

LANDMARK DENTAL

PERSONAL DENTAL PLAN

Expenses Not Covered

No benefits will be paid for expenses incurred:

1. for overdentures and associated procedures.
2. for charges in excess of those considered reasonable and customary.
3. for cosmetic procedures.
4. for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
5. for implants; and for:
 - a. replacement of lost or stolen appliances;
 - b. replacement of retainers;
 - c. athletic mouthguards;
 - d. precision or semi-precision attachments; or
 - e. denture duplication.
6. for oral hygiene instructions; and for:
 - a. plaque control;
 - b. completion of a claim form;
 - c. acid etch;
 - d. broken appointments;
 - e. prescription or take-home fluoride; or
 - f. diagnostic photographs.
7. 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.
8. for procedures that are begun, but not completed.
9. for services and treatment provided without charge or for which there would be no charge in the absence of insurance.
10. 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.
11. for a condition covered under any Worker's Compensation Act or similar law.
12. that are applied toward satisfaction of a Deductible, if any.
13. that are generally considered by the dental profession as experimental or investigational.
14. for the treatment of cleft palate and anodontia.
15. for services or supplies payable under any medical expense plan.
16. for orthodontia, unless included by rider.
17. prior to the date the Insured is covered under the Policy.
18. for the diagnosis or treatment of TMJ.
19. for hospital services.
20. 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.
21. during any waiting period We require, when You voluntarily end Your insurance and re-enroll at a later date. Your waiting period is 2 years and begins on the date Your coverage first ended.
22. charges for infection control, sterilization and waste disposal.



Designed and Marketed by:

LANDMARK
DENTAL ALLIANCE

15800 - 32nd Avenue North, Suite 116
Plymouth, MN 55447
Ph. 888-383-2660 or 763-383-0896
www.landmark-dental.com

Underwritten by:

Security Life Insurance Company of America
Minnetonka, MN

Administered by:

Corporate Benefit Services of America, Inc.
Customer Service

Ph. 800-765-4224 or 952-546-0062



LANDMARK
DENTAL ALLIANCE

Providing A
Full Spectrum Of
Dental Benefits
For All Ages

PERSONAL
PLAN



Underwritten by

Security Life Insurance Company of America
Minnetonka, Minnesota

Check Type of Plan: Single Single + one (1) Eligible Dependent Single + Family

		/ /	M <input type="checkbox"/> F <input type="checkbox"/>	For Company Use Only
Social Security No.	Last Name First Initial	Mo Day Yr Birthdate		Effective Date
Home Address		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Plan Code
City, State, Zip		Telephone		

List Below All Eligible Dependents to be covered				Sex	Birthdate				Sex	Birthdate					
Last Name (if different)	First Name	Initial	M	F	Mo.	Day	Yr.	Last Name (if different)	First Name	Initial	M	F	Mo.	Day	Yr.
2.	Spouse							5.							
3.	Child							6.							
4.								7.							

Does Spouse have a dental plan? Yes No With whom? _____ If answer is "Yes" are dependents enrolled under spouse's plan? Yes No

Do you claim a tax exemption for all eligible dependents listed above? Yes No If no, whom do you not claim? _____

All dependent children listed above over Age 18 are full time students: Yes No If no, who is not? _____

MONTHLY PREMIUM: \$ _____
BILLING MODE: <input type="checkbox"/> ACH Bank Account Number _____ <input type="checkbox"/> VISA Credit Card Number _____ Expiration Date _____ (Choose one) <input type="checkbox"/> MASTER CARD Credit Card Number _____ Expiration Date _____
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.

By my signature below, I hereby apply for coverage under Security Life Group Dental Insurance Policy Form GH-1112 issued to the trustee group policyholder. I hereby authorize that my premiums be charged against my bank or credit card account as indicated above. The authorization remains in effect until revoked by me in writing.

Applicant's Signature	Date	Agent Name (please print)	Agent TIN	State License Number
IND-DENT-APP(7/07)				

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.

State Specific Notices

Arkansas/Louisiana - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present 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 policy holder 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 - 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.

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.

Important Information

• 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 Dentist, a Physician or a 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 - on the date the pulp chamber is opened; for periodontal surgery - on 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 charges You must incur for Yourself or on behalf of Your insured Dependent before We start paying benefits.

• MAXIMUM CALENDAR YEAR LIMIT

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.

• 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.

• COORDINATION OF BENEFITS

If any person under the 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.

• 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 charge for the less expensive treatment.

• ELIGIBILITY

Individuals, 18 years of age or older, plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 23 if child is a full-time student). 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 first of the month following the day in which the application is received and accepted in the Service Center Office; 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.

Personal Plan Highlights

The three categories of services outlined below are included in the Personal Insurance Plan. See the other side of this brochure for rates, which are listed by geographic area and the coverage level of your choice.

Preventive & Diagnostic Services

Coverage:

- One initial examination per calendar year.
- Two prophylaxis (cleaning) per calendar year.

Preferred Provider

- Pays 100% of PPO fees.
- \$50 annual deductible.*
- No waiting period.

Non-Preferred Provider

- Pays 80% of PPO fees.
- \$50 annual deductible.*
- No waiting period.

Basic Restorative Services

Coverage:

- Bitewing x-rays, two per calendar year.
- One fluoride treatment per calendar year for dependents under age 16.
- Simple restorative services (fillings).

Preferred Provider

- Pays 70% of PPO fees.
- \$50 annual deductible.*
- 6-mo. waiting period.

Non-Preferred Provider

- Pays 50% of PPO fees.
- \$50 annual deductible.
- 6-mo. waiting period.

Major Services

Coverage:

- Oral surgery.
- Bridge.
- Periodontics.
- Crown.
- Endodontics.

Preferred Provider

- Pays 50% of PPO fees.
- \$50 annual deductible.*
- 18-mo. waiting period.

Non-Preferred Provider

- Pays 50% of PPO fees.
- \$50 annual deductible.
- 18-mo. waiting period.

* Combined Preventive, Basic and Major calendar year deductible maximum is \$150 per family. Combined calendar year maximum benefit amount for Preventive, Basic and Major is \$1,000.

Note: This is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the policy. See your certificate for details.

Claims will not be applied to your deductible until the applicable waiting period has been met.

Landmark's Insurance Plans Provide Better Dental Health

Landmark Knows The Way

We can provide you and your family with quality insurance coverage for preventative, basic and major dental care.

Landmark Lets You Choose

With Landmark, you have the choice of using providers from a nationwide network of preferred dentists, or using your own dental provider, who may already be part of our network. Visit www.landmark-dental.com to search for a network provider in your area.

Insurance Plan Benefits You Can Count On

We offer a full range of excellent benefits from routine exams to major restorative procedures, all at rates that put a smile on your face and savings in your wallet.

Enrollment Is Simple

Complete the enrollment card attached to this pamphlet, or visit us at www.landmark-dental.com to register online.

+65 Coverage

Our +65 option has the same great benefits as our under 65 plan.

Rates

Determine your monthly rate for the Personal Insurance Plan by

- 1) locating your state, zip code and region in the chart at right, then
- 2) matching the coverage you want with the region code in the chart below.
- 3) or calculate your rates online at www.Landmark-Dental.com



UNDER AGE 65

Insurance Plans	Region							
Coverage Type	A	B	C	D	E	F	G	H
• Single	\$27.51	\$30.17	\$33.15	\$36.47	\$40.11	\$44.09	\$48.40	\$53.37
• Single + 1	\$51.59	\$56.57	\$62.16	\$68.38	\$75.21	\$82.67	\$90.75	\$100.08
• Single + Family	\$78.43	\$85.99	\$94.49	\$103.94	\$114.33	\$125.67	\$137.96	\$152.13

OVER AGE 65 Rates

Insurance Plans	Region							
Coverage Type	A	B	C	D	E	F	G	H
• Single	\$30.27	\$33.18	\$36.47	\$40.11	\$44.12	\$48.50	\$53.24	\$58.71
• Single + 1	\$56.75	\$62.22	\$68.38	\$75.21	\$82.73	\$90.94	\$99.83	\$110.09
• Single + Family	\$86.27	\$94.58	\$103.94	\$114.33	\$125.77	\$138.24	\$151.75	\$167.34

Prices Effective July 1, 2007 - Premiums subject to change with 30 day notice.

Plan not available in all states.

Region Codes

State	Zip Codes	Region	State	Zip Codes	Region
Alabama	350-355, 359	C	Montana	599	B
Alabama	Remaining Zip Codes	A	Montana	Remaining Zip Codes	C
Alaska	995-996	H	Nebraska	All Zip Codes	A
Alaska	Remaining Zip Codes	F	Nevada	890-891	B
Arizona	850-853	E	Nevada	894-895, 898	F
Arizona	Remaining Zip Codes	C	Nevada	Remaining Zip Codes	D
Arkansas	All Zip Codes	A	New Hampshire	All Zip Codes	A
California	956-958	C	New Jersey	All Zip Codes	D
California	917-918, 943-948, 959	D	New Mexico	881	B
California	906-914, 919-927, 949	F	New Mexico	882	E
California	930-934, 939, 961	F	New Mexico	Remaining Zip Codes	A
California	900-905	G	New York	148-149	F
California	915-916	H	New York	100-102, 105-109	H
California	Remaining Zip Codes	E	New York	Remaining Zip Codes	E
Colorado	803, 808-810	D	North Carolina	277, 287-289	B
Colorado	Remaining Zip Codes	A	North Carolina	286	C
Connecticut	All Zip Codes	E	North Carolina	Remaining Zip Codes	A
Delaware	All Zip Codes	B	North Dakota	580-581	B
D.C.	All Zip Codes	F	North Dakota	Remaining Zip Codes	A
Florida	320, 322, 326-329	A	Ohio	All Zip Codes	A
Florida	338, 344, 347	A	Oklahoma	740-743	B
Florida	334	D	Oklahoma	Remaining Zip Codes	A
Florida	330-332	E	Oregon	978	A
Florida	Remaining Zip Codes	C	Oregon	977	C
Georgia	299-303	B	Oregon	Remaining Zip Codes	B
Georgia	Remaining Zip Codes	A	Pennsylvania	170-178, 182-187	B
Hawaii	All Zip Codes	C	Pennsylvania	190-192	C
Idaho	All Zip Codes	A	Pennsylvania	Remaining Zip Codes	A
Illinois	600-605	B	Rhode Island	All Zip Codes	C
Illinois	606-608	C	South Carolina	All Zip Codes	A
Illinois	Remaining Zip Codes	A	South Dakota	572-573	C
Indiana	463-464	B	South Dakota	Remaining Zip Codes	A
Indiana	473	C	Tennessee	307, 373-374	B
Indiana	Remaining Zip Codes	A	Tennessee	Remaining Zip Codes	A
Iowa	All Zip Codes	A	Texas	751-753	C
Kansas	660-662	B	Texas	756-757	A
Kansas	Remaining Zip Codes	A	Texas	Remaining Zip Codes	B
Kentucky	All Zip Codes	A	Utah	All Zip Codes	A
Louisiana	707-711	B	Vermont	All Zip Codes	A
Louisiana	712	C	Virginia	224-225, 230-232	A
Louisiana	Remaining Zip Codes	A	Virginia	228-229, 240-244	B
Maine	All Zip Codes	A	Virginia	201, 220-221	F
Maryland	206-207, 209-211	B	Virginia	233-237	F
Maryland	217	C	Virginia	222-223	G
Maryland	Remaining Zip Codes	D	Virginia	Remaining Zip Codes	D
Massachusetts	All Zip Codes	E	Washington	990-992	C
Michigan	480-483, 490-491	B	Washington	982-984	D
Michigan	488-489	C	Washington	993	G
Michigan	Remaining Zip Codes	A	Washington	Remaining Zip Codes	F
Minnesota	All Zip Codes	B	West Virginia	262-265	D
Mississippi	390-392	B	West Virginia	255-257	C
Mississippi	Remaining Zip Codes	A	West Virginia	Remaining Zip Codes	B
Missouri	640-641, 644-649	B	Wisconsin	530-532	C
Missouri	Remaining Zip Codes	A	Wisconsin	Remaining Zip Codes	A
Montana	590-591	A	Wyoming	All Zip Codes	A