



There is power in **simplicity.**

Simple to understand.

Our plans feature everything you and your employees expect in dental coverage:

- Freedom to see any dentist
- 100% coverage of preventive care in-network
- Plan designs with a range of options for basic and major services
- Optional orthodontic coverage
- Worldwide emergency coverage
- For groups as small as two employees
- Groups with 25+ employees may offer their employees a choice of two plans

Additional options enhance the long-term value of your plan.

- **Escalating Maximum** – the plan's annual maximum grows by \$200 each year, from \$1,000 to \$2,000
- **Lifetime Deductible** – once employees satisfy their deductibles, they never pay them again as long as they remain in the plan as members of your group

Your employees are free to see any dentist nationwide but benefit from visiting a network provider.

- **Terrific access** – Securian Dental subscribers have access to DenteMax, one of America's leading dental networks. Finding a network dentist in your area is easy by visiting www.securiandental.com or calling our Customer Service team.

- **Stronger coverage and lower costs** – Depending on the plan you select, employees may receive stronger coverage and pay lower out-of-pocket costs for the same service when provided by a network dentist vs. a non-network dentist.
- **No balance billing** – DenteMax network dentists cannot charge more than the network's negotiated fee. Non-network dentists may bill for the difference between the out-of-network allowable fee and what they usually charge.
- **No claims paperwork** – Network dentists bill us, and we pay them directly. Employees choosing a non-network provider may need to submit their own claims.

Simple to use.

From enrollment through claim handling (and everything in between), outstanding service is our main focus. We're right on top of details that matter most to our groups, like paying 99% of claims in 10 business days, with 99% accuracy.

Simple to trust.

Securian Dental Plans are underwritten by Securian Life Insurance Company, recognized by A.M. Best with an A+ rating (Superior – second highest in 16 categories) for its financial strength. The administration and infrastructure that supports Securian Dental (DeCare Dental) is behind the dental benefits of 4.6 million individuals in 24,000 groups, with a 40-year track record of success.

It's **simple** to get started.

Simply ask your broker or call our SecurianConnect team toll-free at **1-866-827-3318**, or visit us online at www.securiandental.com.

Important information regarding coverage

This sheet is intended to provide a convenient overview of coverage and is not intended to be a complete description. Additionally, some provisions may vary by state. Only those services and supplies specifically listed in the Dental Benefit Plan Summary are covered under the plan, regardless of dental necessity. For complete details, please refer to your Dental Benefit Plan Summary, which outlines the specific treatments that are covered, the frequency with which those treatments are covered, and limitations, exclusions and conditions under which coverage may remain in force. Exclusions and limitations are also available on our Web site: www.securiandental.com.

VOLUNTARY PPO DENTAL PLAN

BENEFIT OVERVIEW

Visit www.securiandental.com for approved states

COVERAGE LEVEL¹

SERVICE	DESCRIPTION	PLAN A		PLAN B		PLAN C		PLAN D	
		IN NETWORK	OUT-OF NETWORK	IN NETWORK	OUT-OF NETWORK	IN NETWORK	OUT-OF NETWORK	IN NETWORK	OUT-OF NETWORK
Diagnostic and Preventive Services	Oral evaluations / check-ups, x-rays, dental cleanings, fluoride treatments	100%	80% or 100%	100%	80% or 100%	100%	90% or 100%	100%	100%
Basic Services 6 month waiting period* for Plans A and B. No waiting period for Plans C and D.	Basic Restorative Care & Services Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	60%	50%	60%	50%	80%	60%	80%	80%
	Basic Extractions Basic extractions of erupted tooth or exposed root	60%	50%	60%	50%	80%	60%	80%	80%
Complex and Major Services 12 month waiting period*	Endodontic Therapy Pulpal therapy, root canal therapy, pulpotomy	N/A	N/A	50%	50%	50%	50%	80%	80%
	Periodontal Services Non-surgical periodontal care, includes periodontal maintenance	N/A	N/A	50%	50%	50%	50%	80%	80%
	Complex Surgical Extractions Surgical removal of erupted tooth, impacted teeth and tooth roots	N/A	N/A	50%	50%	50%	50%	80%	80%
	Adjunctive General Services Intravenous conscious and IV sedation with complex surgical services	N/A	N/A	50%	50%	50%	50%	80%	80%
	Complex Surgical Periodontal Care Surgical periodontal care	N/A	N/A	50%	50%	50%	50%	80%	80%
	Restorative Services Posterior composite resins, inlays**, onlays, crowns, crown repairs (includes stainless steel crowns and pre-fabricated crowns)	N/A	N/A	50%	50%	50%	50%	50%	50%
	Prosthetic Services Removable prosthetic services – dentures and partials † Fixed prosthetic services – bridges † Repairs – removable and fixed prosthetic services	N/A	N/A	50%	50%	50%	50%	50%	50%
Deductible	Calendar year. Per person/per family. No deductible for diagnostic and preventive services or orthodontics.	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
	Per person/lifetime. No deductible for orthodontics.	N/A		N/A		\$100		\$100	
Plan Maximum (Calendar Year)	Per person	\$500 or \$750		\$750 or \$1,000		\$1,000, \$1,250 or \$1,500		\$1,000, \$1,250 or \$1,500	
	Per person. Escalates by \$200 each year until it reaches \$2,000 in year 6.	\$1,000 → \$2,000		\$1,000 → \$2,000		\$1,000 → \$2,000		\$1,000 → \$2,000	
Orthodontics optional add-on for Plans B, C and D 18 month waiting period*	Available for dependent children only, age 8-18 10-employee enrolled minimum required	N/A		50% / 50% \$750 or \$1,000 separate lifetime maximum		50% / 50% \$750 or \$1,000 separate lifetime maximum		50% / 50% \$750 or \$1,000 separate lifetime maximum	

*Waiting period may be waived for prior comparable coverage.

**Optional Treatment: Plan member receives the amalgam benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the cost.

†Missing-tooth exclusion applies during the first 24 months of coverage.

†Payment subject to allowable charge

Claim payments are based on the amount charged by the dentist or our allowable charge, whichever is less. If a non-network dentist charges more than our allowable charge, the patient is responsible for the difference. DenteMax network dentists agree not to charge more than the allowable charge.

Securian Dental is underwritten by Securian Life Insurance Company, 400 Robert Street North, St. Paul MN 55101, and administered by DeCare Dental Health International, LLC. In California, Securian Dental is underwritten by Securian Life Insurance Company, offered through DeCare Dental Insurance Services, LLC, and administered by DDHI Administrators, LLC. Securian Dental is offered under policy form series 03-30612 or a state variation thereof.