



PrimeStar[®] Platinum
Senior Dental Insurance Plans

Underwritten by Security Life Insurance Company of America



Freedom to Use Dentist of Your Choice

No Enrollment Fee

Up to \$2,000 Annual Maximum

100% Preventive Coverage Option

Two Plan Design Options

Initial 12 month Rate Guarantee



PRETREATMENT REVIEW

If the Course of Treatment will exceed the amount shown in the Coverage Schedule, We will request prior review. We must be given the Dentist's treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays. We will determine Eligible Expenses and state how much We will pay for the treatment. Our determination may suggest an alternate less expensive Course of Treatment if it will produce professionally satisfactory results. If You do not request a pretreatment review, We will pay for the least expensive method of treatment regardless of the method actually used.

ELIGIBILITY

Individuals, 60 years of age or older, plus their eligible dependent spouse. This is subject to State requirements.

TERMINATION OF COVERAGE

Coverage terminates on the earliest of the following dates: (a) the last day of the month in which You cease to be eligible for coverage; (b) the last day of the month in which Your Dependent is no longer a dependent as defined; (c) subject to the Grace Period, the last day of the month for which a premium has been paid by you or on your behalf; (d) or the date the Master Policy ends.

EFFECTIVE DATE

You and Your Dependents are covered on the later of: the date We accept Your enrollment and determine an effective date; or the date You first acquire a Dependent, if the date is after Your coverage begins.

REASONABLE AND CUSTOMARY

Reasonable and Customary means the usual, customary and regular charges for the area where such expenses are incurred.

This brochure provides a very brief description of some important features of your Plan. It is not the Insurance Contract nor does it represent the Contract. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance under Group Policy Form GH-1112-38860 issued to the Voluntary Group Trust. Benefits may vary in different states. PrimeStar Platinum Senior Dental Plan may not be available in all states.

No agent has the authority to change any benefits, to bind coverage with Security Life Insurance Company of America, or to promise a certain effective date.

ELIGIBLE EXPENSES

We will pay for Eligible expenses You Incur for Yourself or on behalf of Your insured Dependent. Expenses must be incurred while the Policy is in force and the person is covered by the Policy. The description of Eligible Expenses is shown in the Coverage Schedule. To be an Eligible Expense, the dental service or procedure must be performed by a licensed Dentist, Physician or Dental Hygienist.

EXPENSES INCURRED

An Eligible Expense is considered incurred on the following dates: For full and partial dentures- the date the final impression is taken; for fixed bridges, crowns, inlays and onlays - the date the teeth are first prepared; for root canal therapy - the date the pulp chamber is opened; for periodontal surgery - the date surgery is performed; for all other services - the date the service is performed.

DEDUCTIBLE AMOUNT

The calendar year Deductible, if any, is shown in the Coverage Schedule. The Deductible is an amount of eligible charges You must incur for Yourself or on behalf of Your insured Dependent before We can begin paying benefits.

MAXIMUM CALENDAR YEAR

The maximum limit payable for all Eligible Expenses in any calendar year is shown in the Coverage Schedule. The Maximum Calendar Year Limit, if any, will apply to each person covered under the Policy.

ALTERNATE BENEFIT

If: 1) We determine that a less expensive alternate procedure, service or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and 2) the alternative treatment will produce a professionally satisfactory result; then the maximum We will allow will be the charges for the less expensive treatment.

COORDINATION OF BENEFITS

If any person under this Policy (referred to as "this Plan") is also covered under one or more other plans, the benefit under this Plan will be coordinated with benefits payable under all other plans.

Choose the plan that is right for you.

Plan 1 -Waiting Period Plan

Class A - Preventive Services
*Initial & Periodic Exams (2 per year),
 X-Rays, Cleanings (2 per year)*

Coinsurance.....100%
 Deductible per Insured.....None
 Waiting Period.....None

Class B - Basic Services
*Fillings, Endodontics, Oral Surgery,
 Simple Extractions, Periodontics*

Coinsurance.....80%
 Deductible per Insured.....\$50/Year*
 Waiting Period.....6 Months

Class C - Major Services
Crowns, Bridges, Dentures

Coinsurance.....50%
 Deductible per Insured.....\$50/Year*
 Waiting Period.....12 Months

Calendar Year Maximum for
 Classes A, B and C* Combined.....\$1000 or \$2000

* Class B & C Deductible is combined for each
 calendar year. You must choose \$1000 or \$2000
 for a Calendar Year Maximum.

Plan 2 -Graded Benefit Plan

Class A - Preventive Services
*Initial & Periodic Exams (2 per year),
 X-Rays, Cleanings (2 per year)*

Benefit Year One.....100%
 Benefit Year Two.....100%
 Benefit Year Three and Each Thereafter.....100%
 Deductible per Insured.....\$50 Lifetime
 Waiting Period.....None

Class B - Basic Services
*Fillings, Endodontics, Oral Surgery,
 Simple Extractions, Periodontics*

Benefit Year One.....35%
 Benefit Year Two.....50%
 Benefit Year Three and Each Thereafter.....65%
 Deductible Per Insured.....\$50/Year*
 Waiting Period.....None

Class C - Major Services
Crowns, Bridges, Dentures

Benefit Year One.....10%
 Benefit Year Two.....25%
 Benefit Year Three and Each Thereafter.....50%
 Deductible Per Insured.....\$50/Year*
 Waiting Period.....None

Calendar Year Maximum for
 Classes A, B and C* Combined.....\$1000 or \$2000

* Class B & C Deductible is combined for each
 calendar year. You must choose \$1000 or \$2000
 for a Calendar Year Maximum.

Three Ways to Enroll



On-line:

Please contact your Agent.

Allchoice, Inc. Insurance
 P.O. Box 580
 Northville, MI 48167
 1-800-889-2659



Fax:

For your convenience we accept enrollment by Fax.
 Complete the attached enrollment form and fax it to
 our administrative team. (See full instructions on the
 enrollment form).



Mail:

Complete the attached enrollment form and mail to
 our office.

~~SMS New Business: Dental
 8420 W Dodge Rd, 5th Floor
 Omaha, NE 68114~~

OR TO

Allchoice Insurance
 P.O. Box 580
 Northville, MI 48167

DENTAL EXPENSES NOT COVERED

- for overdentures and associated procedures;
- for charges in excess of those considered Reasonable and Customary;
- for cosmetic procedures;
- for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
- for implants and for replacement of lost or stolen appliances, replacement of retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication;
- for sealants;
- for oral hygiene instructions; and for: plaque control, completion of a claim form, acid etch, broken appointments, prescription or take-home fluoride, or diagnostic photographs;
- for services not completed by the end of the month in which coverage ends unless continuation of coverage has been requested and accepted by Us;
- for procedures that are begun, but not completed;
- for services and treatment provided without charge, or for which there would be no charge in the absence of insurance;
- for services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
- for a condition covered under any Worker's Compensation Act or similar law;
- that are generally considered by the dental profession as experimental or investigational;
- for the treatment of cleft palate and anodontia;
- for services or supplies payable under any medical expense plan;
- for orthodontia, unless included within Coverage Schedule;
- prior to the date the Insured is covered under the Policy;
- for the diagnosis or treatment of Temporomandibular Joint (TMJ) Dysfunction;
- for hospital services;
- for any unmarried child age 19 years of age and over unless he is dependent upon You for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours for credit in an accredited junior college, college or university. Any exception for a full-time student will end at age 23;
- if You voluntarily end Your insurance You will not be eligible to re-enroll for a period of 2 years after the date Your coverage first ended;
- charges for infection control, sterilization, and waste disposal.

IMPORTANT FRAUD NOTICES

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arkansas/Louisiana - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky - Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

New Mexico - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee/Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

PREMIUM RATE TABLE – GOOD THROUGH JULY 1, 2008 EFFECTIVE DATES

Monthly premiums illustrated are guaranteed for the initial twelve (12) months of coverage. Thereafter, premiums are likely to increase on a semi-annual basis.

Waiting Period Plan 1	\$1,000 Annual Maximum	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	
	Applicant Only	\$ 36.50	\$ 40.00	\$ 44.00	\$ 48.50	\$ 53.25	\$ 58.50	\$ 64.25	\$ 70.75	
	Applicant + Spouse	\$ 73.00	\$ 80.00	\$ 88.00	\$ 96.75	\$ 106.50	\$ 117.00	\$ 128.50	\$ 141.75	
	\$2,000 Annual Maximum									
	Applicant Only	\$ 40.75	\$ 44.50	\$ 49.00	\$ 54.00	\$ 59.25	\$ 65.25	\$ 71.50	\$ 79.00	
	Applicant + Spouse	\$ 81.25	\$ 89.25	\$ 98.00	\$ 107.75	\$ 118.50	\$ 130.25	\$ 143.00	\$ 157.75	
Graded Benefit Plan 2	\$1,000 Annual Maximum	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	
	Applicant Only	\$ 31.50	\$ 34.50	\$ 38.00	\$ 41.75	\$ 46.00	\$ 50.50	\$ 55.50	\$ 61.25	
	Applicant + Spouse	\$ 63.00	\$ 69.25	\$ 76.00	\$ 83.50	\$ 92.00	\$ 101.00	\$ 111.00	\$ 122.25	
	\$2,000 Annual Maximum									
	Applicant Only	\$ 35.75	\$ 39.25	\$ 43.00	\$ 47.25	\$ 52.00	\$ 57.25	\$ 62.75	\$ 69.25	
	Applicant + Spouse	\$ 71.50	\$ 78.25	\$ 86.00	\$ 94.50	\$ 104.00	\$ 114.50	\$ 125.50	\$ 138.50	

ZIP CODE AREA CHART											
State		State		State		State		State		State	
Zip	Area	Zip	Area	Zip	Area	Zip	Area	Zip	Area	Zip	Area
Alabama		Colorado		Kansas		Montana		Oklahoma		Utah	
350-355	3	803	4	660-662	2	590-591	1	740-743	2	All Areas	1
359	3	808-810	4	All Other	1	599	2	All Other	1	Virginia	
All Other	1	All Other	1	Kentucky		All Other	3	Oregon		201	5
Alaska		Delaware		All Areas	1	Nebraska		977	3	220-221	5
995-996	8	All Areas	2	Louisiana		All Areas	1	978	1	222-223	6
All Other	6	Dist Columbia		707-711	2	Nevada		All Other	2	224-225	1
Arizona		All Areas	6	712	3	890-891	2	Pennsylvania		230-232	1
856-857	2	Georgia		All Other	1	894-895	6	170-178	2	228-229	2
864	2	300-303	2	Michigan		898	6	182-187	2	240-244	2
All Other	1	All Other	1	480-483	2	All Other	4	190-192	3	233-237	5
Arkansas		Hawaii		490-491	2	New Mexico		All Other	1	All Other	4
All Areas	1	All Areas	3	488-489	3	881	2	South Carolina		Washington	
California		Idaho		All Other	1	882	5	All Areas	1	982-984	4
900-905	7	All Areas	1	Minnesota		All Other	1	Tennessee		990-992	3
906-914	6	Illinois		553-558	2	North Carolina		373-374	2	993	6
915-916	8	600-605	2	564, 566	2	277	2	All Other	1	All Other	5
917-918	4	606-608	3	All Other	1	286	3	Texas		West Virginia	
919-927	6	All Other	1	Mississippi		287-289	2	751-753	3	255-257	4
930-934	6	Indiana		390-392	2	All Other	1	754	4	262-265	3
939	6	463-464	2	All Other	1	North Dakota		756-757	1	All Other	2
943-948	4	473	3	Missouri		580-581	2	776-777	1	Wisconsin	
949, 961	6	All Other	1	640-641	2	All Other	1	All Other	2	All Areas	1
956-958	3	Iowa		644-649	2	Ohio				Wyoming	
959	4	All Areas	1	All Other	1	All Areas	1			All Areas	1
All Other	5										

