

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



Dental Insurance

FOR EMPLOYEES OF TOWN OF PEMBROKE PARK

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	A child must meet the eligibility requirements of the Policy and be under age 26, or 30 if a student. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

PLAN YEAR DEDUCTIBLES AND MAXIMUMS

IN-NETWORK

OUT-NETWORK

Type A	Waived	Waived
Type B & C Deductible		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
Annual Maximum	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$2,000	\$2,000

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

COVERED SERVICES

IN-NETWORK

OUT-NETWORK

Type A Services <ul style="list-style-type: none">• Examinations/Evaluations• Bitewing X-rays• All Other X-Rays• Fluoride Treatments• Cleaning/Prophylaxis• Sealants• Palliative Treatment• Brush Biopsy/Cancer Screening• Full Mouth X-rays, Panoramic Film	100%	100%
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COVERED SERVICES	IN-NETWORK	OUT-NETWORK
Type B Services <ul style="list-style-type: none"> • Space Maintainers • Periodontal Maintenance • Fillings • Stainless Steel Crowns • Simple Extractions • Oral Surgery • Endodontics • Repair of Full or Partial Removable Dentures • Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures • Repair/Recementation of Bridges • Surgical Extractions • General Anesthesia or I.V. Sedation • Surgical Periodontics • Non-Surgical Periodontics 	80%	80%
Type C Services <ul style="list-style-type: none"> • Full or Partial Removable Dentures • Bridges • Cast Crowns, Inlays, Onlays, Labial Veneers • Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers 	50%	50%
Child Orthodontia <ul style="list-style-type: none"> • Harmful Habit Appliances 	50%	50%

- 1) 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.
- 2) The plan provides the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.
- 3) The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

LIMITATIONS

Information about the limitations and exclusions 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.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 36 month period.
- Fluoride – For dependent children up to age 19. 2 services in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 2 services in a 12 month period.
- Sealants – For dependent children up to age 16; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 16, includes recementations and removal.
- Fillings – Composite fillings allowed on all teeth. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 10 years.
- Bridges – Replacement allowed once in 10 years.
- Dentures – Replacement allowed once in 10 years.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26, or 30 if a student for orthodontic benefits to be payable.

SERVICES

Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

>Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

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, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: 7000GM-U-EZ 2010 or state equivalent (In NC: 7000GM-U-EZ 2010 NC).





Underwritten by
United of Omaha Life Insurance Company
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› Find a Provider

It's Fast and Easy to Find a Dentist with
Our Online Provider Directory



With our dental insurance, you have complete freedom to select the dentist of your choice either in network* or out of network. However, you'll enjoy greater savings by selecting a dentist who is part of the network. The network currently has thousands of dentists nationwide, so chances are good there's a participating dentist near you.

1. Go to MutualofOmaha.com/dental
2. Click on the "Member Portal Link" and select "Provider Quick Search"
3. Enter your ZIP code or address to find a provider near you
4. Optional search criteria include:
 - Specialty
 - Provider last name
 - Office name

If you have questions or need additional assistance during business hours, contact our service team at (800) 927-9197.

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