

UNDERWRITING REQUIREMENTS

CONTRIBUTIONS

Employer must pay 100% of the employee premium.

PARTICIPATION

100% of the eligible employees (working 20 hours or more per week) must enroll in the plan. Minimum Group Size to be (2) employees.

50% of all dependent units must enroll in the plan (regardless of other dental coverage) if dependent coverage is requested.

FAMILY CONTENT

No more than 50% (rounded downward for odd size groups) of the employees can be related by blood or marriage.

ELIGIBLE DEPENDENTS MEAN

- 1) an employee's spouse, and
- 2) an employee's child or children (including adopted, foster, and step-children) provided they are
 - a) unmarried and living with the employee
 - b) under age 19, extended to 23 if a full-time student at an accredited college or university, or vocational, technical or trade school.
- 3) Special provisions exist for newborn infants and the physically and/or mentally handicapped. Please see certificate.
- 4) If any dependent is eligible for insurance under this Plan as an employee, such person is not also eligible as a dependent. To insure an employee's dependents, an employee must insure all eligible dependents.

EFFECTIVE DATE

When a firm joins the trust, the insurance for its current employees will be effective on the date approved by the insurance company. Future new employees will become insured on the first of the month following the completion of the waiting period selected by the employers.

If you are not working full-time on the date your coverage would otherwise take effect, you will not be covered until you return to active full-time employment.

If any enrollment card is received more than 31 days after a person becomes eligible, that person will be considered a LATE ENTRANT. A "late entrant" shall be eligible for no more than \$100 of Dental Benefits during the first 24 months of continuous coverage. Thereafter, a "late entrant" shall be entitled to full benefits under this certificate.

COORDINATION OF BENEFITS

This Plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. This helps keep the cost of the Plan reasonable.

INELIGIBLE FIRMS

Bail bondsmen; bands or orchestras; barber and beauty shops; bar rooms; cocktail lounges and clubs; collection agencies; dental offices; entertainers; gambling businesses; gyms; junk dealers; limousine services; massage parlors; parking lots and garages; pawn shops; pool halls; taxi companies; and those groups where more than half the employees are related by blood or marriage are not acceptable for coverage. This list is representative and not all inclusive. The Insurance Company reserves the right to reject any firm.

ALTERNATE BENEFIT PROVISION

If: (1) a less expensive alternate procedure, service or course of treatment can be performed in place of the proposed treatment to correct a dental condition, as determined by us; and (2) the alternate treatment will produce a professionally-satisfactory result; then the maximum eligible dental expense to be considered for payment will be the less expensive treatment.

EXCLUSIONS AND LIMITATIONS

NO BENEFITS ARE PAYABLE UNDER THE POLICY FOR ANY EXPENSES INCURRED FOR:

■ procedures that are: (a) not included in the classes of eligible dental expenses; (b) not necessary; or (c) not customarily recognized throughout the dentist's field of specialty as essential for the treatment of the dental condition. ■ dental services which do not have uniform professional endorsement by the American Dental Association, or which are considered experimental by the ADA. ■ services incurred before insurance for that class of eligible dental services becomes effective, except as otherwise provided in the certificate. ■ services begun prior to the date insurance terminates and not completed by the end of the month in which insurance terminates. ■ any incomplete endodontic or restorative treatment. ■ any portion of a charge for a service in excess of the prevailing fee. ■ the initial placement of full and partial dentures or bridges that include the replacement of natural teeth that are: (a) congenitally missing; (b) lost before insurance began under this plan; or (c) lost or extracted while insured under this plan, if such replacement occurs after a break in insurance or more than 12 months after loss of the teeth. The 12-month rule will not apply to covered dependent children: (a) whose teeth were extracted before they reached age 16; (b) who were insured under this plan at the time of extraction; and (c)

whose insurance has been continuous. ■ the initial installation of a prosthetic device (including crowns and inlays which form abutments) replacing teeth, all of which were extracted before the insured person became insured under this plan. ■ the replacement of full and partial dentures, ridges, inlays, onlays or crowns during the first 24 months of insurance under this plan; thereafter, for replacement within five years of the last placement. This exclusion will not apply if the replacement is necessitated by the extraction of a functioning natural tooth. ■ the replacement of bridges, full and partial dentures, crowns, inlays or onlays that can be repaired and restored to natural function.

■ the replacement of lost or stolen appliances or the replacement of orthodontic retainers. ■ athletic mouth-guards. ■ precision or semi-precision attachments, or other customized prosthetic techniques or appliances. ■ denture duplication. ■ sealants. ■ the treatment of fractures, other than fracture natural teeth. ■ orthognathic surgery. ■ the treatment of dysfunctions of the temporomandibular joint, by whatever name called, including but not limited to temporomandibular joint syndrome (TMJ), maxillofacial deformity, spertognathia, maxillary hyperplasia, musculoskeletal facial deformity, arthrosis dysfunction of masticatory apparatus, and orthognathic surgery.

■ any instruction for diet, plaque control, oral hygiene, speech therapy, myofunctional therapy, or related programs. ■ the completion of a claim form. ■ acid etching. ■ broken appointments. ■ diagnostic photographs. ■ services that are applied toward satisfaction of a Dental Deductible. ■ services that, in our opinion, do not have a reasonably favorable prognosis. ■ expenses resulting from any intentionally self-inflicted or self-induced injury or illness. ■ expenses resulting from injuries sustained or illness contracted as a result of any war or act of war, or participation in a riot or civil disturbance, or while committing or attempting to commit an assault or felony. ■ a condition contracted or accident occurring while on full-time active duty in the armed services of any country or combination of countries. ■ care or treatment of a condition for which you are entitled to or eligible for benefits under any Workers Compensation or Occupational Disease law, or similar law, or any governmental program, law or agency.

■ orthodontia services or any services related to orthodontia treatment, unless orthodontia benefits are specifically included. ■ appliances or restorations whose primary purpose is to alter vertical dimension, restore occlusion, replace tooth structure lost due to erosion, abrasion or attrition, stabilize periodontally involved teeth, or for the purpose of splinting, except as part of orthodontia treatment, when orthodontia benefits are provided. ■ crowns, inlays or onlays for: (a) teeth that can be restored by other means; (b) the purpose of periodontal splinting; or (c) the correction of abrasion or erosion. ■ overdentures and associated procedures. ■ distal extension (cantilever) fixed bridges. ■ fixed bridges, removable cast pontics and/or cast crowns and inlays for patients under age 16. ■ any services or supply that is not specifically listed under "Covered Dental Procedures." ■ service for cosmetic or beautification purposes or treatment of congenital malfunctions or malformations. ■ any appliance delivered or placed more than sixty (60) days after termination of the insured's insurance. ■ prescribed drugs, medications (including fluoride), or analgesia or other sedation. ■ treatment by anyone other than a dentist or a doctor, except where performed by a duly qualified dental hygienist under the direction of a dentist or doctor. ■ treatment, confinement, or service which is not recommended by a doctor or dentist. ■ charges for professional services rendered by any individual who is related to the Insured Person by blood or marriage. ■ charges for any service that, in the absence of insurance would not be made, or charges for which the Insured Person has no legal obligation to pay. ■ charges for surgical implants and any related restorative procedures, or graft material either synthetic or human (except from intraoral sources). ■ charges for surgical extraction of asymptomatic impacted teeth. ■ charges for hospital treatment or any additional fees for covered services provided in a hospital. ■ services or supplies that are covered under any group medical plan or policy, whether insured or uninsured. ■ loss occurring while intoxicated or while under the influence of any narcotic unless upon advice of physician.

If any combination or series of procedures are charged at a higher rate or amount when done over a series of treatments or visits than would have been charged if they had been done at the same time or during the same visit, the maximum allowable benefit will be the lesser amount.

If an insured individual transfers from the care of one dentist to another during the course of treatment for one dental service, the maximum amount payable to both dentists combined shall be the amount payable for the service as if it had been performed by only one dentist.

Multiple individual restorations on different surfaces of the same tooth shall be covered as one restoration equaling the total number of surfaces treated.

Prosthetic replacements shall be of like kind, i.e., full denture for full denture, partial denture for partial denture, bridge for bridge, etc. unless a like-kind replacement is not possible.

THE FACT THAT A DOCTOR OR DENTIST MAY PRESCRIBE, RECOMMEND OR APPROVE A SERVICE OR SUPPLY DOES NOT NECESSARILY MAKE THE CHARGE A COVERED EXPENSE.

"This brochure is a brief outline of the benefits of the Gold Dental Plan. It is not a policy of insurance. A complete description of benefits, limitations and exclusions is found in the Certificate of Insurance issued to all covered individuals."

Group Dental Plan

*For People Who Prefer To
Choose Their Own Dentist*



Dental Coverage

For groups of two or more

UNDERWRITTEN BY:
SafeHealth Life Insurance Company



FULL SERVICE ADMINISTRATION BY:



Dutcher Insurance Agency, Inc.

7510 Shoreline Dr., Suite A-1 • Stockton, CA 95219

(800) 350-3989

Quality Service Since 1970... Lic. #0561264

MONTHLY PREMIUM RATES – Effective 3-1-03

| Area | Zip Codes | Member + 2 | | |
|------|----------------|-------------|------------|----------|
| | | Member Only | Member + 1 | or more |
| 1 | ALL CALIFORNIA | \$42.00 | \$84.00 | \$126.00 |

GOLD SERIES Dental Coverage

| YOUR DEDUCTIBLE PER BENEFIT YEAR | PLAN PAYS | SERVICES COVERED | MAXIMUM PAYMENTS WHILE INSURED |
|----------------------------------|---|--|--|
| No Deductible | 100% | TYPE 1 – Diagnostic and Preventive Treatment <u>Diagnostic:</u> Routine periodic examinations once in a 6-month period. <u>Preventive:</u> Dental prophylaxis (teeth cleaning and scaling) once in a 6-month period (including application of topical fluoride for dependent children only). | Type 1, Type 2 & Type 3 combined \$2,500 Per Benefit Year Per Insured |
| \$50 | Year 1 70% Year 2 80% There-after 90% | TYPE 2 – Basic Procedures <u>Radiography:</u> Bitewing x-rays once in a 6-month period. Full mouth x-rays once in a 36-month period. <u>Palliative:</u> Emergency treatment for relief of pain. <u>Restorative:</u> Amalgam, synthetic porcelain or plastic fillings. <u>Other:</u> Space maintainers, recementation of crowns. | |
| \$50 | Year 2 50% Year 3 60% There-after 80% | TYPE 3 – Major Procedures* 12-month waiting period <u>Endodontics:</u> Pulpal therapy and root canals. <u>Oral Surgery:</u> Extractions and other oral surgery, including pre- and post-operative care. <u>Periodontics:</u> Treatment of diseases of the gums. <u>Prosthetics:</u> Gold restorations, crowns, bridges, partial and complete dentures. <u>Other:</u> Pontics, repair of crowns and bridges, full and partial denture repair. | Type 3 Only \$1,000 Per Benefit Year Per Insured \$250 Limit Per Benefit Year; \$1,500 Lifetime Per Insured |
| | Year 2 & There-after 50% | TYPE 4 – Orthodontia** 12-month waiting period Orthodontia Benefit for insured Dependent Children under age 19. The Benefit Year begins on the date of the first orthodontic procedure. Orthodontia Benefits are payable on a quarterly basis. | |

Diagnostic x-rays and teeth cleanings as follows: Full mouth x-rays once every 36 months; bitewing x-rays and prophylaxis once every 6 months; and topical fluoride treatment (dependent children only) once every 6 months. Benefits are based upon reasonable and customary charges for the areas where expenses are incurred.

** There is a 12-month Benefit Waiting Period for Type 3 Major Procedures from the insured person's effective date of coverage.

*** There is a 24-month Benefit Waiting Period for replacement of Prosthetic Appliances.