

Underwritten by Security Health Insurance Company of America, New York, Inc. | 388 Broadway, Schenectady, NY 12305

- 3 Cleanings Per Year
- 100% Preventive Coverage
- No Enrollment Fees
- For individuals 60 years of age or older
- Up to \$2,000 Annual Maximum
- Freedom to Choose Any Dentist

### Plan 1 – Waiting Period

#### Class A - Preventive Services

Initial & Periodic Exams (2/year), Cleanings (3/year)	
Benefit Level	100%
Deductible per Insured	None
Waiting Period	None

#### Class B - Basic Services

X-Rays, Fillings, Simple Extractions	
Benefit Level	80%
Deductible per Insured	\$50/Year <sup>†</sup>
Waiting Period	6 Months

#### Class C - Major Services

Endodontics, Oral Surgery, Periodontics, Crowns, Bridges, Dentures	
Benefit Level	50%
Deductible per Insured	\$50/Year <sup>†</sup>
Waiting Period	15 Months

Calendar Year Maximums Classes A, B & C Combined \$1,000 or \$2,000  
Calendar Year Maximums Class C – Major Services \$500 or \$1,000

<sup>†</sup>Class A, B & C Deductible is combined for each calendar year.  
Waiting Period Plan not available in South Dakota.

### Plan 2 – Graded Benefits

#### Class A - Preventive Services

Initial & Periodic Exams (2/year), Cleanings (3/year)	
Benefit Level Year One	100%
Benefit Level Year Two	100%
Benefit Level Year Three & Each Year Thereafter	100%
Deductible per Insured	\$50/Year <sup>†</sup>
Waiting Period	None

#### Class B - Basic Services

X-Rays, Fillings, Simple Extractions	
Benefit Level Year One	35%
Benefit Level Year Two	50%
Benefit Level Year Three & Each Year Thereafter	65%
Deductible per Insured	\$50/Year <sup>†</sup>
Waiting Period	None

#### Class C - Major Services

Endodontics, Oral Surgery, Periodontics, Crowns, Bridges, Dentures	
Benefit Level Year One	10%
Benefit Level Year Two	25%
Benefit Level Year Three & Each Year Thereafter	50%
Deductible per Insured	\$50/Year <sup>†</sup>
Waiting Period	None

Calendar Year Maximums Classes A, B & C Combined \$1,000 or \$2,000  
Calendar Year Maximums Class C – Major Services \$500 or \$1,000

<sup>†</sup>Class A, B & C Deductible is combined for each calendar year.  
Graded Benefit Plan not available in Connecticut.

These plans reimburse at the above percentages for covered dental expenses based upon the Reasonable and Customary (R&C) fees for those covered expenses.



**Hearing Aid Benefit:** As an added value, you and your family members will receive valuable hearing aid benefits from the EPIC Hearing Service Plan. Realize savings from 25-50% off major brand hearing instruments. In addition, EPIC's battery program will ship batteries directly to your home and you will enjoy cost savings greater than 40% from standard retail store pricing. Learn more about this valuable benefit at [epichearing.com/SLI](http://epichearing.com/SLI). EPIC Hearing Service Plan is not insurance, but EPIC will coordinate any Managed Medicare or insurance supplemental programs to help reduce out-of-pocket costs.

## DENTAL EXCLUSIONS AND LIMITATIONS

- Charges in excess of those considered Reasonable and Customary.
- Cosmetic procedures.
- The replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
- Implants and for replacement of lost or stolen appliances, replacement of retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication.
- 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.
- Overdentures and associated procedures.
- Oral hygiene instructions, and for: plaque control, completion of a claim form, acid etch, broken appointments, prescription or take-home fluoride, or diagnostic photographs.
- Services not completed by the end of the month in which coverage ends unless continuation of coverage has been requested and accepted by Us.
- Procedures that are begun, but not completed.
- Services and treatment provided without charge, or for which there would be no charge in the absence of insurance.
- 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.
- A condition covered under any Worker's Compensation Act or similar law.
- That are applied toward satisfaction of a Deductible, if any.
- That are generally considered by the dental profession as experimental or investigational.
- The treatment of cleft palate and anodontia.
- Services or supplies payable under any medical expense plan.
- Orthodontia, unless included within the Coverage Schedule.
- Services rendered prior to the date the Insured is covered under the Policy.
- The diagnosis or treatment of Temporomandibular Joint Dysfunction (TMJD).
- 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.

## TWO WAYS TO ENROLL

### ONLINE

Online at [securitylife.com/personaldental](http://securitylife.com/personaldental). Online enrollment requires an agent authorization number (AAN). This eight-digit number can be obtained from your agent or by calling 800.328.4667.

### MAIL

Complete the enrollment form and mail to our office (see full instructions on the enrollment form).

## GENERAL INFORMATION

### ELIGIBILITY

Individuals, 60 years of age or older, plus their eligible dependent spouse. This is subject to individual state regulations.

### PRETREATMENT REVIEW

If the Course of Treatment will exceed the amount shown in the Coverage Schedule, We will request prior review. We must be given the Dentist's treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays. We will determine Eligible Expenses and state how much We will pay for the treatment. Our determination may suggest an alternate, less expensive Course of Treatment if it will produce professionally satisfactory results. If You do not request a pretreatment review, We will pay for the least expensive method of treatment regardless of the method actually used.

### ALTERNATE BENEFIT

If: 1) We determine that a less expensive alternate procedure, service or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and  
2) the alternate treatment will produce a professionally satisfactory result; then the maximum We will allow will be the charges for the less expensive treatment.

### COORDINATION OF BENEFITS

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

### REASONABLE AND CUSTOMARY

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



**SECURITYHEALTH**

INSURANCE COMPANY OF AMERICA, NEW YORK, INC.

This is only a summary of benefits and is subject to individual state regulations. This product may not be available in all states. For complete information, please see the Certificate of Insurance.

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**For more information contact:**

**PRIMESTAR PLATINUM SENIOR DENTAL**

**PREMIUM RATE TABLE**

**NEW YORK**

**For Effective dates January 1, 2012 through June 1, 2012**

*Monthly premiums illustrated are guaranteed for the initial twelve (12) months of coverage. Thereafter, premiums are likely to increase on a semi-annual basis.*

<b>Waiting Period Plan 1</b>	\$1,000 Maximum	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 9
	Applicant Only	\$ 46.00	\$ 49.50	\$ 54.25	\$ 59.75	\$ 65.75	\$ 72.25	\$ 79.50	\$ 96.25
	Applicant and Spouse	\$ 92.00	\$ 99.00	\$ 108.50	\$ 119.50	\$ 131.50	\$ 144.50	\$ 159.00	\$ 192.50
	\$2,000 Maximum	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 9
	Applicant Only	\$ 51.25	\$ 55.25	\$ 60.50	\$ 66.50	\$ 73.25	\$ 80.50	\$ 88.50	\$ 107.00
	Applicant and Spouse	\$ 102.50	\$ 110.50	\$ 121.00	\$ 133.00	\$ 146.50	\$ 161.00	\$ 177.00	\$ 214.00
<b>Graded Benefit Plan 2</b>	\$1,000 Maximum	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 9
	Applicant Only	\$ 36.50	\$ 39.25	\$ 43.00	\$ 47.25	\$ 52.00	\$ 57.25	\$ 62.75	\$ 76.00
	Applicant and Spouse	\$ 73.00	\$ 78.50	\$ 86.00	\$ 94.50	\$ 104.00	\$ 114.50	\$ 125.50	\$ 152.00
	\$2,000 Maximum	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 9
	Applicant Only	\$ 41.25	\$ 44.50	\$ 48.75	\$ 53.50	\$ 58.75	\$ 64.75	\$ 71.25	\$ 86.25
	Applicant and Spouse	\$ 82.50	\$ 89.00	\$ 97.50	\$ 107.00	\$ 117.50	\$ 129.50	\$ 142.50	\$ 172.50

<b>ZIP CODE AREA CHART</b>			
<i>New York</i>			
<b>Zip</b>	<b>Area</b>	<b>Zip</b>	<b>Area</b>
100-102	9	117-119	5
103-104	5	125	4
106	7	127	4
109	5	129	2
110	6	133-143	2
111-114	5	147	1
115-116	6	All Others	3