

# Did you know? Medicare does not cover dental care.<sup>1</sup>

Sadly, over half of seniors lack, or have limited, dental insurance.<sup>2</sup> And, those without dental benefits are likely to have more sicknesses. They are:

- **67%** more likely to have heart disease
- **50%** more likely to have osteoporosis
- **29%** more likely to have diabetes

Those without dental benefits account for over two million emergency room visits per year for dental treatment.<sup>3</sup>

That's why we've created plans that help hundreds of thousands of Americans pay dental bills.

1 "Medicare & You," Centers for Medicare & Medicaid Services, 2022.  
2 "Medicare and Dental Coverage: A Closer Look," kff.org, July 2021.  
3 "Understanding dental benefits", whydental.org, accessed July 2022.

## DENTAL Insurance

from Physicians Mutual Insurance Company



Physicians  
Mutual®

Insurance for all of us.®

# Why Physicians Mutual Dental is right for you:

We've been providing reliable, cost-effective dental coverage for hundreds of thousands of customers like you since 2003.



## Here's what you can expect from every plan:

- 100% paid for preventive care, when you use a network dentist
- Immediate benefits for preventive and basic care, major benefits start after 12 months
- No deductible to pay
- No annual maximum on cash benefits

Now that's dental coverage that gives you a reason to smile.

These four plans help cover the same 400+ procedures. Depending on your situation and budget, we have a plan that fits your needs. Get the same benefits no matter which plan you choose. The difference between all four plans is the premium and what each plan pays on covered services.

| EXAMPLE   | Premier   | Preferred | Standard  | Economy   |
|---|-----------|-----------|-----------|-----------|
| <b>Preventive treatment</b><br>at a network dentist, including an exam, X-rays and a cleaning | Pays 100% | Pays 100% | Pays 100% | Pays 100% |
| <b>Basic treatment</b><br>two cavities filled at a regular checkup                            | 70%**     | 55%*      | 40%*      | 25%*      |
| <b>Major benefits</b><br>a root canal and crown on a molar                                    | 70%**     | 55%*      | 40%*      | 25%*      |

Limitations can be found on the back of this brochure.

\* The percentages above are national averages of the maximum allowable charge.

\*\* 70% of the maximum allowable charge.

**Save more money** by choosing a participating dental provider in the Ameritas network. There are over 500,000 provider locations and you can save an average of 36% on covered services.<sup>1</sup>

**SCAN  
HERE**  
to learn  
more



## Medicare does not cover vision and hearing care. Add them now!

Get benefits for your vision and hearing with the Vision and Hearing Benefit Rider. It gives you valuable eye care and hearing benefits – and works right along with your dental coverage. You can go to any participating provider you choose and get cash benefits for covered:



**Eye Exams** – up to \$100 per person per year



**Vision Correction** (Includes prescription: eyeglasses, sunglasses, sports glasses, spare pairs and contact lenses)

**Every year:** up to \$150 per person after a three-month wait (from effective date of the rider)



**Covered Hearing Exams**

**Every year:** up to \$75 per person

**Get up to \$500** per hearing aid per ear after a 12-month waiting period<sup>2</sup>

**Vision Discounts.** Plus, at no additional cost to you, we've partnered with VSP to give you these discounts at VSP network providers:

- 20% off a comprehensive exam
- 20% off glasses, lens options and sunglasses<sup>3</sup>
- 15% off contact lens exam
- 15-20% average savings off laser vision correction surgery, including PRK, LASIK and Custom LASIK<sup>4</sup>

All discounts are subject to change.

This coverage is available for an additional cost. Please see limitations for complete details.

<sup>1</sup> This reflects the difference between the national average for charges without a network and those negotiated by the network for participating providers. Networks are subject to change.

<sup>2</sup> The 12-month wait is from the effective date of the rider. Limit one per ear in a 5-year period.

<sup>3</sup> Discounts valid through any VSP Preferred Provider within 12 months of the last covered eye exam; 20% discount is for complete pair of prescription glasses and non-prescription sunglasses.

<sup>4</sup> Custom LASIK discounts only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. LaserVision Care discounts are only available from VSP-contracted facilities.



Physicians  
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Insurance for all of us.®

## Additional information you should know

**Rate protection:** Your rates will not go up, because of how many claims you file. We may change Your renewal premium for this Policy or attached Riders, but only if the same change is made by Us on all Policies of this form (not SC: and class) in the state where You live. In addition, We can change Your renewal premium if You request a change in Your Policy benefits or Riders or how You pay, or Your dependent status. Your Renewal premium will change with the first modal payment due on or after the premium change is effective.

**Renewal of coverage:** You are guaranteed to keep your coverage as long as you pay your premiums on time. We will only cancel your coverage due to fraud, intentional misrepresentation, your coverage eligibility ends (C254 series only). The only other way your coverage could be canceled is if it is canceled for all other certificates/insurance policies of this form (not SC: and class) in the state where you live.

**No benefits under the Policy are payable (or considered a Covered Expense) for any of the following:**

1. Services performed during any Waiting Period.
2. Initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the Covered Person is insured under this contract. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
3. Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items; unless: (a) replacement is required due to an accidental Injury sustained while a Covered Person's coverage is in force; and (b) replacement occurs while such Covered Person's coverage is in force.
4. Appliances, restorations, or procedures to: (a) alter vertical dimension; (b) restore or maintain occlusion; or (c) splint or replace tooth structure lost as a result of abrasion or attrition.
5. Any procedure started after the Covered Person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than ninety (90) days after the Covered Person's insurance under this contract terminates.
6. Any procedure started before the Covered Person was insured under this contract.
7. Replacement of lost or stolen appliances.
8. Any treatment which is for cosmetic purposes.
9. Any procedure not shown in the Schedule (Frequency limitations may apply).
10. Orthodontic treatment (in SC: except as needed as a result of cleft lip and cleft palate).
11. Injury or Sickness arising out of, or in the course of, work for wage or profit, for which the Covered Person receives benefits under any Worker's Compensation Act or similar laws.
12. Charges for which the Covered Person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
13. Services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
14. War or any act of war, declared or not. (In OK: War or any act of war, declared or not, when serving in the military or an auxiliary unit attached thereto.)
15. SD only: For services provided by a Family Member, unless: a) The Family Member is a Physician; b) The Family Member is a regular employee of the organization furnishing the service or care; c) The organization receives the payment for the services; and d) The Family Member receives no compensation other than the normal compensation for employees in his or her job category, e) The Family Member is the only provider in the area providing the service or care.

**Alternative Procedures:** If two or more procedures are adequate and appropriate treatment to correct a certain condition, your benefit amount may be limited to that available for the least expensive procedure.

**In addition to any Policy Limitations, We will not pay Vision or Hearing Care Benefits for:**

1. Eye or Hearing examinations performed, correction materials, or Hearing Aid materials ordered for a Covered Person while their coverage is not in force; or
2. Expenses incurred for missed appointments; or
3. Subnormal vision aids; orthoptic or vision training or any associated testing; or
4. Medical or surgical treatment of the eyes or ears.

Eye examinations must be performed by an optometrist or ophthalmologist. Hearing examinations must be performed by a Provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor).

**Third Party Discount Details:** We arrange for a third party to give you access to discounted goods and services such as vision exams and material discounts. Access to these discounts will discontinue upon termination of the rider or our arrangement with such third party.

**Additional information:** This is not a contract and does not provide a complete description of the coverage provided by Group Insurance Policy M254 (Individual Insurance Policy P154). We will send you a certificate/insurance policy with additional information upon your enrollment. Or, you may call Customer Service at 1-800-557-6545 to request a copy.

This is limited-benefit insurance. Coverage form numbers, options and benefits vary by state. Ask your agent/producer for cost and full details. This is a solicitation of insurance for Certificate C254/B465; Insurance Policy P154/B469 (OK: P154OK; TN: P154TN). An insurance agent/producer will contact you.  
Insurance Agent/Producer License #: \_\_\_\_\_

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outstanding customer service you can count on.

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