

## What is The Competitor Smile Dental?

Competitor Smile Dental offers you access to high quality, affordable dental coverage for your entire family. Coverage is provided for preventive, basic and major dental services.

### How are benefits covered?

Competitor Smile Dental pays benefits for each covered person in the following manner:

**First, you meet the \$50.00 Calendar Year Deductible per person.** (Maximum of three individual deductibles per family.)

**Then Competitor Smile Dental pays a percentage** of covered expenses based on the Reasonable and Customary (R&C) fees for those Covered Expenses. You can select your own dentist.

SERVICES	BRONZE	SILVER	GOLD
<b>Preventive:</b> Exams, Cleaning, Fluoride Treatments			
Year One	100%	100%	100%
Year Two	100%	100%	100%
Third Year and After	100%	100%	100%
Waiting Period	None	None	None
<b>Basic:</b> X-rays, Fillings, Extractions and Oral Surgery			
Year One	20%	20%	20%
Year Two	40%	40%	40%
Third Year and After	60%	60%	60%
Waiting Period	None	None	None
<b>Major:</b> Crowns, Bridges, Dentures and Root Canals			
Year One	No	10%	10%
Year Two	Coverage	25%	25%
Third Year and After		50%	50%
Waiting Period		None	None
Calendar Year Maximum (Per Person)	<b>\$750</b>	<b>\$1,000</b>	<b>\$1,500</b>

### What is an Eligible Expense?

Expenses must be incurred while the Policy is in force and the person is covered by the Policy. To be an Eligible Expense, the dental services must be performed by: • A licensed Dentist acting within the scope of his license; • A licensed Physician performing dental services within the scope of his license; or • A licensed dental hygienist acting under the supervision and direction of a Dentist.

### When is an Eligible Expense considered incurred?

An Eligible Expense is considered incurred on the following dates: • For full and partial dentures — on the date the final impression is taken. • For fixed bridges, crowns, inlays and onlays — on the date the teeth are first prepared. • For root canal therapy — on the date the pulp chamber is opened. • For periodontal surgery — on the day surgery is performed. • For all other services — on the date the service is performed.

### Who is the Administrator?

Health Plan Administrators, Inc. (HPA) is a fully licensed, full service Third Party Administrator servicing business worldwide. HPA provides state of the art industry leading insurance services.

1-800-277-3323

[www.hpainsurance.com](http://www.hpainsurance.com)

This brochure provides a brief description of the benefits, exclusions and other provisions of the policy or certificate Form Master Policy #GH-1112-38090 issued to the Voluntary Group Trust. For a complete listing, see the policy or certificate. Benefits may vary in different states. This dental insurance plan may not be available in all states.

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## The Competitor Smile Dental Insurance Plan

### THE IDEAL SOLUTION FOR

- Individuals and families
- Business owners and employees

### NEW & IMPROVED FEATURES

- Choice of \$750, \$1,000 or \$1,500 calendar year maximum per insured person
- Eligible for ages 18 years through 64 and older
- Freedom to choose any dentist
- No waiting periods
- 12 month rate guarantee
- Benefits for preventive, basic and major services



Health Plan Administrators  
Independence Holding Group

Underwritten by: Security Life Insurance Company of America  
Minnetonka, Minnesota

Administered by: Health Plan Administrators, Inc.

Marketed by:

## What services are covered?

### Preventive Services

**Routine oral examinations** of mouth and teeth:

2 per calendar year

**Prophylaxis** (cleaning, scaling and polishing teeth),

2 per calendar year

**Topical fluoride**, 1 per calendar year to age 16

**Space maintainers** (non-orthodontic)

### Basic Services

**Diagnostic X-rays** (full or panoramic), 1 in any

3 year period

**Bitewing X-rays:** 2 per calendar year

**Simple extraction** of one or more teeth

**Pin retention** of fillings

**Fillings** (restorations) using amalgam, silicate, acrylic, synthetic porcelain and composite filling materials

**Antibiotic injections** administered by a Dentist

**Oral surgery** and postoperative care for removal of one or more teeth, extraction of tooth root, alveolectomy, alveoplasty, frenectomy, excision for biopsy, reimplantation or transplantation of a natural tooth, excision of a tumor or cyst and incision and drainage of an abscess or cyst

**General anesthesia** and analgesic, including intravenous sedation for oral surgery

### Major Services

**Endodontic treatment** of diseases of the tooth, pulp, root and related tissue

**Periodontic services**

**Study models**, 1 in a 3 year period

**Crown build-up** for non-vital teeth

**Recementing and restoration of inlays**, onlays and crowns

**Recementing bridges**

**Repairs to full or partial dentures** or bridges, one every 2 years

**Prosthetic services** (dentures or bridgework)

## What is a Reasonable and Customary Fee?

This plan reimburses you for covered dental expenses based upon “Reasonable and Customary” fees. Reasonable and Customary fees are charges that do not exceed the general level of charges being made by other providers of dental services in the geographic area where the charge is incurred.

## Who is eligible for this coverage?

This plan is offered to individuals and their spouse ages 18 through 64 and their eligible dependents (unmarried children from birth to age 19 or 23 if a full-time student — this is subject to state requirements.) Coverage may also be obtained by individuals and their spouse ages 65 and older.

## When does my coverage start?

Coverage starts on the effective date. The effective date issued will begin on the 1st of the month (at 12:00 a.m.), following HPA, Inc.’s receipt of the completed Enrollment Form and payment of the first month of premium.

## What are my payment options?

You can pay in monthly installments by check, credit card, or auto bank withdrawal. We accept MasterCard, Visa or Discover credit cards. A list bill option is available. Please call HPA at 1-800-277-3323 for information and a list bill application form.

## What services are not covered?

These services are not covered by Competitor Smile Dental:

- Overdentures and associated procedures
- Replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function
- Replacement of lost or stolen appliances, orthodontic retainers, athletic mouth guards, precision or semi-precision attachments, denture duplication, or for sealants
- Hygiene instructions, plaque control, acid etch, broken appointments, prescription or take-home fluoride or diagnostic photographs
- Services not completed by the end of the month in which coverage terminates
- Orthodontic services

*This is not a complete listing of exclusions. For a complete listing see the policy or certificate.*

## What is an Alternate Benefit?

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



## Vision Plus Discounts

This add-on discount benefit from HPA lets you save up to 75% on vision services, up to 50% on hearing services and vitamins and nutritional supplements. Also save on teeth whitening.

*\*The Vision Plus Discount is not affiliated with Security Life Insurance Company of America, nor is it a part of the dental insurance plan and it's optional.*