

The Samaritan Dental Plan

Employer Paid Group Dental Insurance Proposal Presented to ENTER GROUP NAME HERE

Effective Date: October 1, 2013 and thereafter - Rates Guaranteed for 12 Months/See below for 24 Month Option
Minimum Enrollment Required 5-99 Lives, and 75% Participation

Plans Underwritten by Security Life Insurance Company of America, 10901 Red Circle Drive, Minnetonka, MN 55343

PLAN B

PPO Network: Careington MaximumCare & DenteMax
Locate Providers at www.securitylife.com

Deductible
Family Deductible Maximum
Annual Maximum
UCR Percentile

Preventive Services (no deductible)

Routine Exams (2 per calendar year), Prophylaxis (cleaning, scaling and polishing of teeth, 2 per calendar year), 1 topical fluoride per calendar year (to age 16), Space maintainers.

Basic Services (deductible applies)

Simple extractions, Fillings (amalgam, silicate, acrylic, synthetic porcelain, and composite fillings [anterior teeth], Full mouth or panoramic x-rays (once every 3 years), Bitewing x-rays (twice per calendar year), Sealants (Children under age 16, once per 36 months, see certificate), Endodontic treatment (root canal therapy, pulpotomy, apicoectomy and retrograde filling), Periodontic services (2 prophylaxis following surgery per calendar year), Root scaling/planing (once per quad in any 6 month period), Occlusal adjustment, 1 appliance (night guards) in 5 year period.

Major Services (deductible applies)

Oral surgery, including postoperative care for removal of teeth, and extraction of tooth root. Crown build-up for non-vital teeth, recementing inlays, onlays and crowns. Recementing bridges, Replacement of inlay, onlay, or crowns (5 years), Stainless steel crowns, post and core. Prosthetic services, dentures and bridgework (see limitations).

Monthly Administration Fee: \$0.00
AGE 26 Dependent Eligibility
Annual Open Enrollment - YES

ADD 2 YEAR RATE GUARANTEE – 5% Increase
Ineligible Industries – Dental Offices

A Product of Dedicated Dental Plans® from Ancillary Markets

Option 1	Option 2	Option 3
IN/OUT	IN/OUT	IN/OUT
\$50/\$50 \$150/\$150 \$1000/\$1000 90th	\$50/\$50 \$150/\$150 \$1500/\$1500 90th	\$50/\$50 \$150/\$150 \$2000/\$2000 90th
100%/100% No Waiting Period	100%/100% No Waiting Period	100%/100% No Waiting Period
90%/80% No Waiting Period	90%/80% No Waiting Period	90%/80% No Waiting Period
60%/50% No Waiting Period	60%/50% No Waiting Period	60%/50% No Waiting Period
EE: \$47.58 ES: \$95.17 EC: \$99.93 EF: \$147.51	EE: \$52.34 ES: \$104.69 EC: \$109.93 EF: \$162.27	EE: \$54.72 ES: \$109.45 EC: \$114.92 EF: \$169.64
Add \$1000 Child Only Ortho Coverage (under age 19) 50% Coinsurance, 12 Month Waiting Period		
EC: \$107.93 EF: \$159.31	EC: \$118.73 EF: \$175.26	EC: \$124.12 EF: \$183.22

Administration and Claims
Security Life Insurance Company of America
PO Box 10188
Lancaster, PA 17601
Phone: 800-300-9566
Fax: 717-481-8215
www.securitylife.com

Plans can only be offered to groups with prior coverage

Dental Plans Marketed by
Ancillary Markets Insurance Marketing Services LLC
738 N First Street, Suite 101
San Jose, CA 95112
800-654-9142
Fax: 408-277-0237



SECURITYLIFE

INSURANCE COMPANY OF AMERICA