING GUIDELINES

### ELIGIBLE EMPLOYEES

An individual employed by a participating employer who works 20 hours or more per week, and who is considered an employee for Social Security purposes. Partners and Proprietors are also considered to be eligible employees.

### ELIGIBLE DEPENDENT

Eligible dependent is any of the following persons:

- Your spouse, and
- Your unmarried child, from birth to age 26.
- Each unmarried child at least 26 years of age who is dependent upon You for support because he is incapable of self-sustaining employment by reason of mental retardation or physical handicap; who was incapacitated and insured under the Policy on his 26th birthday; and who continues to be incapacitated beyond his 26th birthday.

### EMPLOYER RESTRICTIONS

This insurance plan is only available to employers that have been in business more than one year.

Most Firms will qualify for this plan; however, coverage is not available to:

- Groups funded by the government or any government agency
- Groups that are home based
- Groups that are seasonal in nature
- Groups with more than 90% family content
- Dental offices

This list of ineligible Firms is representative only and not all-inclusive.

## GENERAL INFORMATION

### PREMIUMS, RENEWABILITY

Applicable Dental Premium Rates are guaranteed for each Employer Group for 12 months from date of issue. Thereafter, rates are subject to change in accordance with the Master Policy. Coverage is renewable as long as eligibility criteria are satisfied and premiums are paid when due.

### TERMINATION OF COVERAGE

Coverage terminates on the earliest of the following dates: (a) the last day of the month in which You cease to be eligible for coverage; (b) the last day of the month in which Your Dependent is no longer a dependent as defined; (c) 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 (d) the date the Master Policy ends.

### COORDINATION OF BENEFITS

This insurance plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits.

### PARTICIPATION DISCOUNT

In the event the final dental employee participation reaches the greater of 3 employees or 50% of the eligible employees, your monthly premium rates charged may be reduced by 10%. Final approval of this discount is to be made by the Company. This discount does not apply to the Employer Paid rates.

### EFFECTIVE DATE

When a firm joins the Trust, the insurance for its current employees will be effective on the date approved by the insurance company. Future new employees will become insured on the first of the month following the completion of the probationary period selected by the employer. A completed enrollment form must be received within 31 days of new employee eligibility. An employee who does not enroll when initially eligible is considered a "late entrant." A late entrant is eligible to enroll in the program as a "new employee" on the Plan's Anniversary Date or immediately if a qualifying event occurs.

### REASONABLE AND CUSTOMARY

Reasonable and Customary means the usual, customary and regular charges for the area where such expenses are incurred.

### NOT AVAILABLE IN: CT, NH, NY, SD, WA.

The insurance plan provides for an increase in coinsurance levels based upon each Benefit Year of coverage. Benefit Year begins with each insured's effective date and continues for 12 months. Each primary insured and/or dependent will have his own Benefit Year beginning with his specific effective date of coverage.



**SECURITYLIFE**  
INSURANCE COMPANY OF AMERICA

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance under Group Dental Policy Form GH-1112. Premium rates may change upon renewal. This policy is renewable at the option of the Company. This product is subject to individual state regulations. The policyholder may be a trustee group policyholder in some states.

©2014 Security Life Insurance Company of America. Minnetonka, MN.

**SecurityLife.com • 800.328.4667**



Follow the steps below to find your **GemStar Dental** monthly policy rate:

**1** Find your Area by locating the first 3 digits of your zip code

State	Zip	Area	State	Zip	Area	State	Zip	Area	MY AREA NUMBER
Alabama	350-355, 359	3	Kansas	660-662	2	New Mexico	881	2	
	All Other	1		All Other	1		882	5	
Alaska	995-996	8	Kentucky	All	1		All Other	1	
	All Other	6		707-711	2	Ohio	All	1	
Arizona	856-857, 864	2	Louisiana	712	3	Oklahoma	740-743	2	
	All Other	1		All Other	1		All Other	1	
Arkansas	All	1	Maine	All	1		977	3	
	956-958	3		206-207, 209-211	2	Oregon	978	1	
	917-918, 943-948, 959	4	Maryland	217	3		All Other	2	
	906-914, 919-927, 930-	6	Massachusetts	All	5	Pennsylvania	170-178, 182-187	2	
	934, 939, 949, 961	6		480-483, 490-491	2		190-192	3	
	900-905	7	Michigan	488-489	3		All Other	1	
	915-916	8		All Other	1	Rhode Island	All	3	
	All Other	5	Minnesota	553-558, 564, 566	2	South Carolina	All	1	
Colorado	803, 808-810	4		All Other	1	Tennessee	373-374	2	
	All Other	1	Mississippi	390-392	2		All Other	1	
Delaware	All	2		All Other	1		756-757, 776-777	1	
D.C.	All	6	Missouri	640-641, 644-649	2	Texas	751-753	3	
Georgia	300-303, 307, 311	2		All Other	1		754	4	
	All Other	1	Montana	590-591	1		All Other	2	
Hawaii	All	3		599	2	Utah	All	1	
Idaho	All	1	Nebraska	All	1		224-225, 230-232	1	
	600-605	2		890-891	2	Virginia	228-229, 240-244	2	
	606-608	3	Nevada	894-895, 898	6		201, 220-221, 233-237	5	
	All Other	1		All Other	4		222-223	6	
Iowa	All	1	New Jersey	All	4		All Other	4	
	463-464	2				West Virginia	262-265	3	
Indiana	473	3					255-257	4	
	All Other	1					All Other	2	
						Wisconsin	All	1	
						Wyoming	All	1	

**2** Find your dental rate by your Area and Contribution

Voluntary									DENTAL RATE per employee
Area:	1	2	3	4	5	6	7	8	
Employee Only	\$23.80	\$26.06	\$28.71	\$31.61	\$34.76	\$38.28	\$41.81	\$46.34	
Employee + Spouse	\$48.35	\$52.89	\$58.18	\$63.97	\$70.39	\$77.45	\$85.00	\$93.69	
Employee + Child(ren)	\$56.92	\$62.47	\$68.50	\$75.56	\$83.11	\$91.30	\$100.11	\$110.57	
Employee + Family	\$86.39	\$94.83	\$104.02	\$114.59	\$126.06	\$138.52	\$152.12	\$167.61	

Employer Paid*									DENTAL RATE per employee
Area:	1	2	3	4	5	6	7	8	
Employee Only	\$21.63	\$23.70	\$26.10	\$28.74	\$31.60	\$34.80	\$38.01	\$42.13	
Employee + Spouse	\$43.96	\$48.08	\$52.89	\$58.16	\$63.99	\$70.41	\$77.27	\$85.17	
Employee + Child(ren)	\$51.74	\$56.79	\$62.27	\$68.69	\$75.56	\$83.00	\$91.01	\$100.52	
Employee + Family	\$78.54	\$86.21	\$94.56	\$104.18	\$114.60	\$125.93	\$138.29	\$152.38	

\*Requires 75% employer contribution for employee only, or 50% employer contribution for employee + dependent.

**3** Find the monthly dental premium for your group

	Base Rate	Discount: Package**	CPC Credit	Discount: 50% Participation***	Total Monthly Premium	# of Employees	Subtotal	Total Dental Premium for Group
Employee Only	\$	x 0.95	x 1.14	x 0.90	= \$	x =	\$ =	
Employee + Spouse	\$	x 0.95	x 1.14	x 0.90	= \$	x =	\$ =	
Employee + Child(ren)	\$	x 0.95	x 1.14	x 0.90	= \$	x =	\$ =	
Employee + Family	\$	x 0.95	x 1.14	x 0.90	= \$	x =	\$ =	

\*\*A 5% discount is available for combined dental and vision packages. To receive the discount, at least two employees must sign up for dental coverage and at least two employees must sign up for vision coverage.

\*\*\*Available for Voluntary participation only, for groups with 3+ employees or 50% participation, whichever is greater

Groups over 100 eligible employees must be submitted to the home office for review. A rate increase of 20% is required for schools and government bodies.