

# 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](http://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
<b>IN/OUT</b>	<b>IN/OUT</b>	<b>IN/OUT</b>
\$50/\$50 \$150/\$150 <b>\$1000/\$1000</b> 90th	\$50/\$50 \$150/\$150 <b>\$1500/\$1500</b> 90th	\$50/\$50 \$150/\$150 <b>\$2000/\$2000</b> 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  
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[www.securitylife.com](http://www.securitylife.com)

Plans can only be offered to groups with prior coverage

Dental Plans Marketed by  
Ancillary Markets Insurance Marketing Services LLC  
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Fax: 408-277-0237



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