

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**  
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A Stock Company

**DENTAL INSURANCE COVERAGE**  
**OUTLINE OF COVERAGE**

(Applicable to Policy Form Dental, including state abbreviations where applicable)

**THE POLICY PROVIDES LIMITED DENTAL INDEMNITY BENEFITS ONLY**

**THE POLICY IS NOT MEDICARE SUPPLEMENT COVERAGE.**

**If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.**

**Please Read the Policy Carefully**

This outline provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.

**Renewability**

The policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

**Coverage Provided by the Policy**

The policy is designed to insure any covered person for specified dental procedures. After enrolling in and being approved for coverage, you will receive a policy, including a Policy Schedule listing the Annual Maximums for each level and the Policy Schedule Addendum listing a specific schedule of dental procedures. This schedule will include benefit amounts and waiting periods under the policy. The benefit categories are listed below.

**BENEFITS**

**Dental Wellness**

**No waiting period**

We will pay the amount shown on the Policy Schedule if any covered person incurs a charge for a covered dental wellness procedure performed by a dentist or dental hygienist. We will pay for no more than two visits per calendar year per covered person. We will pay for one service per visit per covered person, regardless of the number of services performed. The visits must be separated by at least 150 days.

**Radiographic Image Procedure (X-Ray)**

**No waiting period**

We will pay the amount shown on the Policy Schedule if any covered person incurs a charge for a covered radiographic image procedure performed by a dentist or dental hygienist. This benefit is limited to one radiographic image procedure per covered person per visit and one benefit per covered person per calendar year.

**The benefits below are subject to the Waiting Period shown on the Policy Schedule Addendum and a Calendar Year Maximum shown on the Policy Schedule per covered person. The procedures must be performed by a dentist and are per covered person. The benefit amount for each procedure are listed on the Policy Schedule Addendum.**

**Filling and Basic Services**

**Waiting period: 3 months**

We will pay this benefit if any covered person incurs a charge for a covered filling or basic service listed on the Policy Schedule Addendum after the waiting period.

**Pain Management and Adjunctive Services**    **Waiting period: 3 months**

We will pay this benefit if any covered person incurs a charge for a covered pain management or adjunctive service listed on the Policy Schedule Addendum after the waiting period.

**Other Preventive Services****Waiting period: 6 months**

We will pay this benefit if any covered person incurs a charge for a covered preventive service listed on the Policy Schedule Addendum after the waiting period.

**Oral Surgery, Gum Treatments and  
Prosthetic Repair****Waiting period: 6 months**

We will pay this benefit if any covered person incurs a charge for a covered oral surgery, gum treatment or prosthetic repair listed on the Policy Schedule Addendum after the waiting period.

**Crowns and Major Services****Waiting period: 12 months**

We will pay this benefit if any covered person incurs a charge for a covered crown or major service listed on the Policy Schedule Addendum after the waiting period.

**Major Prosthetic Services****Waiting period: 24 months**

We will pay this benefit if any covered person incurs a charge for a covered major prosthetic service listed on the Policy Schedule Addendum after the waiting period.

**WHAT IS NOT COVERED BY THE POLICY**

We will not pay benefits for:

**Coding convention errors, misrepresentations or upcoding**

A Dentist or dental practice's failure to comply with the current American Dental Association coding convention, including but not limited to upcoding, the overutilization of certain codes, and/or the misrepresentation of services, such as unbundling.

**Crown replacement**

Services to treat crowns for a given tooth within five years of last placement, regardless of the type of crown.

**Inlay or onlay replacement**

Services to replace inlays or onlays for a given tooth within five years of last placement.

**Procedures prior to the effective date**

Procedures performed prior to the Policy Coverage Effective Date.

**Procedures prior to the expiration of the waiting period**

Procedures performed prior to expiration of the waiting period, if any, for the specified benefit.

**Prosthetic replacement**

Services to replace prosthetics within five years of last placement.

**Repairs**

Repairs to dental work within six months of the initial procedure.

**Sealant limitation**

Benefits for sealants are limited to secondary molars for dependent children under age 16 and will not be payable more often than once every five years.

**Teeth missing before the effective date**

No benefits will be paid for replacement of teeth that were missing before the Policy Coverage Effective Date.

**Treatment outside of the United States**

Treatment received outside of the United States or its territories.

**Unlisted procedures**

Procedures not listed on the Policy Schedule or Policy Schedule Addendum, unless the code has been revised or replaced by the American Dental Association.

**Unrecommended or unrequired services**

Services not recommended by a Dentist, or services not required for the preservation or restoration of oral health.