How Our Insurance Can Work for You

Examples of real-life situations

As soon as you get your coverage, you head to the dentist for a routine checkup. You can collect:

	Economy Plan	Standard Plan	Preferred Plan
Periodic Exam	\$14.00	\$19.00	\$24.00
Cleaning	\$29.00	\$40.00	\$51.00
X-rays (4 films)	\$19.00	\$26.00	\$34.00
Total Benefits:	\$62.00	\$85.00	\$109.00

Suppose you notice sensitivity to hot and cold liquids after 3 months of coverage and your dentist finds a couple of cavities and a tooth that must be removed. You can collect:

Economy Plan Standard Plan Preferred Plan

\$35.00	\$47.00	\$60.00
\$68.00	\$91.00	\$116.00
\$68.00	\$91.00	\$116.00
\$19.00	\$25.00	\$32.00
	\$68.00	\$68.00 \$91.00

At a routine checkup after 12 months of coverage, your dentist says you need a root canal on a molar and a crown. Here's what our dental insurance can pay:

Economy Plan Standard Plan Preferred Plan \$24.00 Periodic exam \$14.00 \$19.00

Cleaning	\$29.00	\$40.00	\$51.00
X-rays PA (2 films)	\$8.00	\$11.00	\$14.00
Root Canal	\$204.00	\$279.00	\$340.00
Crown Buildup	\$46.00	\$62.00	\$78.00
Crown	\$302.00	\$401.00	\$501.00
Total Benefits:	\$603.00	\$812.00	\$1,008.00

Your cash benefits

See inside for details.

would be:

\$855.00 \$1,151.00 \$1,441.00

An Easy Way to Help Pay Dental Bills

Keep more money in your pocket

You have no deductible

There's no deductible to meet before we pay benefits, which can help reduce your out-of-pocket expenses.

You can't be turned down

You are preapproved for one of these insurance policies, even if you have current dental problems. Plus, there is no age limit, so the coverage can be yours for a lifetime!

Your premium rate has guarantees

The inexpensive price you pay today is locked in for three years; and it cannot go up because of how many claims you file or if your dental health changes.

You can receive discounted premium rates

Simply sign up to have payments taken automatically from your bank account and receive \$1.00 off your premiums every month — that's \$12.00 a year.

You can receive benefits right away

Preventive care benefits can be paid starting on day one, so you can use your insurance as soon as it's effective. You can collect benefits for basic care after three months and benefits for major care after 12 months.

You have no annual or lifetime maximum on the amount of benefits you can collect

There's no annual or lifetime maximum on how much money you can collect ... so there are no worries about receiving benefits year after year.

You can choose your dentist

There are no network restrictions and no preferred providers to keep track of! You choose your own dentist and the location that works best for you, so there's no need to worry about being limited to a special network.

Additional Information You Should Know

Coverage and rate protection: Your rates will not go up, nor your coverage canceled because of how many claims you file. Changes in coverage (not in SD) or rates will apply to all insurance types of this form (not in SC; and class) in the state where you live. We will not increase your renewal premium for at least three years from the policy effective date shown in the schedule unless you request a change in your policy benefits or riders, change your premium mode or frequency, or there is a change in dependent status. Your premium may change at age 50, subject to the three

Automatic renewal of coverage: We guarantee to renew your coverage on an individual basis unless you commit fraud or intentional misrepresentation, (C250A only: your eligibility for coverage ends) or you fail to pay the premium when due. The only other way your coverage could be canceled is if it is canceled for all other insurance types of this form and class in the state where

What is limited or not covered: This dental insurance pays benefits for covered services and is neither designed nor intended to pay all costs associated with dental care. No benefits under the insurance are payable or considered a covered expense for any of the following: 1) Expense incurred during any waiting period (and while the insurance policy is not in force for P150). 2) Any treatment which is for cosmetic purposes. Facings on crowns or pontics beyond the second bicuspid are considered cosmetic. 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) 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 insurance. But 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. 5) Any procedure started before the covered person was insured under this coverage. 6) Any procedure started after the covered person's insurance under this insurance terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the covered person's insurance under this coverage terminates. 7) The replacement of lost or stolen appliances. 8) 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. 9) Any procedure which is not shown in the schedule. 10) Orthodontic treatment (except as needed as a result of cleft lip or cleft palate, in SC). 11) Sealants which are a) not applied to a permanent molar, b) applied after attaining the age of 17; or c) reapplied to a molar within 3 years from the date of a previous sealant application. 12) Periodontal scaling and root planing unless the presence of periodontal disease is confirmed by both x-ray films and pocket depth summaries of each tooth involved. 13) 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 (In KS: care, treatment, services, supplies or drugs for Injury or Sickness related to a covered person's job to the extent the covered person is covered or is required to be covered by the Workers' Compensation law. If the covered person enters into settlement giving up his/her rights to recover further medical benefits under a Workers' Compensation law, the policy will not pay those medical benefits that would have been payable in absence of that settlement; In NC: services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or Workers' Compensation insurance carrier according to the final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act; In SD: Injury or Sickness for which benefits are paid under any Worker's Compensation Act or similar laws), 14) Charges for which the covered person is not liable or which would not have been made had no insurance been in force (has no legal liability to pay, in TX), 15) Services which are not recommended by a dentist/physician or which are not required for necessary care and treatment 16) War or any act of war, declared or not (when serving in the military or an auxiliary until attached thereto, in OK), 17) 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.

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

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 product series C250A/ P150 (OK: P1500K; TN: P150TN; TX: P150TX). An insurance agent/producer will contact you.

Insurance Agent/Producer License #

Dental Care Answers



Get help paying dental bills with insurance from Physicians Mutual **Insurance Company**



PMA3451-0116

Insurance for all of us.®

Answers to Your Questions

Straightforward information about our dental insurance

How much will this insurance pay?

Our insurance pays up to a fixed amount for each covered service, not a percentage, so you always know the exact amount you'll receive. You can also collect multiple benefits in just one visit. A complete list of benefits will come with your insurance packet. Cash benefits can be paid directly to you or assigned to your dentist, whichever you prefer.

Do I have to go to a dentist in your network?

Our insurance has no networks. You don't have to worry about changing dentists, especially if you have one you're comfortable with.

Plus, our insurance pays the same benefits regardless of the dentist you see. This gives you a chance to shop around until you find a dentist you like who is also reasonably priced, which helps you save money.

My dental office says they aren't a part of your network so they won't accept my insurance. What should I do?

This shouldn't happen, but if it does, don't worry — you can file the claim yourself. Some dental offices get confused because they're accustomed to being part of certain networks. If they don't belong to a company's network, they assume the insurance won't pay benefits.

Life Happens Around Your Kitchen Table

Five generations ago, the Physicians Mutual family was founded at a kitchen table, so we understand the conversations that happen there ... where worries are shared and plans are made.

We'd like to take one more worry off your table – by helping provide straightforward answers to your insurance needs. That's ... Insurance for all of us.®



Our dental insurance has no networks. So we still pay benefits for covered services ... even if the dental office says they don't accept our insurance.

Won't Medicare pay for my dental care?

Medicare doesn't cover routine dental care or most dental procedures such as cleanings, fillings or dentures. But our simple no-deductible dental insurance helps pay for these!

Does the coverage end if I change jobs or retire?

No, this insurance is not tied to your job. It's a great way to replace an employer's dental insurance that ends when you change jobs or retire.

I've seen insurance plans that only give discounts on services. Is this insurance like that?

This is real insurance protection. That means you can receive cash benefits, no matter which dentist you visit. This is not a discount plan and is not connected to a network of dentists.

How many times a year can I get my teeth cleaned?

Because we care about your dental health, we provide coverage that helps pay for up to two cleanings per year. Remember, preventive benefits start right away, so you can schedule a cleaning today.

Dental Benefits At A Glance

It only costs about \$1 a day* to help protect yourself from dental bills.

- No network restrictions
- No deductible
- No annual maximum on benefits
- Coverage for over 350 procedures
- Number of claims won't raise your rates
- Discounted rates available

	Procedure	\$a month** Economy Plan Pays	\$a month** Standard Plan Pays	\$ a month** Preferred Plan Pays
Over 30 Preventive Benefits start immediately	Periodic exam Comprehensive exam	\$14 \$21	\$19 \$29	\$24 \$37
	Bitewing x-rays (2 films) Bitewing x-rays (4 films)	\$12 \$19	\$17 \$26	\$23 \$34
	Cleaning (adult)	\$29	\$40	\$51
A LONG TO	Removable bilateral space maintainer	\$196	\$270	\$347
Over 100 Basic Benefits start after 3 months	Resin Filling (2 surface) Resin Filling (4 surface)	\$49 \$68	\$66 \$91	\$83 \$116
	Tooth extraction (erupted tooth or exposed root)	\$35	\$47	\$60
	Sealant (per tooth)	\$14	\$19	\$25
	Repair/replace partial denture clasp	\$50	\$67	\$84
Over 200 Major Benefits start after 12 months	Crown (resin with noble metal)	\$302	\$401	\$501
	Root canal (permanent molar)	\$204	\$279	\$340
	Fixed bridge	\$302	\$401	\$501
	Complete upper denture Immediate lower denture	\$236 \$248	\$321 \$337	\$392 \$411

^{*} Based on Economy option for an individual.

^{**} Your premium may change at age 50, subject to the three-year rate guarantee.