ALL OTHER STATES

Spirit DENTAL & VISION

An Individual Dental Insurance Plan For You & Your Family

DUAL OPTION

- No Waiting Periods
- Choose Your Own Dentist
- Three Cleanings Per Year
- $1200, $2500 or $3500 Annual Maximums
- Optional Vision Coverage
- 30 Day Satisfaction Guarantee

For fastest processing,
enroll on-line at www.spiritdental.com

Underwritten and administered by:

SECURITYLIFE
INSURANCE COMPANY OF AMERICA

10901 Red Circle Drive
Minnetonka, MN 55343-9137

Distributed by:

DIRECT BENEFITS INC.

Plan Coordinator:

Direct Benefits, Inc.
325 Cedar Street, Suite 800
Saint Paul, MN 55101
651.649.3503 • 800.620.5010
www.spiritdental.com

S11607 (exp. 01/2016)

Spirit DENTAL & VISION

MaxCare Network Plans

This Dental Insurance Plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. Spirit Dental allows you to select your own MaxCare network provider and a plan that best fits the needs for you and your family. To find a MaxCare provider near you, please visit www.careington.com/co/slica.

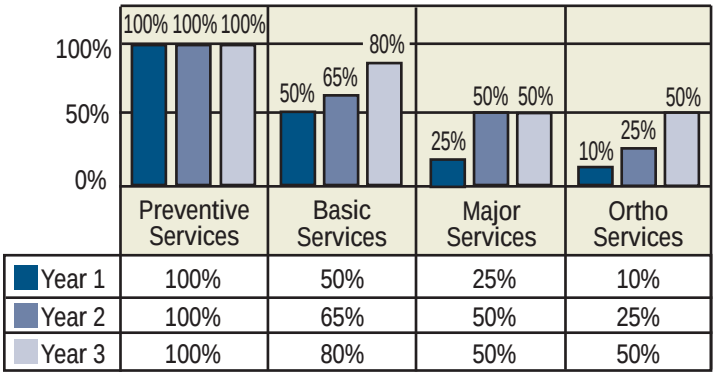
Both the Network Gold and Silver Option plans include a $100 lifetime deductible combined for Preventive, Basic and Major Services.

Plans also include your choice of:
- $1,200 calendar year maximum benefit per person;
- $2,500 calendar year maximum option; or
- $3,500 calendar year maximum option.

Gold Option Network Plan

This policy pays for covered dental expenses for MaxCare network and non-network providers based on the contracted fee amount negotiated with MaxCare after the $100 lifetime deductible has been satisfied on Preventive, Basic and Major Services. These percentages are: 100% for Preventive Services, 50% for Basic, 25% for Major and 10% for Ortho Services in year one. In year two, Basic Services increase to 65%, 50% for Major and 25% for Ortho Services. In year three, Basic Services increase to 80% and Ortho Services increase to 50%.

Covered Services



	Preventive Services	Basic Services	Major Services	Ortho Services
Year 1	100%	50%	25%	10%
Year 2	100%	65%	50%	25%
Year 3	100%	80%	50%	50%

PREVENTIVE
- Two exams per calendar year
- Three cleanings per calendar year

BASIC
- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

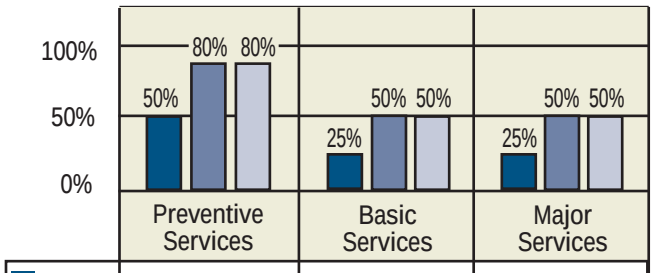
MAJOR
- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
- Endodontic treatment
- Periodontic services
- Restoration services; inlays, onlays and crowns
- Prosthetic services; bridges and dentures
- Basic fillings

ORTHODONTIA
- Orthodontic care for the proper alignment of teeth is provided only to dependent children who are under 19 when treatment is received
- Coverage is 10% year one, 25% year two and 50% year three with a $1200 lifetime maximum per child and a $600 annual limit

Silver Option Network Plan

This policy pays for covered dental expenses for MaxCare network and non-network providers based on the contracted fee amount negotiated with MaxCare after the $100 lifetime deductible has been satisfied on Preventive, Basic and Major Services. These percentages are: 50% for Preventive Services, 25% for Basic, and 25% for Major. In year two, Preventive Services increases to 80%, Basic and Major Services increase to 50%.

Covered Services



	Preventive Services	Basic Services	Major Services
Year 1	50%	25%	25%
Year 2	80%	50%	50%
Year 3	80%	50%	50%

PREVENTIVE
- Two exams per calendar year
- Three cleanings per calendar year

BASIC
- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

MAJOR
- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
- Endodontic treatment
- Periodontic services
- Restoration services; inlays, onlays and crowns
- Prosthetic services; bridges and dentures
- Basic fillings

NOTICE: This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Individual Dental Policy Form IP1000 (and any state specific) or One Life Group Dental Policy that may be issued to the group voluntary trust, GH-1112 (and any state specific). Premium rates may change upon renewal. This policy is renewable at the option of the insured (IP1000) or the Company (GH-1112). This product may not be available in all states and is subject to individual state regulations.

Dental Network:
MAXIMUM CARE
Careington Dental Network
www.careington.com/co/slica

Underwritten and administered by:
SECURITYLIFE
INSURANCE COMPANY OF AMERICA
10901 Red Circle Drive, Minnetonka, MN 55343-9137

MaxCare Network Providers

Enroll online at www.spiritdental.com

GOLD OPTION NETWORK PLAN

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
$1,200 Maximum Benefit Amount							
Applicant	$24.59	$27.22	$29.84	$32.79	$36.07	$39.68	$43.61
Applicant + One	$50.81	$56.22	$61.64	$67.74	$74.51	$81.97	$90.09
Applicant + Family	$90.26	$99.89	$109.52	$120.35	$132.39	$145.62	$160.07
$2,500 Maximum Benefit Amount							
Applicant	$30.08	$33.28	$36.49	$40.10	$44.11	$48.52	$53.33
Applicant + One	$61.77	$68.36	$74.95	$82.36	$90.60	$99.66	$109.54
Applicant + Family	$107.81	$119.30	$130.80	$143.74	$158.11	$173.93	$191.17
$3,500 Maximum Benefit Amount							
Applicant	$32.36	$35.81	$39.27	$43.15	$47.47	$52.21	$57.39
Applicant + One	$66.35	$73.42	$80.50	$88.46	$97.31	$107.04	$117.65
Applicant + Family	$115.13	$127.41	$139.69	$153.50	$168.85	$185.74	$204.16

SILVER OPTION NETWORK PLAN

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
$1,200 Maximum Benefit Amount							
Applicant	$16.63	$18.40	$20.17	$22.17	$24.39	$26.83	$29.49
Applicant + One	$33.26	$36.80	$40.35	$44.34	$48.77	$53.65	$58.97
Applicant + Family	$53.21	$58.88	$64.56	$70.94	$78.03	$85.84	$94.35
$2,500 Maximum Benefit Amount							
Applicant	$20.30	$22.46	$24.62	$27.06	$29.77	$32.74	$35.99
Applicant + One	$40.59	$44.92	$49.25	$54.12	$59.53	$65.49	$71.98
Applicant + Family	$64.94	$71.87	$78.80	$86.59	$95.25	$104.77	$115.16
$3,500 Maximum Benefit Amount							
Applicant	$21.83	$24.15	$26.48	$29.10	$32.01	$35.21	$38.70
Applicant + One	$43.65	$48.31	$52.96	$58.20	$64.02	$70.42	$77.41
Applicant + Family	$69.84	$77.29	$84.74	$93.12	$102.43	$112.68	$123.85

Rates effective 4/1/2014

12 MONTH RATE GUARANTEE

Rates illustrated are guaranteed for initial 12 months and may change annually thereafter.

30-DAY CUSTOMER SATISFACTION GUARANTEE

All Spirit Individual/One-Life Dental plans come with our 30-day Customer Satisfaction Guarantee.

You have 30 days after your plan becomes effective to cancel your plan if you are not satisfied for any reason. Any premium paid will be fully refunded provided no covered services have been rendered.

If services have been provided, you may still cancel your policy, however, the premium paid will not be eligible for reimbursement.

AREA (STATE) DEFINITIONS

(If your state is not listed, please contact your agent for a state specific brochure or enroll online at www.spiritdental.com)

Alabama		**Dist Columbia**		**Kansas**		**Minnesota**		**Ohio**		**South Carolina**	
All Areas	1	All Areas	7	660-662, 666	2	550-554	4	430-432, 440-442	3	All Areas	2
Arizona		**Florida**		670-672	2	All Others	3	All Others	2	**Virginia**	
851, 855-856	2	330-334	5	All Others	1	**Mississippi**		**Oklahoma**		201, 220-225	5
859, 865	2	341-342	4	**Louisiana**		All Areas	1	730-731	3	226, 228-229	3
All Others	3	All Others	3	700-701, 704	2	**Montana**		740-741	2	240-241	3
Arkansas		**Hawaii**		All Others	1	590-591, 598	4	All Others	1	230-238	4
All Areas	1	All	5	**Maryland**		All Others	3	**Pennsylvania**		All Others	2
Colorado		**Indiana**		208-209	6	**Nebraska**		150-154, 156, 160	3	**West Virginia**	
800-806, 808-809	5	460-464	3	213, 215-216, 218	4	680-681, 685	2	170-171, 175-176	3	254, 267	3
All Others	3	All Others	2	All Others	5	687	3	180-181	3	All Others	1
Delaware		**Iowa**		**Michigan**		All Others	1	183, 189-194	5	**Wyoming**	
199	3	500-503	3	480-483	5	**North Dakota**		All Others	2	All Areas	2
All Others	5	511, 515, 520	2	484-485, 488-492	4	580-581, 585	3	**Rhode Island**			
		522-524, 527-528	2	All Others	3	All Others	2	All Areas	4		
		All Others	1								

Spirit DENTAL & VISION

Why Should You Choose a MaxCare Network Dental Plan?

In addition to paying lower monthly premiums, the MaxCare network can help reduce your out-of-pocket costs. Network dentists have agreed to accept a set contracted amount for each service rendered as the basis for payment under the Spirit Dental Plan. This amount is typically significantly less than the amount which could be charged by an out-of-network dentist. These network dentists are prohibited (by contract with the network) from charging you the difference between their typical fee and the amount negotiated with the network.

Dentists not participating in the network are not subject to the negotiated amounts and are permitted to charge any fee for services they provide. This may lead to greater out-of-pocket costs for you and your family members. The sample comparison chart below will give you an idea of how you can save money by selecting one of Spirit Dental's network plans and visiting an in-network dentist for services. It compares the charges between visiting in-network and out-of-network dentists.

Network Savings Example

Your Dentist says you need a Crown, a Type C service –

- Network Fee: $685.00
- Reasonable & Customary Fee: $750.00
- Dentist's Usual Fee: $985.00

IN-NETWORK When you receive care from a participating network dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	$985.00	Dentist's Usual Fee is:	$985.00
The Network Reduced Fee is:	$685.00	Reasonable & Customary Fee is:	$750.00
Your Plan Pays:		Your Plan Pays:	
50% x $685 Network Fee	- $342.50	50% x $750 R&C or Network Fee	- $375.00
Your Out-of-Pocket Cost:	$342.50	Your Out-of-Pocket Cost:	$610.00

In this example, you save $267.50 ($610.00 minus $342.50)
by using a participating network dentist.

Savings from enrolling in the MaxCare plan depend on various factors, including how often participants visit the dentist and the cost for services rendered.

Please note: These examples assume that your deductible has been met.

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www.directbenefits.com

Spirit DENTAL & VISION

Indemnity – Choose Your Own Dentist

These Indemnity Dental Insurance Plans help you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. Spirit Dental allows you to select your own dentist, and a plan that best fits the needs for you and your family.

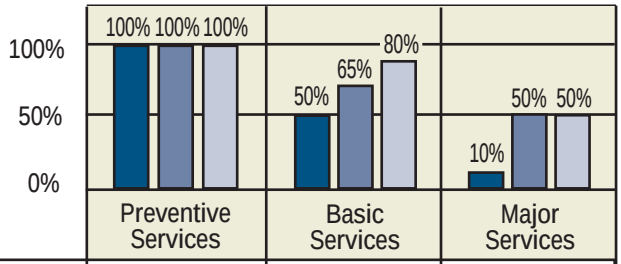
Both the Indemnity Gold and Silver Option plans include a $100 lifetime deductible combined for Preventive, Basic and Major Services.

Plans also include your choice of:
- $1,200 calendar year maximum benefit per person;
- $2,500 calendar year maximum option; or
- $3,500 calendar year maximum option.

Gold Option Indemnity Plan

This Gold Option Indemnity policy pays for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C)* fees for those covered expenses after the $100 lifetime deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 100% for Preventive Services, 50% for Basic and 10% for Major Services in year one. In year two, Basic Services increase to 65% and 50% for Major. In year three, Basic Services increase to 80%.

Covered Services



	Preventive Services	Basic Services	Major Services
Year 1	100%	50%	10%
Year 2	100%	65%	50%
Year 3	100%	80%	50%

PREVENTIVE
- Two exams per calendar year
- Three cleanings per calendar year

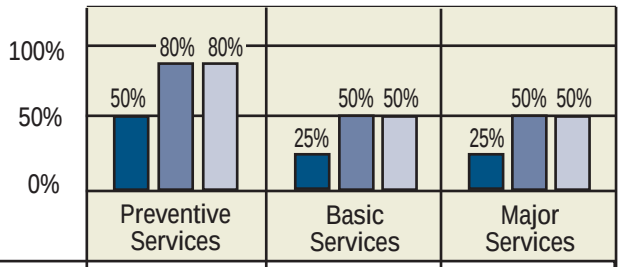
BASIC
- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

MAJOR
- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
- Endodontic treatment
- Periodontic services
- Restoration services; inlays, onlays and crowns
- Prosthetic services; bridges and dentures
- Basic fillings

Silver Option Indemnity Plan

This Silver Option Indemnity policy pays for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C)* fees for those covered expenses after the $100 lifetime deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 50% for Preventive Services, 25% for Basic and 25% for Major Services in year one. In year two and subsequent years of coverage, Preventive services increase to 80%, Basic and Major Services increase to 50%.

Covered Services



	Preventive Services	Basic Services	Major Services
Year 1	50%	25%	25%
Year 2	80%	50%	50%
Year 3	80%	50%	50%

PREVENTIVE
- Two exams per calendar year
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BASIC
- Space maintainers
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- Restoration services; inlays, onlays and crowns
- Prosthetic services; bridges and dentures
- Basic fillings

* REASONABLE AND CUSTOMARY - means the usual, customary and regular charges for the area where such expenses are incurred.

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Indemnity – Choose Your Own Dentist

Enroll online at www.spiritdental.com

GOLD OPTION PLAN

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
$1,200 Maximum Benefit Amount							
Applicant	$34.65	$38.35	$42.04	$46.20	$50.82	$55.90	$61.45
Applicant + One	$69.30	$76.69	$84.08	$92.40	$101.64	$111.80	$122.89
Applicant + Family	$110.88	$122.71	$134.53	$147.84	$162.62	$178.89	$196.63
$2,500 Maximum Benefit Amount							
Applicant	$42.56	$47.10	$51.64	$56.75	$62.43	$68.67	$75.48
Applicant + One	$85.13	$94.21	$103.29	$113.50	$124.85	$137.34	$150.96
Applicant + Family	$136.20	$150.73	$165.26	$181.60	$199.76	$219.74	$241.53
$3,500 Maximum Benefit Amount							
Applicant	$45.86	$50.75	$55.65	$61.15	$67.27	$73.99	$81.33
Applicant + One	$91.73	$101.51	$111.29	$122.30	$134.53	$147.98	$162.66
Applicant + Family	$146.76	$162.41	$178.07	$195.68	$215.25	$236.77	$260.25

SILVER OPTION PLAN

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
$1,200 Maximum Benefit Amount							
Applicant	$25.18	$27.86	$30.55	$33.57	$36.93	$40.62	$44.65
Applicant + One	$50.36	$55.73	$61.10	$67.14	$73.85	$81.24	$89.30
Applicant + Family	$80.57	$89.16	$97.75	$107.42	$118.16	$129.98	$142.87
$2,500 Maximum Benefit Amount							
Applicant	$30.94	$34.24	$37.54	$41.25	$45.38	$49.91	$54.86
Applicant + One	$61.88	$68.48	$75.08	$82.50	$90.75	$99.83	$109.73
Applicant + Family	$99.00	$109.56	$120.12	$132.00	$145.20	$159.72	$175.56
$3,500 Maximum Benefit Amount							
Applicant	$33.34	$36.89	$40.45	$44.45	$48.90	$53.78	$59.12
Applicant + One	$66.68	$73.79	$80.90	$88.90	$97.79	$107.57	$118.24
Applicant + Family	$106.68	$118.06	$129.44	$142.24	$156.46	$172.11	$189.18

Rates effective 4/1/2014

12 MONTH RATE GUARANTEE

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30-DAY CUSTOMER SATISFACTION GUARANTEE

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AREA (STATE) DEFINITIONS

(If your state is not listed, please contact your agent for a state specific brochure or enroll online at www.spiritdental.com)

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Arizona		**Florida**		670-672	2	All Others	3	All Others	2	**Virginia**	
851, 855-856	2	330-334	5	All Others	1	**Mississippi**		**Oklahoma**		201, 220-225	5
859, 865	2	341-342	4	**Louisiana**		All Areas	1	730-731	3	226, 228-229	3
All Others	3	All Others	3	700-701, 704	2	**Montana**		740-741	2	240-241	3
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800-806, 808-809	5	460-464	3	213, 215-216, 218	4	680-681, 685	2	170-171, 175-176	3	254, 267	3
All Others	3	All Others	2	All Others	5	687	3	180-181	3	All Others	1
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199	3	500-503	3	480-483	5	**North Dakota**		All Others	2	All Areas	2
All Others	5	511, 515, 520	2	484-485, 488-492	4	580-581, 585	3	**Rhode Island**			
		522-524, 527-528	2	All Others	3	All Others	2	All Areas	4		
		All Others	1								

GENERAL INFORMATION

ELIGIBILITY: Individuals, 18 years of age or older, plus their eligible dependents (spouse and unmarried children from birth to age 26). This is subject to individual state regulations.

DEDUCTIBLE AMOUNT: The deductible is shown in the coverage schedule. The deductible is an amount of covered dental charges incurred by an insured person for which no benefits will be paid.

PREDETERMINATION OF BENEFITS: It is recommended that a treatment plan/course of treatment be submitted when the total cost of eligible expenses for any insured is expected to exceed the amount shown on the coverage schedule. This should be submitted to us before the work is started. If actual services submitted do not agree with the treatment plan, or if a treatment plan is not sent in, we will base our payment on treatment consistent with reasonable and customary charges. Predetermination of benefits is not a guarantee of what we will pay. The estimated benefit payment is based on your current eligibility and benefits in effect at the time of the completed service. Submission of other claims or changes in eligibility or this policy may alter final payment.

TERMINATION OF COVERAGE: Coverage terminates on the earliest of the following dates: the last day of the month in which You cease to be eligible for coverage; the last day of the month in which Your dependent is no longer a dependent, as defined; subject to the Grace Period, the last day of the month for which a premium has been paid by You or on your behalf; or the date the policy ends.

EFFECTIVE DATE: If applying on-line, choose from Plan effective dates of the 1st, 5th, 10th, 15th, 20th or 25th of the month. If submitting a paper application your effective date will be the first of the month following date of receipt of the completed application in our Service Center office. Incomplete enrollment forms or failure to submit the required initial premium amount may cause an initial delay in issuance of insurance. Do not cancel any other insurance or assume you are insured under this plan until you receive written confirmation from Direct Benefits.

ELIGIBLE EXPENSES: Expenses must be incurred while the policy is in force and the person is covered by the policy. To become an eligible expense, the dental services must be performed by: a licensed physician performing dental services within the scope of his license; or a licensed dental hygienist acting under the supervision and direction of a dentist.

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

ALTERNATE BENEFIT: If we determine that a less expensive procedure, service, treatment plan/course of treatment that is customarily used to treat the dental problem and recognized by the dental profession to be appropriate according to broadly accepted standards of dental practice, then the maximum we will allow will be the charge for the less expensive treatment.

MISSING TOOTH: If an insured has lost one or more teeth prior to this policy effective date, we will not pay for a prosthetic device that replaces such teeth unless the device also replaces one or more natural teeth lost or extracted while covered under this policy. We will pay for fixed bridges or dentures to replace such missing teeth if teeth were extracted within 6 months of this policy effective date if this policy immediately replaces a prior plan. Replacement of congenitally missing teeth is not covered under your plan unless you are replacing a current fixed bridge or denture. This replacement is subject to contract replacement limits.

DENTAL LIMITATIONS & EXCLUSIONS

The following are not covered or available as an alternative benefit:

- Occlusal, athletic, or night guards.
- Full mouth debridement.
- Preventive root canal therapy.
- Codes that are by report.
- Overdentures or precision attachments.
- Items/treatments/services: not listed as an eligible expense on the Coverage Schedule; not prescribed by/performed by/under the direct supervision of a dental practitioner; not dentally necessary as determined by us; not meeting the accepted standards of dental practice; experimental in nature; that have a questionable prognosis; covered under any medical insurance policy; or performed by a member of your or your spouse's family (including parents, step-parent, in-laws, spouse or former spouse, domestic partner, children, siblings, aunts, uncles, cousins, nieces, nephews, grandparents, and guardians).
- Services furnished primarily for cosmetic reasons, including but not limited to: specialized techniques, characterizing and personalizing prosthetic devices; making facings on prosthetic devices for any tooth in back of the second bicuspid; or replacements of restorations performed for cosmetic reasons.
- Charges for any appliance or service that is used to: change vertical dimension; restore or maintain occlusion, except to the extent that this policy covers orthodontic treatment; splint or stabilize teeth for periodontal reasons; or treat disturbances of the temporomandibular joint (TMJ).
- Charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction.
- Charges for any services that are considered to be an integral part of another service, such as pulp capping, surgical trays, or sutures.
- Ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites.
- Preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly.
- Duplicate or temporary devices, appliances, and services except as listed as an eligible expense.
- Replacing a lost, stolen or missing appliance or prosthetic device.
- Application of chemotherapeutic agents.
- Oral hygiene, plaque control, diet instruction or infection control.
- Non-emergency services performed outside the USA, Canada & Mexico.
- Treatment which is: due to an on-the-job or job-related illness or injury; or a condition for which benefits are payable by Workers' Compensation or similar laws, whether or not benefits are claimed.
- Treatment for which no charge is made or for which you are not legally obligated to pay including, but not limited to, treatment (or charges made) by: your covered employer, labor union or similar group, in its dental/medical department/clinic; a facility owned/run by any government body; or any public program, except Medicaid, paid for/sponsored by any government body.
- Treatment resulting from: your participation in a war or an act of war, declared or undeclared; your attempting to commit, or committing, an assault or felony; your unlawful participation in a riot, rebellion, or insurrection; or an intentionally self-inflicted injury while sane or insane.

Underwritten and administered by:

SECURITYLIFE
INSURANCE COMPANY OF AMERICA

10901 Red Circle Drive, Minnetonka, MN 55343-9137

Spirit DENTAL & VISION

Optional Vision Insurance

Spirit Dental & Vision's vision plan is available through the EyeMed Vision Care Network. EyeMed is a leading vision benefits company, offering the following features:

- Savings on eye care and eyewear
- Quality standards for care and materials
- Access to thousands of providers nationwide, including the nation's top optical retail brands

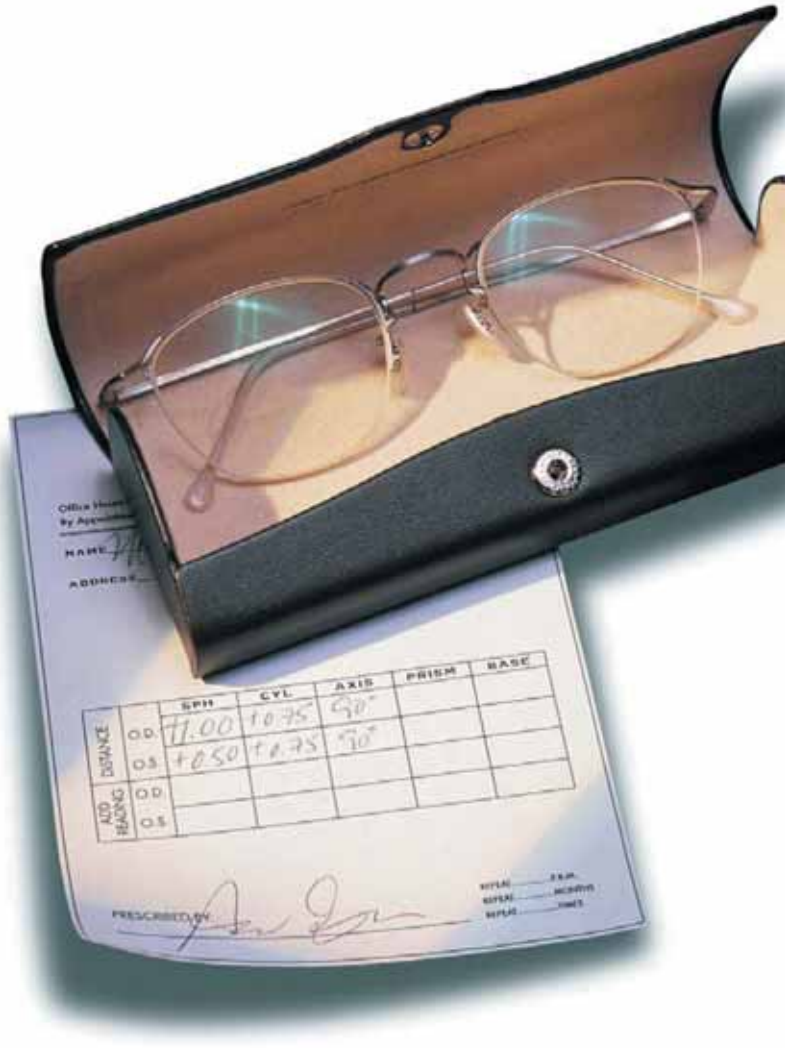
TARGET Optical · Sears Optical · Private Practitioners · LensCrafters · Pearle Vision

Eye Examinations

Annual eye exams do more than check patients' vision. Eye doctors can detect a variety of serious conditions, including diabetes, high blood pressure and glaucoma. Early detection and treatment can minimize the effect of these conditions on long-term health. Spirit Vision Insurance covers annual eye exams for maximum health benefits.

Using The Plan

- Members locate a provider by going to **www.eyemedvisioncare.com**. They can register to use the secure member site once enrolled, or choose **Access** from the locator drop-down box.
- Members identify themselves as EyeMed members through Spirit Vision and present the plan ID card and member ID number.
- The provider will do the rest! There are no claim or authorization forms necessary for in-network benefits.
- For the most accurate information, remember your Plan Number: **9752791**



Spirit DENTAL & VISION

Optional Vision Coverage

In-Network Benefits

EYE EXAMINATIONS
$10 copay (once every 12 months)

Eye examinations include dilation as determined by the doctor.

EXAM OPTIONS
Contact lens wearers will pay up to $55 for standard contact lens exam, including fit and follow-up, or receive 10% off retail price for premium contact lens exam, fit and follow-up.

EYEGLASS LENSES
$20 copay (once every 24 months)

Plans cover standard plastic single vision, bifocal or trifocal lenses of any size or power. Lens options are available at additional cost.

FRAMES
$0 copay (once every 24 months)

Plans include a $100 retail allowance that can be applied toward the purchase of any frame available at the provider location. The member will also receive a 20% discount off the balance if selecting a frame that costs more than $100.

CONTACT LENSES (Instead of lenses and frame)
$20 copay (once every 24 months)

Plans include a $100 retail allowance that can be applied toward the purchase of conventional or disposable contact lenses. If the member chooses conventional contact lenses with a retail price over $100, he or she will receive 15% off the balance. Medically necessary contact lenses are paid in full after the copay.

Replacement contact lenses can be ordered online and conveniently delivered to members' homes through www.eyemedcontacts.com.

ADDITIONAL DISCOUNTS
Spirit Vision members will also receive unlimited additional discounts on purchases made at participating provider locations, including:

- 40% off additional complete pairs of eyeglasses
- 15% off additional purchases of conventional contact lenses
- 20% off non-covered items like cleaning cloths or nonprescription sunglasses

Monthly Premium	
Individual:	$7.00
Individual + 1:	$14.00
Family:	$20.00

Out-of-Network Benefits

Members receive the richest benefits when using a participating EyeMed provider. However, the plan includes an out-of-network benefit for services and materials obtained through non-network providers.

REIMBURSEMENT LEVELS

Eye Examination - Up to $25	Frames - Up to $40
Single Vision Lenses - Up to $20	Bifocal Lenses - Up to $30
Trifocal Lenses - Up to $40	Contact Lenses - Up to $60

USING OUT-OF-NETWORK BENEFITS
Members must file claims for out-of-network benefits. Members can obtain an out-of-network claim form from EyeMed's Web site, www.eyemedvisioncare.com, or by calling 866-723-0513. Members will pay for all services and materials in full, then submit the completed claim form with receipts for reimbursement.

Limitations and Exclusions

- The cost of a lens in excess of a standard lens will not be covered. A standard lens is any lens fitting in a frame with an eye size less than 61. 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 $100 or less. The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.
- The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.

We will not pay or provide alternate benefits for any of the following:

1. Items, treatments or services:
   a. not listed as an eligible expense;
   b. not prescribed by or performed by or under the direct supervision of a vision provider; not visually necessary to restore or maintain a patient's visual acuity and health;
   c. not meeting the accepted standards of vision practice;
   d. experimental in nature; or
   e. covered under any medical insurance policy.
2. Orthoptics or vision training and any associated supplemental testing.
3. Plano lenses (less than a ± .50 diopter power).
4. Two pair of glasses in lieu of bifocals or trifocals.
5. Medical or surgical treatment of the eyes.
6. Replacement of lenses, frames or contacts furnished under this policy that are lost or broken, except at the normal intervals when services are otherwise available.
7. Corneal refractive therapy or orthokeratology.
8. Artistically painted contact lenses.
9. Additional office visits for contact lens pathology.
10. Contact lens modification, polishing or cleaning.
11. Charges for service agreements or insurance policies.
12. Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies.
13. Telephone consultations, charges for failure to keep a scheduled appointment, or charges for completion of a claim form.
14. Codes that are by report.
15. Ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of provider office space.

Benefits are limited as follows:

1. In the event you transfer from the care of one vision provider to that of another during the course of treatment, or if more than one vision provider performs services for one eligible expense, we shall be liable for not more than the amount we would have been liable for had but one vision provider performed the service.
2. This policy is designed to cover visual needs rather than cosmetic materials. If you select any of the following, we will pay the basic cost of the allowed lenses: optional cosmetic processes; anti-reflective coating; color coating; mirror coating; scratch coating; blended lenses; cosmetic lenses; laminated lenses; oversize lenses; photochromic lenses, tinted lenses except Pink #1 and Pink #2; progressive multifocal lenses; UV (ultraviolet) protected lenses; certain limitations on low vision care.

Note: This vision rider benefit is optional to purchase at an additional cost and terminates with the policy to which it is attached.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Vision Rider IPR1001-PPO (and any state specific), and Vision Rider GHR-1112(Vision) (and any state specific). Premium rates may change upon renewal. This rider may not be available in all states and is subject to individual state regulations.

Underwritten and Administered by:
Security Life Insurance Company of America
10901 Red Circle Drive
Minnetonka, Minnesota 55343
800.233.0307

Distributed by:
Direct Benefits, Inc.
325 Cedar Street, Suite 800
Saint Paul, MN 55101
800.620.5010

Spirit Dental and Vision Individual Insurance Application

General Information

Last Name	First Name	Middle Initial

Address	Date of Birth (MM/DD/YYYY)

City	State	Zip	Marital Status ☐ Married ☐ Single

Telephone Number	Gender ☐ Male ☐ Female

Do you have any dental or vision insurance currently in force? ☐ Yes ☐ No
Is the insurance applied for intended to replace any existing insurance with this or any other company? ☐ Yes ☐ No
If yes, provide type of policy, number, and name of company:
If replacement is involved, have you received a replacement form (in states where required by law)? ☐ Yes ☐ No

Coverage Selection: ☐ Applicant Only ☐ Applicant + One ☐ Applicant + Family
List Dependents Below

Last Name	First Name	Initial	Sex M/F	Age	Date of Birth

1 Dental Plan Selection *(choose one)*	☐ **Spirit Network Gold**	☐ **Spirit Network Silver**	☐ **Spirit Indemnity Gold**	☐ **Spirit Indemnity Silver**
2 Maximum Benefit Amount Selection	☐ $1,200 ☐ $2,500 ☐ $3,500	☐ $1,200 ☐ $2,500 ☐ $3,500	☐ $1,200 ☐ $2,500 ☐ $3,500	☐ $1,200 ☐ $2,500 ☐ $3,500

Choose one. A higher Maximum Benefit Amount will increase your premium amount.

3 Optional Vision Coverage ☐ Yes ☐ No *Optional vision coverage is available at an additional cost. Not available in MD*

Important Information

If you choose paper billings a fee of $6 will apply (not applicable for CO, IN, PA)
Effective date: The effective date is the first of the month following the day in which the application is received in the Service Center Office.
Identification Card and Policy: Upon receipt of your completed application you will be issued a copy of your policy and Identification Card(s). Do not cancel any other dental coverage you may have until you receive written confirmation from Security Life. Please allow 3-4 weeks for processing.

Important Notices (for all states not listed with state specific notices below)

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.

The following states require applicants to read and acknowledge the statement for your state below:

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

CO, LA, OH, OK, VA, WV: Any person who knowingly intends to defraud an insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits the crime of fraud, and may be subject to criminal prosecution and civil penalties. In CO, additional penalties may include imprisonment, fines, or denial of insurance benefits. In CO, an insurer or insurance agent who knowingly provides false, incomplete, or misleading 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.

DC: 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, the insurer may deny benefits if false information materially related or a claim was provided.

KS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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. This activity subjects such a person to criminal and civil penalties.

Please read and check box below to receive your policy electronically

☐ ***I consent to receiving my Policy, Outline of Coverage where applicable, and any other plan information electronically and I will electronically affirm or provide my signature below of my consent to do so. I understand I need internet access and that I can withdraw my consent at any time per the notification instructions below, I understand I can receive any of the documents in paper form if I choose. My email address is:*** _____

Applicant Signature

By signing below, the applicant acknowledges the above statements and understands or agrees to the following:

All statements and answers given in this application are true and complete to the best of my knowledge:

- **I may return my policy within the right-to-cancel period as described in my policy;**
- **I acknowledge receipt of the Outline of Coverage (in states where required by law);**
- **I understand the policy I am applying for provides dental and vision benefits only and is not a Medicare supplement;**
- **I acknowledge that the agent of record, if applicable, is my insurance agent for purposes of the Security Life Privacy Policy; and**
- **I understand that it is my responsibility to give notice to Security Life of changes in my e-mail address or any information above, as well as my status and my family's status that effect coverage, such as marriage, births, or death of someone covered under the policy. I will provide notice via fax 717.481.7175 or in writing to Security Life: P.O. Box 83149, Lancaster, PA 17608**

Applicant Signature _____ **Date** _____

Submit Application

ONLINE	*Must submit with Payment Authorization Form & Replacement Notice (if applicable)*	
	MAIL	**FAX**
info@spiritdental.com	Direct Benefits, Inc. 325 Cedar St., Suite 800 | St. Paul, MN 55101	651-649-3502

For Agent use only (if applicable)

Agent Name		Phone #	
Street Address	City	State	Zip
Email	SS#/TIN#/AAN#		
Appointed with Security Life? ☐ Yes ☐ No	Signature		

For Company use only **Effective Date:** **Plan Code:**

Security Life Insurance Company of America
10901 Red Circle Drive
Minnetonka, Minnesota 55343
800.233.0307

SECURITYLIFE
INSURANCE COMPANY OF AMERICA

Distributed by:
Direct Benefits, Inc.
325 Cedar Street, Suite 800 | Saint Paul, MN 55101
800.620.5010 | SpiritDental.com

Spirit Dental and Vision Payment Authorization Form

Applicant's Full Name:

Monthly Premium (from Rate Page): Dental $_____ + Vision $_____ = Total Monthly Premium $_____

Method of Payment (select one)

CHECKING ACCOUNT (ACH)	**CREDIT CARD**
☐ **Monthly Bank Account Debit** *Submit 2 months of premium and a voided check*	☐ **Monthly Credit Card** Please select your card type below and provide your credit card account information: ☐ Visa ☐ MasterCard _____ Credit Card Number _____ _____ Expiration Date CVC *(on back of card*

Authorization Agreement

I authorize Security Life Insurance Company of America to initiate electronic debit entries to my account chosen above for payment of my insurance premium. My account will be debited by the third business day of the month in which premium is due. I understand I will receive a notice if the amount changes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the US law. (Applies only to ACH and Credit Card options.)
I understand that in order to make changes to this authorization (such as a change in bank account, method of payment, or termination of payment) I need to give Security Life written notification at least 10 days prior to the next scheduled payment.
I understand that the insurance plan may be cancelled by Security Life if any payment is dishonored by my bank for any reason.
In the case of an NSF, I am liable for any fees my bank may charge me and may also be responsible for an NSF fee of up to $25 which may be automatically debited for each NSF.

Your Signature _____ **Date** _____

Security Life Insurance Company of America
10901 Red Circle Drive
Minnetonka, Minnesota 55343
800.233.0307

SECURITYLIFE
INSURANCE COMPANY OF AMERICA

OUTLINE OF COVERAGE

INDIVIDUAL DENTAL INSURANCE Policy Form IP1000
ONE LIFE DENTAL INSURANCE Policy Form GH-1112

Read Your Policy Carefully — This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Policy IP1000/GH-1112 provides coverage for dental services. Coverage is segmented into various classes of benefit (Preventive, Basic, Major and Orthodontic if offered), and generally includes specific benefit frequency provisions and benefit **waiting periods**. **Deductibles** and coinsurance percentages apply to the various benefit classes. Please refer to the **coverage schedule** within your Insurance Policy for specific plan details.

Preventive, Basic and Major service categories are limited to a specific **annual maximum benefit amounts/maximum calendar year limit amounts**. Orthodontic benefits (if offered) are limited to an **annual** and **lifetime maximum benefit amount/lifetime maximum amount.**

Plans may be offered with or without a preferred provider organization, please refer to your Insurance Policy for details.

Rate adjustments can occur at periodic intervals and is generally based on the experience.

OC1000/GH1112

Disclosure Regarding Stand-alone Dental Plans

This policy DOES NOT include coverage of pediatric dental services as required under federal law.

Coverage of pediatric dental services is available for purchase in your state, and can be purchased as a stand-alone plan or as a covered benefit in another health plan.

Please contact your insurance carrier, or agent to purchase either a plan that includes pediatric dental coverage, or an exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

Security Life Insurance Company of America
10901 Red Circle Drive
Minnetonka, Minnesota 55343
800.233.0307

SECURITYLIFE
INSURANCE COMPANY OF AMERICA

IF THIS IS A REPLACEMENT
leave the top half of this form with the Applicant and send the signed bottom half of this form with the Application

NOTICE TO APPLICANT REGARDING REPLACEMENT OF DENTAL INSURANCE

According to information you have furnished, you intend to lapse or otherwise terminate existing dental insurance and replace it with a policy to be issued by Security Life Insurance Company of America.

For your own information and protection, you should be aware of and seriously consider certain factors that may affect the insurance protection available to you under the new policy.

Even though some of your present health conditions may be covered under the new policy, these conditions may be subject to certain waiting periods under the new policy before coverage is effective.

You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interests to make sure you understand all the relevant factors involved in replacing your present coverage.

If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have actually received your new policy and are sure you want to keep it.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF DENTAL INSURANCE

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Do not cancel your present policy until you have actually received your new policy and are sure you want to keep it.

The above "Notice to Applicant" was delivered to me on:

_____ _____
(Date) (Applicant's Signature)

Plan administered by:

Security Life Insurance Company of America
1808 Colonial Village Lane, Suite 102
Lancaster, PA 17601

Phone: 866-619-6095
Fax: 717-481-7175
email: spiritadmin@securitylife.com
(for enrollment, change and term requests)

Frequently Asked Questions for Members of Spirit Dental and Vision Plans

Where can I locate my member identification (ID) number?

- The number will be located on the front of your ID card.

Who should I contact with questions?

- For dental questions
  - Contact Security Life at 866-619-6095 option 2 to speak to a customer service representative.
- For EyeMed Vision Care
  - Contact EyeMed at 800-521-3605 to speak to a customer service representative.

How should a claim be submitted for review?

- You or your provider should submit an ADA dental claim form or an itemized billing statement which provides the following information:
  - Member's name, address and member ID number
  - Date of service
  - Current ADA procedure code(s)
  - Procedure fee(s)
  - Provider name, address and tax ID number

The claims mailing address is located on the back of your ID card.

Where can I go to find a dental provider?

- Your plan allows you to go to a network or non-network provider. Listed below is the website and phone number to locate a network provider.
  - MaxCare (Careington) Dental Network – **www.careington.com/co/slica** or **800-290-0523**.

How do I change my family status?

- A change form must be completed and submitted to Security Life.
  - If you are changing the type of coverage, for example from single to family, the change will be effective the first of the month following receipt of notification.
  - Please note: a change in coverage may decrease or increase your premium with any increase due at the time of change.

SECURITYLIFE

INSURANCE COMPANY OF AMERICA

At Security Life, we understand that a healthy smile is essential to your overall health. We also understand the importance of being the easiest company to do business with. Your health and satisfaction is part of the commitment we have been making to our customers since 1956.

WHO WE ARE

Security Life is a privately-owned company that provides ancillary insurance products in 50 states, including the District of Columbia. We are headquartered in Minnetonka, MN with an administrative office in Lancaster, PA.

WHAT WE DO

We continually monitor our operations to ensure we're providing service that surpasses your expectations. The following are a few key metrics we use to assess our service:

- 95% of calls are resolved in the initial conversation
- 90% of claims processed in less than 10 days
- New business applications processed within 2 days

We are extremely proud of our service and encourage your feedback.

OUR DENTAL NETWORK

We are pleased to offer you the MaxCare network – giving you over 200,000 access points for optimal savings. Features include:

- Discounts of 5-50% on dental services
- Network discounts available immediately
- Provider search at Careington.com/co/SLICA

ESTABLISHED
1956

HEADQUARTERS
Minnetonka, MN

OWNERSHIP
Privately-owned

EMPLOYEES
100+

LICENSED STATES
50 (including D.C.)

Proud Partner of:

DIRECT BENEFITS INC

800.328.4667 | SecurityLife.com

OTHER EYEMED VISION DISCOUNTS

Coatings and lens treatments can be added for the costs below:

Lens Option	Member cost
Polycarbonate lenses	$40
Scratch-Resistant coating	$15
Solid or gradient tint	$15
Ultraviolet coating	$15
Anti-Reflective coating	$45
Standard progressive (add-on to bifocal)	$65
Lens options not listed	20% off retail price

These vision discounts are not a part of the insurance plan and there is no affiliation or ownership between Security Life and this program.

About Spirit Dental & Vision

Spirit Dental & Vision is available exclusively through Direct Benefits, Inc.

Direct Benefits, Inc. is a managing general agency that provides one-stop employee benefits brokerage to over 5000 independent agents, brokers, consultants and general agents in all 50 states.

We're in it for the little people of America. Our mission is to provide individuals and small businesses with the same or better quality insurance products as large employers. By partnering with financially strong insurance carriers like Security Life we are able to create exclusive niche products like Spirit Dental & Vision.

Spirit Dental and Vision insurance is not available in all states, is subject to individual state regulations and is underwritten by Security Life Insurance Company of America, 10901 Red Circle Drive, Minnetonka, MN 55343.

Welcome to AMERICAN HEARING BENEFITS

A Starkey Hearing Technologies Program

Spirit Dental and Vision members now have the added benefits of a discount hearing program through American Hearing Benefits

This convenient program provides you access to free hearing consultations and significant discounts on hearing aids through our nationwide network of hearing professionals. You can be confident you are receiving the quality care you need to improve your hearing and your life.

American Hearing Benefits offers:

- **FREE** annual hearing consultations for you and your family
- Access to a nationwide **network of 3,000+ hearing locations**
- **Discounts on advanced technology**, including hearing aids, tinnitus treatment and hearing protection products
- **FREE** one-year supply of batteries *(40 cells per hearing aid purchased)*
- **One-year of free office visits** *(limit of 6)*
- **60-day trial period***
- **FREE warranty** including loss and damage*
- **Financing plans available** *(subject to credit approval)*

American™ HEARING BENEFITS

Spirit DENTAL & VISION

To schedule your free hearing consultation call **1.866.983.5910**
or visit **www.AmericanHearingBenefits.com**

The American Hearing Benefits Discount Program is not a part of the insurance plan and there is no affiliation or ownership between Spirit Dental, Security Life and American Hearing Benefits.

CALL TODAY! — 1.866.983.5910

American Owned & Operated.

6700 Washington Avenue South • Minneapolis, MN 55344

*Professional service fee may apply. THIS IS NOT INSURANCE. AHB provides discounts on hearing aids and professional services through our network of credentialed hearing providers.

Spirit Dental & Vision Prescription Discount Program

The Spirit Dental & Vision Prescription Discount Card is an easy way to help you and your family with all of your prescription drug needs. Participants and their family can obtain average savings of up to 65% on drug prices through our nationwide network of over 59,000 pharmacies, including major chains and community pharmacies. Your actual savings may vary depending on the medication and the pharmacy you use. Go to: **www.my-rxcard.com/sdv.html**.

To Use at Participating Pharmacies:

- Take your prescription to a participating pharmacy. All brand name and generic drugs are allowed.
- One card automatically covers all family members at no cost.
- Show your Prescription Discount Card to your pharmacist every time you fill your prescription. Use your Prescription Discount Card for any prescriptions that are not covered by your insurance or excluded from Medicare Part D.
- Pay the discounted portion of the drug price. Discounts are given at the time of your purchase. There is no need to submit your receipts. You will receive instant savings or the pharmacy's lowest price when you present your Prescription Discount Card.

To Enroll in the Mail Order Pharmacy:

- Call Customer Service at **1-888-479-2000**, press prompt #5.
- One of our Representatives will be happy to enroll you in our convenient mail order program.
- We guarantee quality assurance using our 7-point test on every prescription before mailing.
- Standard shipping is free.

American Diabetes Wholesale

American Diabetes Wholesale offers affordable, brand name diabetic supplies directly to the consumer at up to 60% below retail prices - especially for people who are uninsured, underinsured or have to pay out of pocket. We stock thousands of affordable diabetes testing supplies and diabetes products from quality brands. Most orders ship directly to you within 24 hours. For cash orders, we provide easy and secure ordering on our website 24 hours a day, or by phone Monday - Friday 9:00 a.m. to 6:00 p.m. EST. Go to **www.my-rxcard.com/sdv.html** and click on the American Diabetes Wholesale link to purchase online.

Lab & Imaging Discount Benefit

Save 50% or more on Lab & Imaging tests. Go to **http://myrx.prepaidlab.com/?lcode=007** & **http://myrx.prepaidimaging.com/?lcode=007**

This Spirit Dental and Vision Prescription Discount program is not a part of the insurance plan and there is no affiliation or ownership between Security Life and this program.

REMOVE YOUR PRESCRIPTION CARD
and KEEP IT IN YOUR WALLET
CUT ALONG PERFORATION TO REMOVE CARD

Spirit DENTAL & VISION

Prescription Discount Card

Group #: SDVOL Pharmacist Help Desk: 888-886-5822

Member ID: Enter cardholder's 10-digit phone # and then add 2-digit person code. 01=member 02=spouse 03=dependent etc.
Example: xxxxxxxxxx enter as xxxxxxxxxx01
Processor: NetCard Systems BIN # 008878

WellDyneRx
www.wellcard.com

Lab & Imaging
myrx.prepaidlab.com/?lcode=007
myrx.prepaidimaging.com/?lcode=007

ADW American Diabetes Wholesale
my-rxcard.com/sdv.html

Outlook
www.outlookvision.com

This is not Insurance.

Spirit DENTAL & VISION

New Application Checklist

To expedite processing please confirm that the following is submitted.

- ☐ Completed Application
- ☐ Signed Application
- ☐ Premium payment (payable to Security Life Insurance Company of America/SLICA)
- ☐ Completed and Signed Agent Information section when applicable.
- ☐ Outline of Coverage left with policyholder.
- ☐ Replacement Coverage notice included, if applicable, and a copy left with the policyholder.

After all of the information listed above is completed and signed send all original forms to:

Direct Benefits, Inc.
325 Cedar Street, Suite 800
Saint Paul, MN 55101
651-649-3503 • 800-620-5010
fax: 651-649-3502
info@directbenefits.com

For fastest processing,
enroll on-line at www.spiritdental.com

DIRECT BENEFITS INC.