

For personalized service with your enrollment and plan questions please call Arizona Association of Chiropractic (AAC) at **(602) 246-0664**.

Enrolling **September 1, 2009**

DENTAL PLAN CHOICES

Members choose from one of the three dental plans displayed!

Office Visit Copay
Type I Coverage¹
Type II Coverage¹
Type III Coverage¹
Orthodontic Program
Non-insured (Discount)
Calendar Year Deductible
(Type II & III Services)
Calendar Year Maximum³ per person
Type I Waiting Period³
Type II Waiting Period³
Type III Waiting Period³

Calendar Year Maximums
Employee
Monthly Premium Rates
Employee + Spouse
Employee + Child(ren)
Employee + Family
SecureCare Dental Plan Code

The Copay Plan (150)

Network Non-Network

\$10
See schedule See schedule
See schedule See schedule
See schedule See schedule
Included Not included
\$50 per person; \$150 per family
None
None
None
None 12 months

None
\$ 13.20
\$ 25.07
\$ 29.04
\$ 37.61
151A

The PPO Plan (MAC)

Network Non-Network²

None
100% 80%
80% 60%
50% 40%
Included Not included
\$50 per person; \$150 per family
\$1,500 per person
None
None
12 Months

\$1,500
\$ 27.32
\$ 50.98
\$ 60.10
\$ 78.03
2MCD

The PPO Plan (UCR)

Network⁴ Non-Network²

None
100% 100%
90% 80%
60% 50%
Included Not included
\$50 per person; \$150 per family
\$1,500 per person
None
None
12 Months

\$1,500
\$ 37.22
\$ 69.44
\$ 81.87
\$ 106.29
2068

Dental Plan Highlights

The Copay Plan

- Cleanings, x-rays, exams covered 100% after copays
- Best used in-network
- No network waiting periods
- No annual maximum
- Fixed copays on all Services
- Large Dentist Network
- Adult & Child Orthodontia

The PPO Plan

- Cleanings, x-rays, exams covered 100%
- Best used in-network
- Low out-of-pocket costs
- High annual maximum
- Rich coverage on all services
- Large dentist network
- Adult & Child Orthodontia

The Indemnity Plan

- Cleanings, x-rays, exams covered 100%
- Freedom to see any dentist
- Highest in-network benefits
- High Annual Maximum
- Rich coverage on all services
- Large dentist network
- Adult & Child Orthodontia

Arizona Association of Chiropractic Member Dental Plan is enrolling **September 1, 2009!** For questions call AAC at **(602) 246-0664**

Monthly Group Admin. Fee (By Total Enrollees)

| | | | |
|------------|------------|------------|------------|
| 2-24 | 25-49 | 50+ | PEOs |
| \$15/month | \$20/month | \$30/month | \$50/month |

Minimum Employees

2 or more enrolling (husband and wife employees considered as one. Need one more to enroll.)

Employer Contribution

0% to 100% Allowed

Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details, consult the Certificate of Coverage. For more information also please visit the Member Benefits page of the Arizona Association of Chiropractic website.

¹SUMMARY OF COVERED SERVICES

(The Certificate of Coverage will include a complete list of Covered Services.)

| | |
|--|---|
| Type I: Diagnostic & Preventive | Oral examinations (2 per calendar year) • Routine cleanings (2 per calendar year) • Topical fluoride up to age 16 (1 per calendar year) • Diagnostic x-rays, full or panoramic (1 in any 3-year period) • Bitewing x-rays (2 per calendar year) • Emergency palliative treatment to relieve pain • Space maintainers (for premature loss of primary tooth). |
| Type II: Basic | Fillings using amalgam, silicate, acrylic, synthetic porcelain and composite filling materials • Simple extractions • Antibiotic injections administered by Dentist • Oral surgery, including customary postoperative treatment. Endodontics - root canal therapy, pulpotomy • Periodontics – treatment of gum disease |
| Type III: Major | Restorative - inlays, onlays, crowns (5-year waiting period for replacement) • Prosthodontics - full or partial dentures or bridges (5-year waiting period for replacement) |

PLAN INFORMATION

| | |
|---|---|
| PRE-DETERMINATION: | Pre-determination recommended for services or supplies over \$300. |
| ELIGIBILITY: | Full-time employees working at least 30 hours per week, and their dependents. See page 2 for details. |
| ³ REPLACEMENT BENEFITS: | Time periods satisfied under the employer's prior qualifying group dental plan (without coverage gap) will reduce Type I, II, III and Orthodontic benefit Waiting Periods. |
| PLAN BENEFITS: | Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details consult the Certificate of Coverage. |
| NON-NETWORK BENEFITS: | ² PPO, Indemnity & SecureFlex UCR Plan non-network benefits are paid on a Usual, Customary, and Reasonable (UCR) basis. The employee is responsible for non-network balance billing that may result. PPO MAC plans are paid according to the in-network preferred provider fee schedule. |
| IN-NETWORK BENEFITS | ⁴ Benefits paid in the first in-network column will result in lower employee out-of-pocket costs. Dentist participating at this level are listed in blue in our paper and online dentist directories. Benefits paid in the second in-network column will result in higher employee out-of-pocket costs than in the first column. Dentists participating at this level are listed in black in our paper and online dentist directories. |

SecureCare Dental Plan Information

Eligibility for Enrollment

An employee may enroll for coverage if he/she (1) is an active employee; (2) meets the employer's eligibility criteria (e.g., number of work hours, job classification); and (3) has completed any applicable waiting period for coverage.

An employee may also enroll (1) his/her lawful spouse; (2) his/her child (natural, legally-adopted, step, or foster) who receives at least 50% support and care from the employee, and who is either (a) under age 19; or (b) under age 25, and attending an accredited school on a full-time basis; (3) his/her grandchild who is under age 19, and whom the employee can claim as an exemption on his/her federal income tax return; and (4) his/her handicapped child or grandchild older than the maximum age limit, who receives at least 50% support and care from the employee. A dependent who is also eligible as an employee may not be enrolled.

Effective Date of Coverage

An employee's coverage will begin on the first day of the month following his/her completed enrollment, provided (1) he/she is **Actively At Work** on such date; and (2) his/her first premium has been paid by him/her, or on his/her behalf. (**Actively At Work** means the employee is performing all customary job duties of his/her occupation, at his/her usual place of employment [or would be able to do so if it is a regular paid vacation day, or a regular non-working day, provided the employee is at work on the last preceding regular work day].)

If an employee enrolls for dependent coverage, such coverage will begin on the same day the employee's coverage begins. If the employee enrolls for dependent coverage at a later date, coverage on such eligible dependent(s) will begin on the first day of the month following completed enrollment, and payment of premium. If a dependent is **Disabled** (hospital confined; or unable to perform the regular and customary activities of a person in good health, and of the same age) on the date their coverage is to begin, coverage on that dependent will be delayed until the first of the month coincident with, or next following, the date Disability no longer exists.

End of Coverage

An employee's coverage will end on the earliest of (1) the date the policy ends; (2) the date the employee enters the Armed Forces of any country; (3) the end of the month during which the employee ceases eligibility; or (4) the end of the last period for which premium payment has been made by the employee or on his/her behalf.

Coverage on an employee's dependents will end on the earliest of (1) the date the employee's coverage ends; (2) the date the employee's dependent no longer meets eligibility requirements; (3) the date the employee's dependent enters the Armed Forces of any country; or (4) the end of the last period for which premium payment has been for dependent coverage.

Expenses Not Covered

No benefits are payable for, and any applicable Deductible amount may not be reduced by, any of the following:

- any service or supply (a) not listed as a Covered Service within the Schedule of Benefits, (b) payable under any medical expense plan, or (c) rendered by someone who is related to the covered person by blood, marriage, or adoption; or is normally a member of the covered person's household;
- any procedure (a) begun, but not completed; (b) begun before insurance begins; or (c) begun after insurance ends;
- any prosthetic appliance (a) for which the impression (for new or modified device) was made before insurance begins; (b) installed before insurance begins; or (c) finally installed or delivered more than 30 days after insurance ends;
- any treatment which is elective, or primarily cosmetic in nature, and/or not recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;

- any procedure that (a) is determined to be not Medically Necessary, (b) does not offer a favorable prognosis, (c) does not have uniform professional endorsement, or (d) is experimental in nature;
- the correction of congenital malformations, including anodontia and cleft palate;
- the replacement of lost, discarded, or stolen appliances; or any duplicate device or appliance;
- cast restorations, inlays, onlays, and crowns for teeth that are not broken down by extensive decay or accidental injury, or for teeth that can be restored by other means (such as an amalgam or composite filling);
- restoration of third molars, except fillings;
- crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology;
- replacement of (a) bridges, (b) full or partial dentures, (c) crowns, inlays or onlays, or (d) occlusal guards (night guards, except for bruxism); unless such item is more than five years old and cannot be made serviceable;
- appliances, services, or procedures relating to: (a) the change or maintenance of vertical dimension; (b) correction of attrition, abrasion, erosion, or abfraction; (c) bite registration; (d) bite analysis; or (e) splints, other than provisional splints;
- charges for (a) implants of any type, and all related procedures; (b) removal of implants; (c) precision or semi-precision attachments; or (d) denture duplication, overdentures and any associated surgery, or (e) other customized services or attachments;
- services provided for any type of (a) temporomandibular joint (TMJ) dysfunction; (b) muscular or skeletal deficiencies involving TMJ or related structures; or (c) myofascial pain;
- orthognathic surgery;
- orthodontic treatment, unless stated otherwise;
- treatment of malignancies;
- general anesthesia and intravenous sedation (regardless of the age of the patient), except in conjunction with covered oral surgery procedures;
- hospital services, or services of anesthetists or anesthesiologists;
- prescribed drugs;
- any instruction for diet, plaque control, or oral hygiene;
- dental disease, defect, or injury caused by a declared or undeclared war, or any act of war;
- charges for failure to keep a scheduled visit, or for the completion of any claim forms;
- expenses compensable under Workers' Compensation or Employers' Liability Laws or by any coverage provided or required by law (including, but not limited to, group, group-type and individual automobile "No-Fault" coverage);
- expenses provided, or paid for, by any governmental program or law, except as to charges which the person is legally required to pay;
- services for which there would be no charge in the absence of insurance, or for any service or treatment provided without charge.

Coordination of Benefits

Other coverage Insured has may affect benefits payable under the policy, to ensure that the total benefits from all plans will not exceed 100% of eligible expenses.

Administered by:

Southwest Preferred Dental Organization

Underwritten By:

**American Fidelity Assurance Company
Oklahoma City, Oklahoma**