



DENTAL, VISION, & HEARING

Flexible Choice Dental, Vision, & Hearing Customer Booklet

- › Outline of coverage
- › Replacement notice

SAMPLE

Together, all the way.®



Insured by Loyal American Life Insurance Company

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LOYAL AMERICAN LIFE INSURANCE COMPANY

PO Box 5700, Scranton, PA, 18505
Toll Free: 866-459-4272

OUTLINE OF COVERAGE FOR DENTAL, VISION, & HEARING INSURANCE POLICY FORM SERIES LY-DVH-BA

READ YOUR POLICY CAREFULLY! This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance policy and only the actual provisions of the policy will control the rights and obligations of the parties to it. The policy itself sets forth, in detail, those rights and obligations applicable to both you and Loyal American Life Insurance Company. It is very important, therefore, that you **READ YOUR POLICY CAREFULLY**.

BENEFITS PROVIDED BY THE POLICY Your policy provides dental benefits for preventive, basic, and major services. Your policy also provides benefits for vision and hearing treatments. Benefits are paid according to the policy schedule page. If services are performed by a participating provider, we will pay for dental treatment based on predetermined fees. If services are performed by a non-participating provider, we will pay for dental treatment based on the same predetermined fees associated with a participating provider. The plan deductible, if applicable, must be met before we will pay benefits for any dental, vision, or hearing treatment.

Policy Maximums

Policy year benefit maximum per insured person: \$1,000; \$1,500; \$2,000; \$2,500; \$3,000; \$3,500; \$4,000; \$5,000

Vision benefit maximum during any two policy years: \$200

Hearing benefit maximum during any one policy year: \$500

Policy Deductible

Policy year deductible amount per insured person for all benefits: \$0; \$50; \$100;
\$100 Disappearing Deductible

Waiting Periods

Dental Class 3 – Major Services: 0 months; 12 months

Vision: 6 months

Hearing: 12 months

Dental Benefits

Class 1 - Preventive Services

Year 1: Plan pays 60%

Year 2: Plan pays 70%

Year 3: Plan pays 80%

Years 4+: Plan pays 90%

Class 1 – Preventive Services

All Years: 100%

Class 2 – Basic Services

- Year 1: Plan Pays 60%
- Year 2: Plan Pays 70%
- Year 3: Plan Pays 80%
- Years 4+: Plan Pays 90%

Class 3 – Major Services

- Year 1: Plan Pays 0%
- Years 2+: Plan Pays 60%

Class 3 – Major Services

- All Years: 60%

Vision Benefits

- Year 1: Plan Pays 60%
- Year 2: Plan Pays 70%
- Year 3: Plan Pays 80%
- Years 4+: Plan Pays 90%

Hearing Benefits

- Year 1: Plan Pays 0%
- Year 2: Plan Pays 70%
- Year 3: Plan Pays 80%
- Years 4+: Plan Pays 90%

EXCLUSIONS AND LIMITATIONS We will not pay benefits for a claim caused by, contributed to, or resulting from:

- a. loss that occurs while this policy is not in force;
- b. act of war, declared or undeclared;
- c. active duty in the armed forces, National Guard, or any reserve unit;
- d. engaging in a felony or participating in any riot or civil insurrection;
- e. any intentionally self-inflicted injury, suicide, or suicide attempt;
- f. treatment or diagnosis outside of the United States;
- g. treatment by any immediate family member;
- h. treatments not considered medically necessary;
- i. experimental or investigational treatments;
- j. treatment not prescribed or performed by a health care provider;
- k. treatment not listed in the benefits section of this policy;
- l. treatment due to an on-the-job or job-related illness or injury;
- m. treatment due to a condition for which benefits are payable by workers' compensation or similar laws, whether or not benefits are claimed;
- n. treatment for which no charge is made or for which you are not legally obligated to pay including, but not limited to, treatment (or charges made) by: your employer, labor union or similar group, in its dental or medical department or clinic; a facility owned or run by any government body; or any public program, except Medicaid, paid for or sponsored by any government body;

- o. cosmetic services, including but not limited to: specialized techniques, characterizing and personalizing prosthetic devices, making facing on prosthetic devices for any tooth in back of the second bicuspid, replacements or restorations performed for cosmetic reasons, or charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures;
- p. orthodontic treatment;
- q. fluoride treatment;
- r. implantology and related services; implants and all related procedures including removal of implants;
- s. appliance or service used to: change vertical dimension; restore or maintain occlusion; splint or stabilize teeth for periodontal reasons; or treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law;
- t. service performed as a result of: abrasion, attrition, bruxism, erosion, or abfraction;
- u. occlusal, athletic, or night guards;
- v. preventive root canal therapy;
- w. full mouth debridement;
- x. services considered to be an integral part of another service, such as pulp capping;
- y. surgical trays or sutures;
- z. ridge preservation, augmentation, bone grafts, and regeneration procedures performed in edentulous sites;
- aa. overdentures or precision attachments;
- bb. space maintainers and sealants for an insured person over the age of 16;
- cc. preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly;
- dd. duplicate or temporary devices, appliances, and services except as listed as covered service;
- ee. replacing a lost, stolen, or missing appliance or prosthetic device;
- ff. application of chemotherapeutic agents;
- gg. oral hygiene instruction, plaque control, diet instruction, or infection control;
- hh. impacted wisdom teeth;
- ii. prescription drugs;
- jj. surgical procedure performed in the treatment of cataracts;
- kk. charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies;
- ll. telephone consultations, teledentistry, charges for failure to keep a scheduled appointment, x-ray copy fees, or charges for completion of a claim form;
- mm. ancillary charges, including but not limited to: hospital, ambulatory surgical center or similar facility; or use of health care provider office space.

Additional Limitations:

In situations where treatment is moved from one health care provider to a different health care provider, we will only cover services as if one health care provider performed all services.

In situations where you and your health care provider choose a more expensive treatment option when a less expensive treatment option is traditionally used, we will pay the benefit based on the least expensive treatment option.

GUARANTEED RENEWABLE FOR LIFE This policy is guaranteed renewable for life. You may keep the coverage in force during your lifetime by paying the premiums on time. We cannot cancel or refuse to renew this policy for any reason other than nonpayment of premium. At no time may we place any restrictive riders on it without your permission.

PREMIUMS After this policy has been in force for 12 months, we may change the premium rates only if we change them for all policies like yours in your state on a premium class basis. If we change the rates, your premium will be determined by your age on the policy effective date. If we change the premium rates for all policies of this form issued by us and in force in your state, you will be informed in writing at the address shown in our records at least 30 days before the change occurs.

GRACE PERIOD Premium not paid on or before its due date may be paid during the grace period. This policy will remain in effect if the premium is paid during the grace period. If the premium due is not paid by the end of the grace period, this policy will lapse (will not be in force) for nonpayment of premium.

We will provide written notice that this policy will lapse for nonpayment of premium at least 31 days before such termination would occur. Notice will be to your last known address and the last known address of any assignee of record. Notice will include the amount of premium necessary to keep this policy in force and the date by which such premium must be received.

TERMINATION OF AN INSURED PERSON'S COVERAGE This policy will terminate on the earliest of:

- a. the date you notify us in writing to discontinue the policy;
- b. the date on which this policy lapses, if sufficient premium has not been paid before the end of the grace period;
- c. the date of your death.

If this policy is in force as Primary Insured and Spouse coverage, upon the termination of the Primary Insured's coverage, Spouse coverage will be transferred to Primary Insured coverage. The policyowner's spouse will become the policyowner.

Termination will not affect a claim that arises while coverage was in effect.

TOTAL PREMIUM

\$XXXX.XX

**NOTICE TO APPLICANT REGARDING
REPLACEMENT OF DENTAL INSURANCE**

According to your application and information you have furnished, you intend to lapse or otherwise terminate existing dental insurance and replace it with a policy to be issued by Loyal American Life Insurance Company®. Your new policy provides 30 days in which you may decide, without cost, whether or not you decide to keep this policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
3. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on any application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

Date

Applicant's Signature

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