

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

DENTAL INSURANCE BENEFITS SUMMARY



For Employees of Sherman College of Straight Chiropractic

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).
Minimum Work Hours	You must be working a minimum of 30 hours per week to be eligible for coverage.
Coverage Payment	Your employer pays 50% of the premium for this coverage.

LATE ENTRANTS WAITING PERIODS

Type A	Waived
Type B	12 Months
Type C	12 Months
Orthodontia	12 Months

CALENDAR YEAR DEDUCTIBLES AND MAXIMUMS

Type A Deductible	Waived
Type B & C Deductible	
▪ Each Insured Person	\$50
▪ Family	3 times Individual
Maximum(s) (For Each Insured Person)	
▪ Type A, B & C Combined	\$1,500
▪ Orthodontia	\$1,500 (Lifetime ¹)

¹Reference to "Lifetime" indicates an amount that applies or is available only one time while insured under this policy.

COVERED SERVICES	PARTICIPATING	NON-PARTICIPATING*
Type A Services ▪ Examination(s)/Evaluation(s) ▪ Bitewing X-ray(s) ▪ Fluoride Treatment(s) ▪ Cleaning(s) (Prophylaxis) ▪ Sealant(s) ▪ Space Maintainer(s) (Including Recementation)	100%	100%
Type B Services ▪ Other X-ray(s) ▪ Emergency Treatment ▪ Periodontal Maintenance (Following Active Periodontal Treatment) ▪ Brush Biopsy/Cancer Screening ▪ Filling(s) ▪ Stainless Steel Crowns ▪ Extraction(s) ▪ Oral Surgery ▪ General Anesthesia or Intravenous (I.V.) Sedation ▪ Endodontics ▪ Periodontics	80%	80%

COVERED SERVICES (CONTINUED)	PARTICIPATING	NON-PARTICIPATING*
Type C Services ▪ Full or Partial Removable Dentures ▪ Repair of Removable Dentures ▪ Adjustments, Tissue Conditioning, Rebasing or Relining of Removable Dentures ▪ Bridgework (Fixed Dentures) ▪ Repair and Re-Cementation of Bridges ▪ Crowns, Inlays, Onlays ▪ Repair and Re-cementation of Cast Crowns/Inlays/Onlays	50%	50%
Orthodontia ▪ Available for dependent children and adults	50%	50%
<i>The plan pays the percentage shown after the deductible is satisfied, up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.</i> <i>This plan provides the same coverage levels for both participating and non-participating providers. However, because participating providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from a participating provider.</i> <i>*The Maximum Allowance for non-participating providers is based on the 90th percentile of prevailing fee data for the geographical area. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.</i>		
LIMITATIONS AND EXCLUSIONS		
Information about the limitations and exceptions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have any questions prior to enrolling.		

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions and limitations. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.