

The *Plus* in Dental Choice

To Learn more about getting access to Vision, Hearing and Lasik Discount Product which are available to you as a Dental Choice Policyholder at no additional cost, you go to the following website:

<http://www.careington.com/co/PAL>

These services are not insurance

Good oral hygiene and regular Dental Care is important throughout your life



Underwritten By:
Philadelphia American Life Insurance Company
P.O. Box 4884 . Houston, TX 77210-4884

Limitations on Optional Services

Optional Services are services that are more expensive than the treatment customarily provided under accepted dental practice standards. Optional Services also include the use of specialized techniques instead of standard procedures. For example, an Optional Service would be using a crown where a filling could restore the tooth or an inlay instead of a restoration. If an Insured receives Optional Services, benefits under the Policy will be based on the lower cost of the customary service or standard procedure instead of the higher cost of the Optional Service. The Insured will be responsible for the difference between the higher cost of the Optional Service and the lower of the customary service or standard procedure.

Exclusions

Claims will not be paid under the Policy for:

(1) Any loss resulting from war, declared or undeclared; (2) Any intentionally self-inflicted injury; (3) Any loss resulting from an Insured involvement in a felonious occupation or activity; (4) Any expense for which payment is provided under Medicare; (5) Any Experimental or Investigational procedure or treatment; (6) Any expense incurred for diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required to be provided in Your state; (7) Prescribed drugs, medication or pain killers; (8) Charges in excess of Reasonable and Customary Charges; (9) Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law; (10) Cosmetic surgery or procedures for purely cosmetic reasons, or services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of disorder of the teeth) and anodontia (congenitally missing teeth); (11) Treatment to restore tooth structure lost from wear, erosion or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize teeth. For example: equilibration, periodontal splinting, occlusal adjustment; (12) Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility; (13) Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services; (14) Extraoral grafts (grafting of tissues from outside the mouth to oral tissues); (15) Treatment by someone other than a Dentist or a person who by law may work under a Dentist's direct supervision; (16) For treatment rendered by a person who ordinarily resides in the Insured persons household or who is related to the Insured by blood, marriage or legal adoption.

Dental Choice *Plus*

HYBRID DENTAL INSURANCE



A unique "hybrid" dental insurance plan combining traditional dental insurance with network providers' discounts.

A new breed of dental plans that cover the services you want at a price you can afford.



POLICY FORM D-0220.PAL
Ver 5 - 1.01.19

State		State		State		State	
Zip	Area	Zip	Area	Zip	Area	Zip	Area
Alabama		Idaho		New Mexico		Texas	
All	3	832-837	9	All	6	754-758	3
Arizona		838	10	N. Carolina		759	5
All	4	Indiana		All	10	760-762	4
Arkansas		460-466	6	Ohio		763	6
All	6	467-479	5	430-434	3	764	4
California		Iowa		435	4	765	3
900	9	All	6	436-439	3	766	5
901-928	8	Kansas		440-441	4	767	3
930-937	7	660	4	442	3	768	5
938	8	661-662	5	443-444	2	769	4
939	9	664-679	4	445-453	3	770-772	6
940	8	Kentucky		454	4	773-774	5
941	9	All	3	455-459	3	775	7
942-948	8	Louisiana		Oklahoma		776-778	4
961	9	700-701	5	All	3	779-784	3
949-956	7	703-708	3	Pennsylvania		785-787	4
957	8	710-711	4	150-151	4	788	5
958-960	7	712-714	3	152-154	3	789	4
961	9	Maryland		155-156	2	790	5
Colorado		207-214	6	157	3	791	4
All	6	215-219	5	158	2	792	5
Delaware		Michigan		159-166	3	793	3
All	12	480-483	5	167	2	794	4
Florida		484-485	4	168-177	3	795	6
320-322	4	486-491	8	178	4	796	5
323	3	492-496	10	179	3	797	10
324-328	4	497-499	8	180-181	4	798-799	3
329	5	Mississippi		182	3	885	3
330-331	6	386-391	2	183-185	4	Utah	
332	7	392	3	186	3	840-843	7
333-334	6	393	2	187-189	4	844-847	8
335-337	4	394-395	4	190-192	6	Virginia	
338-344	5	396-397	3	193	4	201	6
346-349	4	Missouri		194-196	5	220-222	5
Georgia		630-633	4	S. Carolina		223	6
300-310	4	634-651	3	290	5	224-236	3
311	5	652	4	291-292	6	237	4
312	4	653-658	3	293	5	238	4
313-319	5	Nebraska		294	6	239-256	3
398	5	All	3	295-299	7	West Virginia	
399	4	Nebraska		Tennessee		All	6
Illinois		All	3	370	2	Wisconsin	
600	6	Nevada		371-380	3	530-535	8
601-604	5	889-891	5	381-385	2	537	9
605	4	893	7	Texas		538-549	8
606-608	5	894-897	9	733	4	Wyoming	
609-628	3	898	7	750-753	5	All	8

Advantages of Dental Choice Plus



- Take advantage of network provider's discount pricing. To find a provider in your area go to <http://www.careington.com/co/PAL>
- No waiting periods on Diagnostic & Preventative services
- Diagnostic & Preventative paid at 100% when using a network provider
- No waiting periods on Major service. You will receive pre-negotiated prices when using a network service provider
- Freedom of choice. Unlike many plans that will not pay anything if you go outside their network, Dental Choice Plus will pay the non-network provider at the same rate as if they were in network. You will only be responsible for any non-network charges that are in excess of the pre-negotiated network fees schedule.

Dental Choice Plus Benefits

Reimbursement Method In or Out of Network*			Standard Plan Pays** Yr. 1 / Yr. 2 / Yr. 3+	Enhanced Plan Pays** Yr. 1 / Yr. 2 / Yr. 3+
Diagnostic & Preventative		No Wait	100% / 100% / 100%	100% / 100% / 100%
Basic (Fillings & Simple Extraction)	Basic	6 months	50% / 65% / 80%	50% / 65% / 80%
Endodontic	Major	12 months*	0%* / 25% / 50%	0%* / 25% / 50%
Periodontics	Major	12 months*	0%* / 25% / 50%	0%* / 25% / 50%
Oral Surgery	Major	12 months*	0%* / 25% / 50%	0%* / 25% / 50%
Restorations	Major	12 months*	0%* / 25% / 50%	0%* / 25% / 50%
Orthodontics	Major	12 months*	0%* / 25% / 50%	0%* / 25% / 50%
Prosthodontics	Major	12 months*	0%* / 25% / 50%	0%* / 25% / 50%
Co-Pay (Per Person, Per Visit) No more than 3 per person per calendar year			\$25 Thru age 64 \$40 age 65 and over	\$25 Thru age 64 \$40 age 65 and over
Insurance Calendar Year Maximum per person per calendar year			\$1,500	\$2,000
Orthodontic and Prosthodontics Lifetime Maximum (\$1,000 Lifetime Max, Limited to \$350 per Calendar Yr. per each benefit listed)			\$1,000	\$1,000
Routine oral exams are limited to 1 per 6 months, bitewing X-rays limited to 1 per calendar year, full mouth X-rays (Panoramic Film or full Series) must be no less than 36 months apart, fluoride for dependent children under 19 is limited to 1 per calendar year and periodontal maintenance procedure are to be no less than 6 months apart. Please refer to your policy for other benefit limitations.				

* Insured pays only the discounted pre-negotiated network provider rate .

**Annual coinsurance amounts are based on policy years.

Standard (\$1,500 Annual Benefit) Price Is Based On Resident Zip Code Area—Child Only Rates Not Available											
Area	2	3	4	5	6	7	8	9	10	11	12
Individual	17.30	18.40	19.50	20.70	22.00	23.40	24.90	26.40	28.00	29.80	31.60
Individual +Spouse	31.40	33.40	35.50	37.70	40.10	42.60	45.30	48.20	51.20	54.40	57.90
Individual + Child(ren)	32.30	34.30	36.50	38.70	41.20	43.80	46.50	49.50	52.60	55.90	59.40
Family	47.50	50.60	53.80	57.10	60.80	64.60	68.70	73.00	77.70	82.50	87.80
Enhanced (\$2,000 Annual Benefit) Price Is Based On Resident Zip Code Area—Child Only Rates Not Available											
Area	2	3	4	5	6	7	8	9	10	11	12
Individual	19.40	20.60	21.90	23.20	24.70	26.20	27.90	29.60	31.50	33.40	35.50
Individual +Spouse	35.40	37.70	40.00	42.50	45.20	48.10	51.10	54.30	57.80	61.40	65.30
Individual + Child(ren)	36.30	38.60	41.10	43.60	46.40	49.30	52.40	55.70	59.30	63.00	67.00
Family	53.60	57.00	60.60	64.40	68.50	72.90	77.50	82.40	87.60	93.10	99.00

\$25 Application Fee For Individual Applications. Application Fees are waived for list bill business with 3 or more employees.