

# UNITED OF OMAHA LIFE INSURANCE COMPANY

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Omaha, Nebraska 68175  
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## GROUP VOLUNTARY DENTAL INSURANCE OUTLINE OF COVERAGE

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### READ YOUR CERTIFICATE 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 CERTIFICATE CAREFULLY**.

### POLICY INFORMATION

Policyholder (Administrator): Shelby County  
Policy Effective Date: October 1, 2017  
Group Number: G000AH8F  
Class: All Eligible Employees

### DEPENDENT CHILD AGE LIMIT

Unmarried Dependent children under the age of 26, as stated in the Certificate.

### BENEFITS

The following is a brief description of the benefits provided under the Policy.

#### Late Entrant Waiting Period

If you do not elect insurance during your First Enrollment Period with us, you will be considered a Late Entrant to the plan. If you are a Late Entrant, you must complete the following waiting periods before benefits for Covered Services are payable for you or your Dependents:

Type A Covered Services	None
Type B Covered Services	12 Months
Type C Covered Services	12 Months

#### Deductible

The following Deductibles must be satisfied by you and each of your Dependents each Policy Year before any benefits are payable.

<b>Individual:</b>	<b>In-Network</b>	<b>Out-Network</b>
Type A Covered Services	None	None
Type B and C Covered Services	\$50	\$50

**Percentage Payable**

If you or your Dependents receive a Covered Service described in the Certificate after the completion of any applicable waiting periods and the satisfaction of the Deductible, we will pay benefits according to the percentage of the Maximum Allowance described in the Certificate, not to exceed the amount of the charge.

	<b>In-Network</b>	<b>Out-Network</b>
Type A Covered Services	100%	100%
Type B Covered Services	80%	80%
Type C Covered Services	50%	50%

**Policy Year Maximum Benefit**

The Policy Year Maximum Benefit will apply each Policy Year. This maximum benefit is the total amount of benefits payable for Type A, B and C Covered Services received by you or your Dependents during a Policy Year.

	<b>In-Network</b>	<b>Out-Network</b>
Policy Year Maximum Benefit	\$2,000	\$2,000

**Work in Progress**

Benefits will be provided for dentures, bridgework, and cast restorations for which the final impression is taken prior to the date an Insured Person’s insurance ends if final placement of the denture, bridgework, or cast restoration occurs within 31 days after the Insured Person’s insurance ends.

**General Anesthesia Benefit**

We will pay benefits for general anesthesia or I.V. (intravenous) sedation if the anesthesia is performed in the dental office, it is medically necessary for the treatment being performed, or the individual is incapacitated, or if it is used for a child age 6 and under.

**Predetermination of Benefits**

A predetermination of your benefits is available upon request. This will provide you and your dentist with information regarding a future course of treatment, allowing you to discuss treatment options with your dentist, including less expensive alternative treatment plans, or terms of payment to the dentist. Your dentist can submit a predetermination request on your behalf by completing a standard dental claim form and submitting it to:

Mutual of Omaha Insurance Company  
P.O. Box 211472  
Eagan, MN 55121

## COVERED SERVICES

Type A	Type B	Type C
<ul style="list-style-type: none"> <li>• Examination/Evaluations</li> <li>• Bitewing X-rays</li> <li>• Full Mouth X-rays</li> <li>• Fluoride Treatments*</li> <li>• Cleaning/Prophylaxis</li> <li>• Space Maintainers*</li> </ul>	<ul style="list-style-type: none"> <li>• Sealants*</li> <li>• Fillings</li> <li>• Stainless Steel Crowns*</li> <li>• Simple Extractions</li> <li>• Surgical Extractions</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Surgical Periodontics</li> <li>• NonSurg Periodontics</li> <li>• Oral Surgery</li> <li>• General Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Dentures</li> <li>• Repair Dentures</li> <li>• Bridges*</li> <li>• Repair Bridges</li> <li>• Cast Crowns*</li> <li>• Repair Crowns</li> <li>• Implants*</li> </ul>

*\*These procedures have age limitations.*

*Please review your Certificate for a complete list of all Covered Services and limitations.*

## EXCLUSIONS

We will not pay benefits for any treatment, procedure or supply:

- a) not identified as a Covered Service in this Schedule;
- b) considered an Experimental or Investigational Device, Treatment or Procedure;
- c) not considered Medically Necessary, provided for patient convenience, or provided solely to relieve mental anxiety, unless specifically provided in the Schedule;
- d) when benefits are payable under any other group health or dental plan maintained or sponsored by the Policyholder;
- e) related to tests and laboratory exams, bacteriologic studies, caries susceptibility tests, pulp vitality tests, oral pathology laboratory, oral hygiene instruction, education or training, histopathologic examinations, diagnostic casts and photographs, the diagnosis or treatment of congenital malformations, magnetic resonance imaging and gnathological procedures, services, supplies or procedures related to orthognathic surgery, osteoplasties, osteotomies, LeFort procedures, maxillofacial prosthetics, vestibuloplasties, stomatoplasties, and any procedures related to the diagnosis or treatment of jaw fractures;
- f) related to the diagnosis or treatment of Temporomandibular Disorders (TMD) and functional/myofunctional therapy except to the extent as may be required by state law, or unless specifically provided in the Schedule;
- g) related to orthodontic treatment, including diagnostic procedures;
- h) related to Cosmetic or Reconstructive Procedures;
- i) related to restorations, devices, appliances or dentures to change vertical dimension, to alter occlusion or to replace tooth structure lost through attrition, erosion or abrasion including occlusal adjustment or equilibration;
- j) related to the replacement of lost dentures or the replacement of lost or broken appliances;
- k) related to athletic mouth guards, bruxism appliances or any procedure related to such appliance, except as specifically provided in the Schedule;
- l) related to precision attachments, connector bars, coping materials, overdentures, unilateral partial dentures and stress breakers;
- m) related to drugs and medications whether or not they require a written prescription, or for analgesics or euphoric drugs, except as specifically provided in the Schedule;
- n) related to cast restorations, full or partial dentures and fixed bridgework when the final impressions were taken before the date insurance began or after insurance ends;
- o) customarily performed in association with a more comprehensive dental procedure, including local anesthesia, pulp capping (direct or indirect), insulating/cementing bases, periodontal splinting (permanent or provisional), temporary crowns, bridges, and dentures; or any minor associated gingival involvement when performed in conjunction with a cast restoration or fixed bridgework;
- p) related to any endodontic, periodontic, crown, bridge abutment or appliance performed on teeth with a guarded, questionable or poor prognosis;
- q) related to duplication of treatments, procedures or supplies, including when an Insured Person transfers from the care of one Provider to the care of another Provider;

- r) that arise out of or in the course of employment for any employer or that Insured Person is paid benefits under any workers' compensation or occupational disease law, or receives any settlement from a worker's compensation carrier;
- s) when the Insured Person is not liable for payment;
- t) provided or paid for by a state or federal government or its agencies;
- u) resulting from an intentionally self-inflicted injury;
- v) resulting from the Insured Person's voluntary participation in a riot or in the commission of a felony;
- w) resulting from an act of declared or undeclared war or armed aggression;
- x) incurred while the Insured Person is on active duty or training in the Armed Forces, National Guard, Reserves or an auxiliary unit of any state or country or which any governmental body or its agencies are liable;
- y) provided by a person who is a member of your family (your Spouse; or a child, brother, sister or parent of you or your Spouse).

## **RENEWAL AND TERMINATION**

Coverage under the Policy will remain in force by the timely payment of the premiums due, subject to the Policyholder's and our right to terminate the Policy.

## **WHEN INSURANCE ENDS**

Unless otherwise stated or allowed in the Policy, insurance ends:

- a) on the last day of the month you or your Dependent are no longer eligible for insurance;
- b) on the last day of the month you or your Dependent begin active duty in the Armed Forces, National Guard or Reserves of any state or country (except for temporary active duty of 31 days or less);
- c) the Policy terminates; or
- d) in accordance with the GRACE PERIOD provision.

## **EXCEPTIONS TO WHEN INSURANCE ENDS**

If insurance for you and/or your Dependents would otherwise end, you or your Dependents may be eligible to continue insurance under one of the following provisions:

- a) CONTINUATION OF INSURANCE FOR LAYOFF, LEAVE OF ABSENCE OR PAID SEVERANCE
- b) COBRA CONTINUATION

## **PREMIUMS**

Premiums are determined by United of Omaha Life Insurance Company and are provided on a group basis. Any change in premium will be preceded by 90 days advance written notice to the Policyholder at the last known address.

**THIS OUTLINE IS ONLY A SUMMARY OF YOUR COVERAGE.  
PLEASE SEE YOUR CERTIFICATE FOR COMPLETE CONTRACTUAL PROVISIONS.**