

LANDMARK DENTAL PLANS

Open Access Plans - Under Age 65 Plans

Regions	A	B	C	D	E	F	G	H
Single	31.58	34.63	38.05	41.86	46.04	50.61	55.55	61.26
Single+1	63.01	69.09	75.92	83.51	91.86	100.97	110.84	122.23
Family	96.29	105.57	116.01	127.61	140.37	154.29	169.37	186.78

Open Access Plans - 65 and Over Plans

Regions	A	B	C	D	E	F	G	H
Single	34.74	38.09	41.86	46.05	50.65	55.67	61.12	67.39
Single+1	69.31	75.99	83.51	91.86	101.05	111.07	121.92	134.45
Family	105.92	116.13	127.62	140.38	154.42	169.73	186.33	205.47

PPO Under Age 65 Plans

Regions	A	B	C	D	E	F	G	H
Single	28.59	31.34	34.44	37.88	41.67	45.81	50.28	55.45
Single+1	57.40	62.94	69.16	76.08	83.68	91.98	100.97	111.35
Family	87.75	96.21	105.72	116.29	127.92	140.61	154.35	170.21

PPO 65 and Over Plans

Regions	A	B	C	D	E	F	G	H
Single	31.45	34.48	37.89	41.68	45.85	50.39	55.32	61.00
Single+1	63.14	69.22	76.07	83.68	92.04	101.17	111.06	122.47
Family	96.52	105.82	116.29	127.92	140.71	154.67	169.78	187.23

Optional Vision Plans

All Regions	Under Age 65	65 and Over
Single	7.80	9.36
Single+1	14.90	17.88
Family	19.97	23.96

Region Codes

State	Zip Codes	Region
Illinois	600-605	B
Illinois	606-608	C
Illinois	Remaining Zip Codes	A
Iowa	All Zip Codes	A
Kansas	660-662	B
Kansas	Remaining Zip Codes	A
Minnesota	All Zip Codes	B
Missouri	640-641, 644-649	B
Missouri	Remaining Zip Codes	A
Nebraska	All Zip Codes	A
North Dakota	580-581	B
North Dakota	Remaining Zip Codes	A
Wisconsin	530-532	C
Wisconsin	Remaining Zip Codes	A

Landmark Dental Alliance, Inc.

15800 32nd Avenue North, Suite 116 Plymouth, MN 55447  
Phone: 888.383.2660 or 763.383.0896  
[www.landmark-dental.com](http://www.landmark-dental.com)

Premiums subject to change with 30 day notice.

EXPENSES NOT COVERED

No benefits will be paid for expenses incurred:

- 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; or
  - denture duplication.
- Sealants are not covered.
- 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 applied toward satisfaction of a Deductible, if any.
- 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 by rider.
- prior to the date the Insured is covered under the Policy.
- for the diagnosis or treatment of TMJD.
- 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.
- 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.
- charges for infection control, sterilization and waste disposal.

VISION EXPENSES NOT COVERED

The cost of lens in excess of a standard lens will not be covered. A standard lens is any lens fitting a frame with an eye size less than 61 mm. Charges for replacement lenses will not be covered unless there is a change in prescription.

The cost of a frame in excess of a standard frame will not be covered. A standard frame is any frame with a retail value of \$75.00 or less. The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.

In addition to the above, the following expenses are not covered:

- any procedure, service or supply included as a covered medical expense under any group insurance plan, whether benefits are payable as to all or only part of such charges;
- special procedures, such as orthoptics, vision training and subnormal vision aids;
- plano or prescription sunglasses or other special purpose vision aids;
- medical or surgical treatment of the eyes, including hospital expenses;
- replacement of lost or broken lenses and/ or frames;
- duplicate glasses or lenses or frames; and
- services or material not listed as an Eligible Expense.

IMPORTANT INFORMATION (continued)

**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.

**MISSING TOOTH** When covered under your plan, benefits are provided for placement of dentures, fixed bridgework, implants or the addition of teeth to existing dentures only when the service includes replacement of a natural tooth extracted or lost while covered under this plan. This limitation ends after the individual receiving care has been covered under this plan for 36 consecutive months.

**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. This does not apply to SD.

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



Designed and Marketed by:

**LANDMARK**  
DENTAL ALLIANCE

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Plymouth, Minnesota 55447  
Phone: 888.383.2660 or 763.383.0896  
[www.landmark-dental.com](http://www.landmark-dental.com)

*Underwritten by:*  
Security Life Insurance Company of America, Minnetonka, MN  
*Administered by:*  
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**LANDMARK**  
DENTAL ALLIANCE

Personal Plans, now with Vision

Providing a Full Spectrum of  
Dental Benefits for all Ages.



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