

ILLINOIS AND TEXAS



An Individual Dental  
Insurance Plan  
For You & Your Family

## DUAL OPTION



*Underwritten and  
administered by:*

**SECURITYLIFE**  
INSURANCE COMPANY OF AMERICA

10901 Red Circle Drive  
Minnetonka, MN 55343-9137

*Distributed by:*

**DIRECT  
BENEFITS** INC.

*Plan Coordinator:*

**Direct Benefits, Inc.**  
325 Cedar Street, Suite 800  
Saint Paul, MN 55101  
651.649.3503 • 800.620.5010  
[www.spiritdental.com](http://www.spiritdental.com)

S11607 (exp. 01/2016)

No Waiting Periods

Choose Your Own Dentist

Three Cleanings Per Year

\$1200, \$2500 or \$3500 Annual Maximums

Optional Vision Coverage

30 Day Satisfaction Guarantee

For fastest processing,  
enroll on-line at [www.spiritdental.com](http://www.spiritdental.com)

This Dental Insurance Plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. Spirit Dental allows you to select your own MaxCare network provider and a plan that best fits the needs for you and your family. To find a MaxCare provider near you, please visit [www.careington.com/co/slica](http://www.careington.com/co/slica).

Both the Network Gold and Silver Option plans include a \$100 lifetime deductible combined for Preventive, Basic and Major Services.

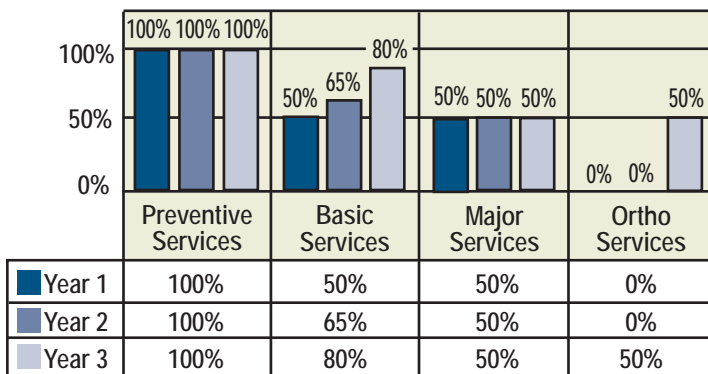
Plans also include your choice of:

- \$1,200 calendar year maximum benefit per person;
- \$2,500 calendar year maximum option; or
- \$3,500 calendar year maximum option.

## Gold Option Network Plan

This policy pays for covered dental expenses for MaxCare network and non-network providers based on the contracted fee amount negotiated with MaxCare after the \$100 lifetime deductible has been satisfied on Preventive, Basic and Major Services. These percentages are: 100% for Preventive Services, 50% for Basic and Major Services in year one. In year two, Basic Services increase to 65%. In year three, Basic Services increase to 80%, and 50% for Ortho Services.

### Covered Services



#### PREVENTIVE

- Two exams per calendar year
- Three cleanings per calendar year

#### BASIC

- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

#### MAJOR

- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
- Endodontic treatment
- Periodontic services
- Restoration services; inlays, onlays and crowns
- Prosthetic services; bridges and dentures
- Basic fillings
- Coverage for Major Services on an annual basis cannot exceed 50% of the total calendar year maximum

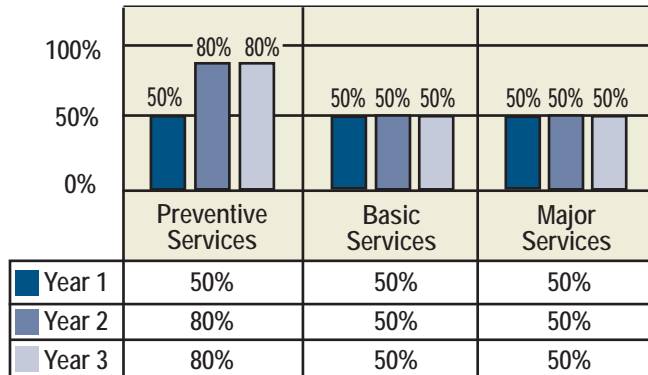
#### ORTHODONTIA

- Orthodontic care for the proper alignment of teeth is provided only to dependent children who are under 19 when treatment is received
- Coverage is 50% beginning year three with a \$1200 lifetime maximum per child and a \$600 annual limit

## Silver Option Network Plan

This policy pays for covered dental expenses for MaxCare network and non-network providers based on the contracted fee amount negotiated with MaxCare after the \$100 lifetime deductible has been satisfied on Preventive, Basic and Major Services. These percentages are: 50% for Preventive, Basic and Major in year one. In year two, Preventive Services increases to 80%.

### Covered Services



#### PREVENTIVE

- Two exams per calendar year
- Three cleanings per calendar year

#### BASIC

- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

#### MAJOR

- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
- Endodontic treatment
- Periodontic services
- Restoration services; inlays, onlays and crowns
- Prosthetic services; bridges and dentures
- Basic fillings
- Coverage for Major Services on an annual basis cannot exceed 50% of the total calendar year maximum

**NOTICE:** This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Individual Dental Policy Form IP1000-IL/IP1000-TX. Premium rates may change upon renewal. This policy is renewable at the option of the insured. This product is subject to individual state regulations.

Dental Network:  
**MAXIMUM CARE**  
 Careington Dental Network  
[www.careington.com/co/slica](http://www.careington.com/co/slica)

Underwritten and administered by:  
  
**SECURITYLIFE**  
INSURANCE COMPANY OF AMERICA  
 10901 Red Circle Drive, Minnetonka, MN 55343-9137

# MaxCare Network Providers

Enroll online at [www.spiritdental.com](http://www.spiritdental.com)

GOLD OPTION NETWORK PLAN				
	Area 1	Area 2	Area 3	Area 5
<b>\$1,200 Maximum Benefit Amount</b>				
Applicant	\$26.45	\$29.27	\$32.09	\$38.79
Applicant + One	\$54.29	\$60.08	\$65.87	\$79.62
Applicant + Family	\$94.58	\$104.66	\$114.75	\$138.71
<b>\$2,500 Maximum Benefit Amount</b>				
Applicant	\$32.36	\$35.81	\$39.26	\$47.45
Applicant + One	\$66.11	\$73.16	\$80.21	\$96.95
Applicant + Family	\$113.49	\$125.60	\$137.70	\$166.45
<b>\$3,500 Maximum Benefit Amount</b>				
Applicant	\$34.82	\$38.54	\$42.25	\$51.07
Applicant + One	\$71.04	\$78.62	\$86.20	\$104.19
Applicant + Family	\$121.39	\$134.34	\$147.28	\$178.04

SILVER OPTION NETWORK PLAN				
	Area 1	Area 2	Area 3	Area 5
<b>\$1,200 Maximum Benefit Amount</b>				
Applicant	\$19.33	\$21.39	\$23.45	\$28.35
Applicant + One	\$38.66	\$42.78	\$46.90	\$56.69
Applicant + Family	\$61.85	\$68.44	\$75.04	\$90.71
<b>\$2,500 Maximum Benefit Amount</b>				
Applicant	\$23.61	\$26.13	\$28.65	\$34.63
Applicant + One	\$47.22	\$52.26	\$57.29	\$69.26
Applicant + Family	\$75.56	\$83.61	\$91.67	\$110.81
<b>\$3,500 Maximum Benefit Amount</b>				
Applicant	\$25.40	\$28.10	\$30.81	\$37.25
Applicant + One	\$50.79	\$56.21	\$61.63	\$74.49
Applicant + Family	\$81.26	\$89.93	\$98.60	\$119.19

Rates effective 4/1/2014

## 12 MONTH RATE GUARANTEE

Rates illustrated are guaranteed for initial 12 months and may change annually thereafter.

## 30-DAY CUSTOMER SATISFACTION GUARANTEE

All Spirit Individual/One-Life Dental plans come with our 30-day Customer Satisfaction Guarantee.

You have 30 days after your plan becomes effective to cancel your plan if you are not satisfied for any reason. Any premium paid will be fully refunded provided no covered services have been rendered.

If services have been provided, you may still cancel your policy, however, the premium paid will not be eligible for reimbursement.

## SPIRIT DENTAL ILLINOIS AND TEXAS AREA/STATE FACTORS

Illinois		Texas	
600-608	5	750-754, 762, 770,	3
609-611, 617-618,	3	773-775, 786-787	3
620-622, 626-627	3	All Others	2
612, 615-616	2		
All Others	1		



## Why Should You Choose a MaxCare Network Dental Plan?

In addition to paying lower monthly premiums, the MaxCare network can help reduce your out-of-pocket costs. Network dentists have agreed to accept a set contracted amount for each service rendered as the basis for payment under the Spirit Dental Plan. This amount is typically significantly less than the amount which could be charged by an out-of-network dentist. These network dentists are prohibited (by contract with the network) from charging you the difference between their typical fee and the amount negotiated with the network.

Dentists not participating in the network are not subject to the negotiated amounts and are permitted to charge any fee for services they provide. This may lead to greater out-of-pocket costs for you and your family members. The sample comparison chart below will give you an idea of how you can save money by selecting one of Spirit Dental's network plans and visiting an in-network dentist for services. It compares the charges between visiting in-network and out-of-network dentists.

### Network Savings Example

#### **Your Dentist says you need a Crown, a Type C service –**

- Network Fee: \$685.00
- Reasonable & Customary Fee: \$750.00
- Dentist's Usual Fee: \$985.00

IN-NETWORK When you receive care from a participating network dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$985.00	Dentist's Usual Fee is:	\$985.00
The Network Reduced Fee is:	\$685.00	Reasonable & Customary Fee is:	\$750.00
<b>Your Plan Pays:</b>		<b>Your Plan Pays:</b>	
50% x \$685 Network Fee	- \$342.50	50% x \$750 R&C or Network Fee	- \$375.00
Your Out-of-Pocket Cost:	\$342.50	Your Out-of-Pocket Cost:	\$610.00

**In this example, you save \$267.50 (\$610.00 minus \$342.50) by using a participating network dentist.**

*Savings from enrolling in the MaxCare plan depend on various factors, including how often participants visit the dentist and the cost for services rendered.*

*Please note: These examples assume that your deductible has been met.*

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

These Indemnity Dental Insurance Plans help you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. Spirit Dental allows you to select your own dentist, and a plan that best fits the needs for you and your family.

Both the Indemnity Gold and Silver Option plans include a \$100 lifetime deductible combined for Preventive, Basic and Major Services.

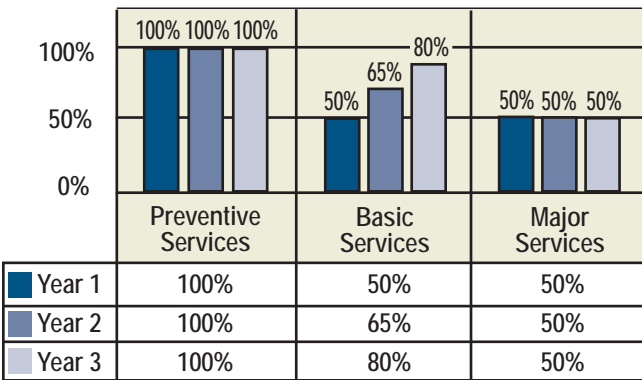
Plans also include your choice of:

- \$1,200 calendar year maximum benefit per person;
- \$2,500 calendar year maximum option; or
- \$3,500 calendar year maximum option.

## Gold Option Indemnity Plan

This Gold Option Indemnity policy pays for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C)\* fees for those covered expenses after the \$100 lifetime deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 100% for Preventive Services, and 50% for Basic and Major Services in year one. In year two, Basic Services increase to 65% and in year three, Basic Services increase to 80%.

### Covered Services



#### PREVENTIVE

- Two exams per calendar year
- Three cleanings per calendar year

#### BASIC

- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
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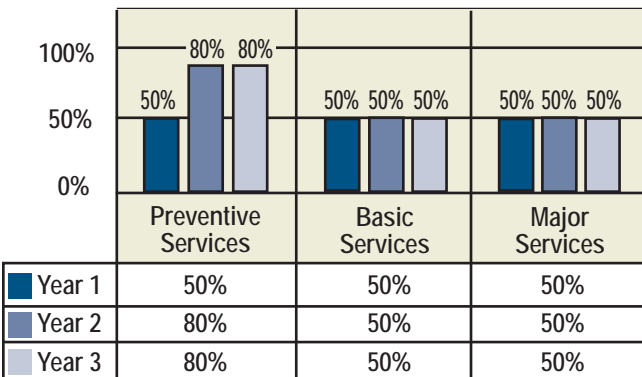
#### MAJOR

- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
- Endodontic treatment
- Periodontic services
- Restoration services; inlays, onlays and crowns
- Prosthetic services; bridges and dentures
- Basic fillings
- Coverage for Major Services on an annual basis cannot exceed 50% of the total calendar year maximum

## Silver Option Indemnity Plan

This Silver Option Indemnity policy pays for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C)\* fees for those covered expenses after the \$100 lifetime deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 50% for Preventive, Basic and Major Services in year one. In year two and subsequent years of coverage, Preventive Services increase to 80%.

### Covered Services



#### PREVENTIVE

- Two exams per calendar year
- Three cleanings per calendar year

#### BASIC

- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

#### MAJOR

- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
- Endodontic treatment
- Periodontic services
- Restoration services; inlays, onlays and crowns
- Prosthetic services; bridges and dentures
- Basic fillings
- Coverage for Major Services on an annual basis cannot exceed 50% of the total calendar year maximum

\* REASONABLE AND CUSTOMARY - means the usual, customary and regular charges for the area where such expenses are incurred.

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# Indemnity – Choose Your Own Dentist

Enroll online at [www.spiritdental.com](http://www.spiritdental.com)

GOLD OPTION PLAN				
	Area 1	Area 2	Area 3	Area 5
<b>\$1,200 Maximum Benefit Amount</b>				
Applicant	\$40.59	\$44.92	\$49.25	\$59.53
Applicant + One	\$81.18	\$89.84	\$98.50	\$119.06
Applicant + Family	\$129.89	\$143.74	\$157.59	\$190.50
<b>\$2,500 Maximum Benefit Amount</b>				
Applicant	\$49.87	\$55.19	\$60.51	\$73.14
Applicant + One	\$99.74	\$110.37	\$121.01	\$146.28
Applicant + Family	\$159.58	\$176.60	\$193.62	\$234.05
<b>\$3,500 Maximum Benefit Amount</b>				
Applicant	\$53.74	\$59.47	\$65.20	\$78.82
Applicant + One	\$107.48	\$118.94	\$130.40	\$157.63
Applicant + Family	\$171.96	\$190.30	\$208.64	\$252.21

SILVER OPTION PLAN				
	Area 1	Area 2	Area 3	Area 5
<b>\$1,200 Maximum Benefit Amount</b>				
Applicant	\$29.42	\$32.55	\$35.69	\$43.14
Applicant + One	\$58.83	\$65.11	\$71.38	\$86.28
Applicant + Family	\$94.13	\$104.17	\$114.21	\$138.05
<b>\$2,500 Maximum Benefit Amount</b>				
Applicant	\$36.14	\$40.00	\$43.85	\$53.01
Applicant + One	\$72.29	\$80.00	\$87.71	\$106.02
Applicant + Family	\$115.66	\$127.99	\$140.33	\$169.63
<b>\$3,500 Maximum Benefit Amount</b>				
Applicant	\$38.94	\$43.09	\$47.25	\$57.11
Applicant + One	\$77.88	\$86.19	\$94.49	\$114.22
Applicant + Family	\$124.61	\$137.90	\$151.19	\$182.75

Rates effective 4/1/2014

## 12 MONTH RATE GUARANTEE

Rates illustrated are guaranteed for initial 12 months and may change annually thereafter.

## 30-DAY CUSTOMER SATISFACTION GUARANTEE

All Spirit Individual/One-Life Dental plans come with our 30-day Customer Satisfaction Guarantee.

You have 30 days after your plan becomes effective to cancel your plan if you are not satisfied for any reason. Any premium paid will be fully refunded provided no covered services have been rendered.

If services have been provided, you may still cancel your policy, however, the premium paid will not be eligible for reimbursement.

## SPIRIT DENTAL ILLINOIS AND TEXAS AREA/STATE FACTORS

Illinois		Texas	
600-608	5	750-754, 762, 770,	3
609-611, 617-618,	3	773-775, 786-787	3
620-622, 626-627	3	All Others	2
612, 615-616	2		
All Others	1		

## GENERAL INFORMATION

**ELIGIBILITY:** Individuals, 18 years of age or older, plus their eligible dependents (spouse and unmarried children from birth to age 26). This is subject to individual state regulations.

**DEDUCTIBLE AMOUNT:** The deductible is shown in the coverage schedule. The deductible is an amount of covered dental charges incurred by an insured person for which no benefits will be paid.

**PREDETERMINATION OF BENEFITS:** It is recommended that a treatment plan/course of treatment be submitted when the total cost of eligible expenses for any insured is expected to exceed the amount shown on the coverage schedule. This should be submitted to us before the work is started. If actual services submitted do not agree with the treatment plan, or if a treatment plan is not sent in, we will base our payment on treatment consistent with reasonable and customary charges. Predetermination of benefits is not a guarantee of what we will pay. The estimated benefit payment is based on your current eligibility and benefits in effect at the time of the completed service. Submission of other claims or changes in eligibility or this policy may alter final payment.

**TERMINATION OF COVERAGE:** Coverage terminates on the earliest of the following dates: the last day of the month in which You cease to be eligible for coverage; the last day of the month in which Your dependent is no longer a dependent, as defined; subject to the Grace Period, the last day of the month for which a premium has been paid by You or on your behalf; or the date the policy ends.

**EFFECTIVE DATE:** If applying on-line, choose from Plan effective dates of the 1st, 5th, 10th, 15th, 20th or 25th of the month. If submitting a paper application your effective date will be the first of the month following date of receipt of the completed application in our Service Center office. Incomplete enrollment forms or failure to submit the required initial premium amount may cause an initial delay in issuance of insurance. Do not cancel any other insurance or assume you are insured under this plan until you receive written confirmation from Direct Benefits.

**ELIGIBLE EXPENSES:** Expenses must be incurred while the policy is in force and the person is covered by the policy. To become an eligible expense, the dental services must be performed by: 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.

**EXPENSES 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 date surgery is performed; for all other services - on the date the service is performed.

**ALTERNATE BENEFIT:** If we determine that a less expensive procedure, service, treatment plan/course of treatment that is customarily used to treat the dental problem and recognized by the dental profession to be appropriate according to broadly accepted standards of dental practice, then the maximum we will allow will be the charge for the less expensive treatment.

**MISSING TOOTH:** If an insured has lost one or more teeth prior to this policy effective date, we will not pay for a prosthetic device that replaces such teeth unless the device also replaces one or more natural teeth lost or extracted while covered under this policy. We will pay for fixed bridges or dentures to replace such missing teeth if teeth were extracted within 6 months of this policy effective date if this policy immediately replaces a prior plan. Replacement of congenitally missing teeth is not covered under your plan unless you are replacing a current fixed bridge or denture. This replacement is subject to contract replacement limits.



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**SECURITY LIFE**  
INSURANCE COMPANY OF AMERICA

10901 Red Circle Drive, Minnetonka, MN 55343-9137

## DENTAL LIMITATIONS & EXCLUSIONS

The following are not covered or available as an alternative benefit:

- Occlusal, athletic, or night guards.
- Full mouth debridement.
- Preventive root canal therapy.
- Codes that are by report.
- Overdentures or precision attachments.
- Items/treatments/services: not listed as an eligible expense on the Coverage Schedule; not prescribed by/performed by/under the direct supervision of a dental practitioner; not dentally necessary as determined by us; not meeting the accepted standards of dental practice; experimental in nature; that have a questionable prognosis; covered under any medical insurance policy; or performed by a member of your or your spouse's family (including parents, step-parent, in-laws, spouse or former spouse, domestic partner, children, siblings, aunts, uncles, cousins, nieces, nephews, grandparents, and guardians).
- Services furnished primarily for cosmetic reasons, including but not limited to: specialized techniques, characterizing and personalizing prosthetic devices; making facings on prosthetic devices for any tooth in back of the second bicuspid; or replacements of restorations performed for cosmetic reasons.
- Charges for any appliance or service that is used to: change vertical dimension; restore or maintain occlusion, except to the extent that this policy covers orthodontic treatment; splint or stabilize teeth for periodontal reasons; or treat disturbances of the temporomandibular joint (TMJ).
- Charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction.
- Charges for any services that are considered to be an integral part of another service, such as pulp capping, surgical trays, or sutures.
- Ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites.
- Preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly.
- Duplicate or temporary devices, appliances, and services except as listed as an eligible expense.
- Replacing a lost, stolen or missing appliance or prosthetic device.
- Application of chemotherapeutic agents.
- Oral hygiene, plaque control, diet instruction or infection control.
- Non-emergency services performed outside the USA, Canada & Mexico.
- Treatment which is: due to an on-the-job or job-related illness or injury; or a condition for which benefits are payable by Workers' Compensation or similar laws, whether or not benefits are claimed.
- 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 covered employer, labor union or similar group, in its dental/medical department/clinic; a facility owned/run by any government body; or any public program, except Medicaid, paid for/sponsored by any government body.
- Treatment resulting from: your participation in a war or an act of war, declared or undeclared; your attempting to commit, or committing, an assault or felony; your unlawful participation in a riot, rebellion, or insurrection; or an intentionally self-inflicted injury while sane or insane.



10901 Red Circle Drive, Minnetonka, MN 55343-9137



# Optional Spirit Vision Insurance



## Freedom to Choose Your Own Eye Care Provider

### Services Offered:

Lifetime-Per Person Deductible of \$50.00 on Lenses and Frames

**Maximum  
Covered Expense**

**Examination** .....\$50.00  
(once every calendar year with \$10 copay)

A routine, complete eye examination, refraction, and prescription for eyeglasses. Contact lens examinations require additional fees. If indicated, your doctor may recommend additional procedures, which are the responsibility of the member.

**Frames (once every 24 months)** .....\$65.00

**Lenses (once every 12 months)**

Single .....\$40.00  
Bifocal .....\$60.00  
Trifocal .....\$70.00  
No line bifocal or progressive power  
OR Lenticular .....\$100.00

**Contact Lenses (in lieu of lenses and frames)** .....\$100.00

**Monthly Premium**

Insured only	\$7.00
Insured & 1 (child or spouse)	\$14.00
Insured & 2 or more	\$20.00

### Coverage for:

- Exams
- Frames
- Lenses
- Contact Lenses

### VISION EXPENSES NOT COVERED

- The cost of a lens in excess of a standard lens will not be covered. A standard lens is any lens which fits a frame with an eye size less than 61mm. Charges for replacement lenses will not be covered unless there is a change in prescription.
- The cost of a frame in excess of a standard frame will not be covered. A standard frame is any frame which has a retail value of \$65.00 or less. The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.
- In addition to the above, the following expenses are not covered:
  1. any procedure, service or supply included as a covered medical expense under any group insurance plan, whether benefits are payable as to all or only part of such charges;
  2. special procedures, such as orthoptics, vision training and subnormal vision aids;
  3. plano or prescription sunglasses or other special purpose vision aids;
  4. medical or surgical treatment of the eyes, including hospital expenses;
  5. replacement of lost or broken lenses and/or frames;
  6. duplicate glasses or lenses or frames; and
  7. services or material not listed as an Eligible Expense.

**Note:** This vision rider benefit is optional to purchase at an additional cost and terminates with the policy to which it is attached. This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Vision Rider IPR1001/IPR1001-TX. Premium rates may change upon renewal. This rider is subject to individual state regulations.



**For more information,  
call:**

**Direct Benefits, Inc.  
at 800-620-5010**

Underwritten and Administered by:  
**Security Life Insurance Company of America**  
 10901 Red Circle Drive  
 Minnetonka, Minnesota 55343  
 800.233.0307



Distributed by:  
**Direct Benefits, Inc.**  
 325 Cedar Street, Suite 800  
 Saint Paul, MN 55101  
 800.620.5010



**Spirit Dental and Vision Individual Insurance Application**

**General Information**

Last Name		First Name		Middle Initial	
Address				Date of Birth (MM/DD/YYYY)	
City		State	Zip	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Telephone Number				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Do you have any dental or vision insurance currently in force?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the insurance applied for intended to replace any existing insurance with this or any other company?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide type of policy, number, and name of company:					
If replacement is involved, have you received a replacement form (in states where required by law)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Coverage Selection:**  Applicant Only  Applicant + One  Applicant + Family

**List Dependents Below**

Last Name	First Name	Initial	Sex M/F	Age	Date of Birth

<b>1 Dental Plan Selection</b> <i>(choose one)</i>	<input type="checkbox"/> Spirit Network Gold	<input type="checkbox"/> Spirit Network Silver	<input type="checkbox"/> Spirit Indemnity Gold	<input type="checkbox"/> Spirit Indemnity Silver
	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,200
	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500
	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$3,500

*Choose one. A higher Maximum Benefit Amount will increase your premium amount.*

**3 Optional Vision Coverage**  Yes  No *Optional vision coverage is available at an additional cost.*

**Important Information**

If you choose paper billings a fee of \$6 will apply  
**Effective date:** The effective date is the first of the month following the day in which the application is received in the Service Center Office.  
**Identification Card and Policy:** Upon receipt of your completed application you will be issued a copy of your policy and Identification Card(s). Do not cancel any other dental coverage you may have until you receive written confirmation from Security Life. Please allow 3-4 weeks for processing.



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**Direct Benefits, Inc.**

325 Cedar Street, Suite 800 | Saint Paul, MN 55101  
800.620.5010 | SpiritDental.com

**Spirit Dental and Vision Payment Authorization Form**

**Applicant's Full Name:** \_\_\_\_\_

**Monthly Premium** (from Rate Page): Dental \$ \_\_\_\_\_ + Vision \$ \_\_\_\_\_ = Total Monthly Premium \$ \_\_\_\_\_

**Method of Payment** (select one)

**CHECKING ACCOUNT (ACH)**

- Monthly Bank Account Debit**  
*Submit 2 months of premium and a voided check*

**CREDIT CARD**

- Monthly Credit Card**

Please select your card type below and provide your credit card account information:

- Visa    MasterCard

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVC  
*(on back of card)*

**Authorization Agreement**

I authorize Security Life Insurance Company of America to initiate electronic debit entries to my account chosen above for payment of my insurance premium. My account will be debited by the third business day of the month in which premium is due. I understand I will receive a notice if the amount changes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the US law. (Applies only to ACH and Credit Card options.)

I understand that in order to make changes to this authorization (such as a change in bank account, method of payment, or termination of payment) I need to give Security Life written notification at least 10 days prior to the next scheduled payment.

I understand that the insurance plan may be cancelled by Security Life if any payment is dishonored by my bank for any reason. In the case of an NSF, I am liable for any fees my bank may charge me and may also be responsible for an NSF fee of up to \$25 which may be automatically debited for each NSF.

**Your Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## OUTLINE OF COVERAGE

### **INDIVIDUAL DENTAL INSURANCE Policy Form IP1000 ONE LIFE DENTAL INSURANCE Policy Form GH-1112**

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 contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Policy IP1000/GH-1112 provides coverage for dental services. Coverage is segmented into various classes of benefit (Preventive, Basic, Major and Orthodontic if offered), and generally includes specific benefit frequency provisions and benefit **waiting periods**. **Deductibles** and coinsurance percentages apply to the various benefit classes. Please refer to the **coverage schedule** within your Insurance Policy for specific plan details.

Preventive, Basic and Major service categories are limited to a specific **annual maximum benefit amounts/maximum calendar year limit amounts**. Orthodontic benefits (if offered) are limited to an **annual and lifetime maximum benefit amount/lifetime maximum amount**.

Plans may be offered with or without a preferred provider organization, please refer to your Insurance Policy for details.

Rate adjustments can occur at periodic intervals and is generally based on the experience.

**OC1000/GH1112**

## **Disclosure Regarding Stand-alone Dental Plans**

This policy **DOES NOT** include coverage of pediatric dental services as required under federal law.

Coverage of pediatric dental services is available for purchase in your state, and can be purchased as a stand-alone plan or as a covered benefit in another health plan.

Please contact your insurance carrier, or agent to purchase either a plan that includes pediatric dental coverage, or an exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

**IF THIS IS A REPLACEMENT**

leave the top half of this form with the Applicant and send the signed bottom half of this form with the Application

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

According to information you have furnished, you intend to lapse or otherwise terminate existing dental insurance and replace it with a policy to be issued by Security Life Insurance Company of America.

For your own information and protection, you should be aware of and seriously consider certain factors that may affect the insurance protection available to you under the new policy.

Even though some of your present health conditions may be covered under the new policy, these conditions may be subject to certain waiting periods under the new policy before coverage is effective.

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 interests to make sure you understand all the relevant factors involved in replacing your present coverage.

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. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have actually received your new policy and are sure you want to keep it.

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Do not cancel your present policy until you have actually received your new policy and are sure you want to keep it.

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

*Plan administered by:*

Security Life Insurance Company of America  
1808 Colonial Village Lane, Suite 102  
Lancaster, PA 17601

Phone: 866-619-6095

Fax: 717-481-7175

email: [spiritadmin@securitylife.com](mailto:spiritadmin@securitylife.com)  
(for enrollment, change and term requests)

## Frequently Asked Questions for Members of Spirit Dental and Vision Plans

### Where can I locate my member identification (ID) number?

- The number will be located on the front of your ID card.

### Who should I contact with questions?

- Contact Security Life at 866-619-6095 option 2 to speak to a customer service representative.

### How should a claim be submitted for review?

- You or your provider should submit an ADA dental claim form or an itemized billing statement which provides the following information:
  - Member's name, address and member ID number
  - Date of service
  - Current ADA procedure code(s)
  - Procedure fee(s)
  - Provider name, address and tax ID number

The claims mailing address is located on the back of your ID card.

### How do I change my family status?

- A change form must be completed and submitted to Security Life.
  - If you are changing the type of coverage, for example from single to family, the change will be effective the first of the month following receipt of notification.
  - Please note: a change in coverage may decrease or increase your premium with any increase due at the time of change.



# SECURITYLIFE

INSURANCE COMPANY OF AMERICA

At Security Life, we understand that a healthy smile is essential to your overall health. We also understand the importance of being the easiest company to do business with. Your health and satisfaction is part of the commitment we have been making to our customers since 1956.

## WHO WE ARE

Security Life is a privately-owned company that provides ancillary insurance products in 50 states, including the District of Columbia. We are headquartered in Minnetonka, MN with an administrative office in Lancaster, PA.

## WHAT WE DO

We continually monitor our operations to ensure we're providing service that surpasses your expectations. The following are a few key metrics we use to assess our service:

- 95% of calls are resolved in the initial conversation
- 90% of claims processed in less than 10 days
- New business applications processed within 2 days



We are extremely proud of our service and encourage your feedback.

## OUR DENTAL NETWORK

We are pleased to offer you the MaxCare network – giving you over 200,000 access points for optimal savings. Features include:

- Discounts of 5-50% on dental services
- Network discounts available immediately
- Provider search at [Careington.com/co/SLICA](http://Careington.com/co/SLICA)

**ESTABLISHED**  
1956

**HEADQUARTERS**  
Minnetonka, MN

**OWNERSHIP**  
Privately-owned

**EMPLOYEES**  
100+

**LICENSED STATES**  
50 (including D.C.)

*Proud Partner of:*





# About Spirit Dental & Vision

Spirit Dental & Vision is available exclusively through Direct Benefits, Inc.

Direct Benefits, Inc. is a managing general agency that provides one-stop employee benefits brokerage to over 5000 independent agents, brokers, consultants and general agents in all 50 states.

We're in it for the little people of America. Our mission is to provide individuals and small businesses with the same or better quality insurance products as large employers. By partnering with financially strong insurance carriers like Security Life we are able to create exclusive niche products like Spirit Dental & Vision.



*Spirit Dental and Vision insurance is not available in all states, is subject to individual state regulations and is underwritten by Security Life Insurance Company of America, 10901 Red Circle Drive, Minnetonka, MN 55343.*



# Welcome to AMERICAN HEARING BENEFITS

A Starkey Hearing Technologies Program

## Spirit Dental and Vision members now have the added benefits of a discount hearing program through American Hearing Benefits

This convenient program provides you access to free hearing consultations and significant discounts on hearing aids through our nationwide network of hearing professionals. You can be confident you are receiving the quality care you need to improve your hearing and your life.

### American Hearing Benefits offers:

- ▶ **FREE** annual hearing consultations for you and your family
- ▶ Access to a nationwide **network of 3,000+ hearing locations**
- ▶ **Discounts on advanced technology**, including hearing aids, tinnitus treatment and hearing protection products
- ▶ **FREE** one-year supply of batteries (*40 cells per hearing aid purchased*)
- ▶ **One-year of free office visits** (*limit of 6*)
- ▶ **60-day trial period\***
- ▶ **FREE warranty** including loss and damage\*
- ▶ **Financing plans available** (*subject to credit approval*)

 **American**  
HEARING BENEFITS

 **Spirit**  
DENTAL & VISION

To schedule your free hearing consultation call **1.866.983.5910**  
or visit **[www.AmericanHearingBenefits.com](http://www.AmericanHearingBenefits.com)**

*The American Hearing Benefits Discount Program is not a part of the insurance plan and there is no affiliation or ownership between Spirit Dental, Security Life and American Hearing Benefits.*

**CALL TODAY! — 1.866.983.5910**

6700 Washington Avenue South · Minneapolis, MN 55344

*American Owned & Operated.*

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\*Professional service fee may apply. THIS IS NOT INSURANCE. AHB provides discounts on hearing aids and professional services through our network of credentialed hearing providers.



## Spirit Dental & Vision Prescription Discount Program

The Spirit Dental & Vision Prescription Discount Card is an easy way to help you and your family with all of your prescription drug needs. Participants and their family can obtain average savings of up to 65% on drug prices through our nationwide network of over 59,000 pharmacies, including major chains and community pharmacies. Your actual savings may vary depending on the medication and the pharmacy you use. Go to: [www.my-rxcard.com/sdv.html](http://www.my-rxcard.com/sdv.html).

### To Use at Participating Pharmacies:

- Take your prescription to a participating pharmacy. All brand name and generic drugs are allowed.
- One card automatically covers all family members at no cost.
- Show your Prescription Discount Card to your pharmacist every time you fill your prescription. Use your Prescription Discount Card for any prescriptions that are not covered by your insurance or excluded from Medicare Part D.
- Pay the discounted portion of the drug price. Discounts are given at the time of your purchase. There is no need to submit your receipts. You will receive instant savings or the pharmacy's lowest price when you present your Prescription Discount Card.

### To Enroll in the Mail Order Pharmacy:

- Call Customer Service at **1-888-479-2000**, press prompt #5.
- One of our Representatives will be happy to enroll you in our convenient mail order program.
- We guarantee quality assurance using our 7-point test on every prescription before mailing.
- Standard shipping is free.

### American Diabetes Wholesale

American Diabetes Wholesale offers affordable, brand name diabetic supplies directly to the consumer at up to 60% below retail prices - especially for people who are uninsured, underinsured or have to pay out of pocket. We stock thousands of affordable diabetes testing supplies and diabetes products from quality brands. Most orders ship directly to you within 24 hours. For cash orders, we provide easy and secure ordering on our website 24 hours a day, or by phone Monday - Friday 9:00 a.m. to 6:00 p.m. EST. Go to [www.my-rxcard.com/sdv.html](http://www.my-rxcard.com/sdv.html) and click on the American Diabetes Wholesale link to purchase online.

### Lab & Imaging Discount Benefit

Save 50% or more on Lab & Imaging tests. Go to <http://myrx.prepaidlab.com/?lcode=007> & <http://myrx.prepaidimaging.com/?lcode=007>

*This Spirit Dental and Vision Prescription Discount program is not a part of the insurance plan and there is no affiliation or ownership between Security Life and this program.*

**REMOVE YOUR PRESCRIPTION CARD  
and KEEP IT IN YOUR WALLET  
CUT ALONG PERFORATION TO REMOVE CARD**


Prescription Discount Card

Group #: SDVOL      Pharmacist Help Desk: 888-886-5822

Member ID: Enter cardholder's 10-digit phone # and then add 2-digit person code. 01=member 02=spouse 03=dependent etc.  
Example: xxxxxxxxxx enter as xxxxxxxxxx01

Processor: NetCard Systems BIN # 008878

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

**Lab & Imaging**

[myrx.prepaidlab.com/?lcode=007](http://myrx.prepaidlab.com/?lcode=007)  
[myrx.prepaidimaging.com/?lcode=007](http://myrx.prepaidimaging.com/?lcode=007)

  
[my-rxcard.com/sdv.html](http://my-rxcard.com/sdv.html)

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

*This is not Insurance.*

*To expedite processing please confirm that the following is submitted.*

- Completed Application
- Signed Application
- Premium payment (payable to Security Life Insurance Company of America/SLICA)
- Completed and Signed Agent Information section when applicable.
- Outline of Coverage left with policyholder.
- Replacement Coverage notice included, if applicable, and a copy left with the policyholder.

After all of the information listed above is completed and signed send all original forms to:

Direct Benefits, Inc.  
325 Cedar Street, Suite 800  
Saint Paul, MN 55101  
651-649-3503 • 800-620-5010  
fax: 651-649-3502  
info@directbenefits.com

For fastest processing,  
enroll on-line at [www.spiritdental.com](http://www.spiritdental.com)

