

Dental Coverage Level 3 Plus

Starting at

\$35.40 mo

(Age 18 – 30. Rate is per adult, if spouse is not covered.)



Supplemental Coverage

Pays cash right to you.

Get cash to help pay for dental checkups and treatment

Regular dental care can mean more than a brighter smile – it could also mean better overall health. Dental coverage from Time Insurance Company pays cash benefits when you have dental checkups and treatment – making it easier to keep up with regular visits to the dentist and lead a healthier life.

Diane's story

Diane has always taken care of her teeth and faithfully visits her dentist every six months. Her dental coverage – Plus plan helps by paying \$100 for each preventive visit. However, it was in the second year of her plan that she saw its real value. Without any warning, one of her teeth cracked requiring a root canal and a crown.

With dental coverage – Plus plan – Diane received benefits totaling \$835. The cash made it easier to pay for the work, so she had it done when she needed it, instead of putting it off and risking a more serious problem. After her benefit was paid, Diane still had \$665 of Basic and Major Services benefits remaining for the year – just in case there were any more dental surprises.

Diane and her husband paid less than \$92/month for Plus dental coverage.

Not an actual case — presented for illustration only. Actual services and benefit may vary. Sample premium rate is for dental coverage - Plus for two adults, age 50, residing in Tennessee.

Save even more with Careington

If Diane visits a **Careington** dentist, she can save an additional **20% – 50%** on major dental services like crowns.

To learn more, call (888) 585-8979 or visit www.cbsdental.com

Major Services

A year and a half into the plan, Diane needs a crown. After the first policy year, payments are 100% of the per-service benefit.

In certain states, there is a 180-day waiting period on major services. After the waiting period, payments are 50% of the per-service benefit for the remainder of the first policy year. After the first year, payments are 100% of the per-service benefit



Option	Service	Careington dentist fees*	Dental Plus plan pays	Total out of pocket
Careington	Porcelain Crown	\$742	\$450	\$292
Any Dentist	Porcelain Crown	\$1,332	\$450	\$882

**These fees represent the average of the assigned Careington Care POS Series fees in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas.*

***Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2012 FairHealth Report in the Los Angeles, Orlando, Chicago and New York City areas.*

Prices subject to change.

Time Insurance Company

Products underwritten and issued by Time Insurance Company. Time Insurance Company is not an affiliate of Careington and has sole responsibility for its products.

Visit www.cbsdental.com for more information.

A simple, affordable plan for good health

Dental coverage pays cash benefits that help you pay for dental checkups and treatment.

- No waiting period for checkups – you get \$100 for a visit every six months.
- Get a set cash amount for each dental treatment such as an extraction or a filling.
- Visit any dentist – no network restrictions.
- Receive cash benefits directly, or allow your dentist to submit the claim and receive the payment.
- In most states, apply for coverage through age 70 and renew up to age 75. (Apply through age 64 and renew up to age 70 in CO, MA, MD, MN, MS, NC, NJ, OH, OR, SD and UT.)

Dental coverage

Here are the benefits you receive:

Level 3 — Plus

Service	Benefit
Preventive services	
<i>Includes: cleanings, exams, x-rays, fluoride and sealants. Two visits per person each policy year, separated by at least 150 days.</i>	\$100/visit
Basic services	
<i>In the first policy year, payments are 50% of the per-service benefit. After the first year, payments are 100% of the per-service benefit.</i>	
• Anesthesia	\$70 — \$275/service
• Fillings	\$90 — \$375/service
• Extractions	\$80 — \$100/service
• Denture Adjustment and Repair	\$55 — \$350/service
Major services	
<i>In certain states² there is a 180-day waiting period on major services. After the waiting period, payments are 50% of the per-service benefit for the remainder of the first policy year. After the first year, payments are 100% of the per-service benefit.</i>	
• Inlay/Onlay	\$20 — \$375/service
• Crowns	\$40 — \$450/service
• Endodontics	\$30 — \$400/service
• Periodontics	\$30 — \$325/service
• Dentures	\$275 — \$400/service
• Fixed Prosthodontics	\$175 — \$375/service
• Oral Surgery	\$75 — \$1,000/service
Annual maximum	
<i>The maximum calendar-year benefit for Basic and Major services. Preventive services benefits do not take away from Basic services benefits.</i>	\$1,500/year for Basic and Major services combined



Sample benefits for resin-based composite fillings:

One surface, anterior: \$110

Four or more surfaces, posterior: \$225

² The 180-day waiting period applies in all states except FL, KS, MN, MT, NJ, OH.

Limitations and Exclusions

This plan provides limited benefits for specified dental services and treatment.

It's not a major medical insurance plan and does not provide benefits for:

- Any procedure or treatment not shown on the list of covered services
- Procedures before the effective date, after the termination date of coverage, or in excess of the maximum calendar year benefit
- Any procedure performed by an immediate family member or a person other than a dentist or dental hygienist or, in Idaho, a dentist
- Any service that is not required for the preservation or restoration of oral health
- Experimental or investigative services
- Preventive services performed within 150 days of previously submitted preventive services
- Repairs to dental work within 180 days of the initial procedure
- Replacement prosthetics, crowns, inlays or onlays within 5 years of the previous placement
- Dental implants or the removal of implants
- Cosmetic services, unless performed to correct a functional disorder
- Orthodontic treatment and services
- Services performed outside the United States, its territories and Canada, except for emergency dental treatment
- Replacement of any tooth missing prior to the effective date

- Placement of full or partial dentures, including a Maryland Bridge, unless replacing a functioning natural tooth extracted while you were covered
- Inlays, onlays, bridgework or crowns for those under age 16, except for stainless steel or plastic crowns
- Any procedure or treatment required due to:
 - » War or any act of war
 - » Participation in the military service of any country or international organization
 - » Attempted suicide or self-inflicted sickness or injury
 - » Taking part in a riot or insurrection
 - » Participating in an illegal occupation or activity
 - » Voluntary use of any controlled substance, except when taken as instructed by a physician
 - » Riding in any aircraft not licensed to carry passengers or not operated by a duly licensed pilot
 - » Operating a motor vehicle while your blood alcohol level was over the legal limit

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the dental benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions.

Coverage is renewable provided that premiums are paid on time, there has not been fraud or misrepresentation by an insured person or any representative, there is compliance with the plan provisions, including eligibility requirements, Time Insurance Company has not discontinued or suspended active business operations and the plan has not been discontinued in this state. Time insurance Company has the right to change premium rates upon providing appropriate notice.

Dental Plan

Limitations and Exclusions

This plan provides limited benefits for specified dental services and treatment. It's not a major medical insurance plan and does not provide benefits for: Procedures before the effective date, after the termination date of coverage, during a waiting period, or in excess of the maximum calendar year benefit; preventive services performed within 150 days of previously submitted preventive services; repairs to dental work within 180 days of the initial procedure; replacement prosthetics, crowns, inlays or onlays within 5 years of the previous placement; dental implants or the removal of implants; cosmetic services, unless performed to correct a functional disorder; orthodontic treatment and services; replacement of any tooth missing prior to the effective date; placement of full or partial dentures, including a Maryland Bridge, unless replacing a functioning natural tooth extracted while you were covered; procedures performed by a person other than a Dentist or Dental Hygienist or by an insured's immediate family member. This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the dental benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Coverage is renewable provided that premiums are paid on time, there has not been fraud or misrepresentation by an insured person or any representative, there is compliance with the plan provisions, including eligibility requirements, Time Insurance Company has not discontinued or suspended active business operations and the plan has not been discontinued in this state. Time Insurance Company has the right to change premium rates upon providing appropriate notice.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available at www.medicare.gov/Publications/Pubs/pdf/02110.pdf.

THE DENTAL PLAN PROVIDES LIMITED BENEFITS. This plan does not meet minimum essential coverage as required by the Affordable Care Act. The plan DOES NOT meet the pediatric dental coverage level requirements as mandated by the Affordable Care Act. Pediatric dental coverage that meets the Affordable Care Act's coverage level requirement may be purchased through your state's marketplace or your insurance agent.

Plans subject to state availability. Careington Discount Card may be discontinued with notice.

Product Forms: 8079 Series, 8079.TX and 8079.VA

Disclosures:

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act.. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at www.cbsdental.com. A written list of participating providers is available upon request. Discount Medical Plan Organization and administrator: **Careington International Corporation**, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

This plan is not available in Vermont.

**To learn more, call (888) 585-8979
or visit www.cbsdental.com**

*Discount card administered by
Careington International Corporation*

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