

ALL OTHER STATES



INDIVIDUAL DENTAL INSURANCE FOR YOU & YOUR FAMILY

DUAL OPTION



Underwritten by:

SECURITY LIFE
INSURANCE COMPANY OF AMERICA

10901 Red Circle Drive
Minnetonka, MN 55343

Distributed by:

**DIRECT
BENEFITS** INC.

Plan Coordinator:

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

No Waiting Periods

Choose Your Own Dentist Option

Three Cleanings Per Year

Lifetime Deductible

Up to \$3,500 Annual Maximum
Beginning Year Three

Optional Vision Coverage

30 Day Satisfaction Guarantee

S11607 (rev 01/2016)

The Spirit Network 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 Maximum Care network provider and a plan that best fits the needs for you and your family. The Maximum Care network is part of the Careington dental network providing over 200,000 access points nationwide. You will receive immediate network discounts when you see a Maximum Care provider as well as 5% to 50% discounts on other dental services. To find a Maximum Care provider near you, please visit www.careington.com/co/slica.

Plan includes a \$100 lifetime deductible combined for Preventive, Basic and Major Services. Lifetime deductible is per person covered by the plan.

Spirit Network 3500

This policy pays for covered dental expenses for Maximum Care network and non-network providers based on the contracted fee amount negotiated with Maximum Care 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%. Additionally, your calendar year maximum benefit amount will automatically increase in your second and third years of coverage. Your maximum benefit amount starts in year one at \$1,200, increases to \$2,500 in year two and in year three and subsequent years remains at \$3,500.

Covered Services

	Preventive	Basic	Major	Ortho	Max Benefit	PREVENTIVE	MAJOR	ORTHODONTIA
Year 1	100%	50%	25%	10%	\$1,200	<ul style="list-style-type: none"> Two exams per calendar year Three cleanings per calendar year 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
Year 2	100%	65%	50%	25%	\$2,500	<ul style="list-style-type: none"> Space maintainers One series of bitewing x-rays per year Sealants under age 16 One topical fluoride per year under age 16 		
Year 3	100%	80%	50%	50%	\$3,500			

SPIRIT NETWORK 3500		Rates effective 2/15/2016						
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	
Applicant	\$31.16	\$34.48	\$37.80	\$41.54	\$45.69	\$50.26	\$55.25	
Applicant + One	\$63.93	\$70.75	\$77.57	\$85.24	\$93.76	\$103.14	\$113.37	
Applicant + Family	\$111.26	\$123.13	\$135.00	\$148.35	\$163.19	\$179.50	\$197.31	

AREA (STATE) DEFINITIONS											
(If your state is not listed, please contact your agent for a state specific brochure. Enroll online at www.spiritdental.com)											
Alabama		Florida		Kansas		Michigan		Ohio		Vermont	
All Areas	1	330-334	5	660-662, 666	2	480-483	5	430-432, 440-442	3	All Areas	4
Arizona		341-342	4	670-672	2	484-485, 488-492	4	All Others	2	Virginia	
851, 855-856	2	All Others	3	All Others	1	All Others	3	Oklahoma		201, 220-225	5
859, 865	2	Georgia		Kentucky		Minnesota		730-731	3	226, 228-229	3
All Others	3	300-303, 308-309	3	400-402, 410, 422	3	550-554	4	740-741	2	240-241	3
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California		All Areas	5	All Others	1	All Areas	1	All Areas	4	West Virginia	
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934, 938-939, 942	6	All Others	3	All Others	1	687	3	170-171, 175-176	3	Wisconsin	
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800-806, 808-809	5	Iowa		All Others	3	All Others	4	South Carolina		Wyoming	
All Others	3	500-503	3	Maryland		New Hampshire		All Areas	2	All Areas	2
Delaware		511, 515, 520	2	208-209	6	030-031, 038	6	South Dakota			
199	3	522-524, 527-528	2	213, 215-216, 218	4	All Others	5	All Areas	2		
All Others	5	All Others	1	All Others	5	North Dakota		Utah			
Dist Columbia						580-581, 585	3	All Areas	2		
All Areas	7					All Others	2				

* The Spirit Network plan is not available in the PA counties of: Adams, Bradford, Cameron, Forest, Huntington, Mifflin, Montour, Potter, Tioga and Warren.

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

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Dental Network:

MAXIMUM CARE

Careington Dental Network

www.careington.com/co/slica



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Spirit Network 1200

This policy pays for covered dental expenses for Maximum Care network and non-network providers based on the contracted fee amount negotiated with Maximum Care 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%. Your calendar year maximum benefit amount is \$1,200 each year.

Covered Services

	Preventive	Basic	Major	Ortho	Max Benefit	PREVENTIVE	MAJOR	ORTHODONTIA
Year 1	100%	50%	25%	10%	\$1,200	-- Two exams per calendar year -- Three cleanings per calendar year	-- 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	-- 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
Year 2	100%	65%	50%	25%	\$1,200	BASIC -- Space maintainers -- One series of bitewing x-rays per year -- Sealants under age 16 -- One topical fluoride per year under age 16		
Year 3	100%	80%	50%	50%	\$1,200			

SPIRIT NETWORK 1200		Rates effective 2/15/2016						
		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
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

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All Others	3	500-503	3	Maryland		New Hampshire		All Areas	2	All Areas	2
Delaware		511, 515, 520	2	208-209	6	030-031, 038	6	South Dakota			
199	3	522-524, 527-528	2	213, 215-216, 218	4	All Others	5	All Areas	2		
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Why should you choose the Spirit Network plan?

In addition to paying lower monthly premiums, the Spirit Network plan 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 Major Service –

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

SPIRIT NETWORK When you receive care from a participating network dentist		SPIRIT CHOICE When you receive care from a dentist of your choice	
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	- \$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 Spirit Network 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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325 Cedar Street, Suite 800
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651.649.3503 • 800.620.5010
www.directbenefits.com

This Spirit Choice 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 dentist, and a plan that best fits the needs for you and your family.

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Spirit Choice 3500

This 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, 50% for Basic and 25% for Major Services in year one. In year two, Preventive Services increases to 100%, Basic Services increases to 65% and 50% for Major. In year three, Basic Services increase to 80%. Additionally, your calendar year maximum benefit amount will automatically increase in your second and third years of coverage. Your maximum benefit amount starts in year one at \$1,200, increases to \$2,500 in year two and in year three and subsequent years remains at \$3,500.

Covered Services

	Preventive	Basic	Major	Max Benefit
Year 1	50%	50%	25%	\$1,200
Year 2	100%	65%	50%	\$2,500
Year 3	100%	80%	50%	\$3,500

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

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

SPIRIT CHOICE 3500		Rates effective 2/15/2016						
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	
Applicant	\$42.06	\$46.55	\$51.03	\$56.08	\$61.69	\$67.86	\$74.59	
Applicant + One	\$84.12	\$93.09	\$102.07	\$112.16	\$123.38	\$135.71	\$149.17	
Applicant + Family	\$134.60	\$148.95	\$163.31	\$179.46	\$197.41	\$217.15	\$238.68	

AREA (STATE) DEFINITIONS

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All Areas	1	330-334	5	660-662, 666	2	480-483	5	430-432, 440-442	3	All Areas	4
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All Others	7	460-464	3	039-041	5	Nevada		183, 189-194	5	545-548	3
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Covered Services

	Preventive	Basic	Major	Max Benefit	PREVENTIVE	MAJOR
Year 1	50%	50%	25%	\$1,200	<ul style="list-style-type: none"> -- Two exams per calendar year -- Three cleanings per calendar year 	<ul style="list-style-type: none"> -- 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
Year 2	100%	65%	50%	\$1,200	<ul style="list-style-type: none"> BASIC -- Space maintainers -- One series of bitewing x-rays per year -- Sealants under age 16 -- One topical fluoride per year under age 16 	
Year 3	100%	80%	50%	\$1,200		

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SPIRIT CHOICE 1200		Rates effective 2/15/2016						
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	
Applicant	\$33.03	\$36.55	\$40.08	\$44.04	\$48.44	\$53.29	\$58.57	
Applicant + One	\$66.06	\$73.11	\$80.15	\$88.08	\$96.89	\$106.58	\$117.15	
Applicant + Family	\$105.70	\$116.97	\$128.25	\$140.93	\$155.02	\$170.53	\$187.44	

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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: When you enroll on-line your coverage may start as soon as tomorrow. Do not cancel any other insurance or assume you are insured under this plan until you receive written confirmation from Direct Benefits. Please note your enrollment may take 2-3 business days to be processed and accessible through any network providers.

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 periodontal 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.

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, minus the enrollment fee*, 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.

*Plan includes a one-time non-refundable enrollment fee of \$25. This charge will be made at the time of purchase and may appear as a separate transaction from your dental insurance.

Optional Vision Insurance



Spirit's optional vision plan utilizes 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 independent providers and major retail chains.

Eye Examinations

Annual eye exams do more than check vision. Exams can detect a variety of 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

- Locate a provider at www.eyemedvisioncare.com. Register to use the secure member site once enrolled, or choose Access from the locator drop-down box.
- Present your ID card which includes your 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: 9926759



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)

Plan covers 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)

Plan covers a \$130 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 \$130.

CONTACT LENSES (instead of lenses and frame)

\$20 copay (once every 24 months)

Plan covers a \$130 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 \$130, member 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	
Applicant:	\$7.00
Applicant + 1:	\$14.00
Applicant + 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 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; c) not visually necessary to restore or maintain a patient's visual acuity and health; d) not meeting the accepted standards of vision practice; e) experimental in nature; or f) covered under any other insurance policy providing vision care.
2. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses.
3. Plano lenses and/or contact lenses (less than a $\pm .50$ diopter power).
4. Non-prescription sunglasses.
5. Two pair of glasses in lieu of bifocals or trifocals.
6. Medical and/or surgical treatment of the eye, eyes, or supporting structures.
7. Any eye or vision examination, or any corrective eyewear, required as a condition of employment; Safety eyewear.
8. 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.
9. Corneal refractive therapy or orthokeratology.
10. Artistically painted contact lenses.
11. Additional office visits for contact lens pathology.
12. Contact lens modification, polishing or cleaning.
13. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
14. Services rendered after the date an Insured ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the Insured are within 31 days from the date of such order.
15. Charges for service agreements or insurance policies.
16. Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies.
17. Telephone consultations, charges for failure to keep a scheduled appointment, or charges for completion of a claim form.
18. Codes that are by report.
19. 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: 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.

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.

Security Life Insurance Company of America
PO Box 10095
Lancaster, PA 17605

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.
 - Maximum Care (Careington) Dental Network – www.careington.com/co/slica or 800-290-0523.

How do I make status changes or request a new ID card?

- Many changes can be made by using the Security Life self-service tool called MyPortal. With MyPortal you have access to your policy information on any device, anytime, anywhere. MyPortal gives you the ability to:
 - View and edit personal and dependent information
 - View and edit payment information
 - View and add or delete dependents
 - Request to terminate coverage
 - Request an ID card
- Registering online is easy! You just need your Member ID, located on your ID card. Get started by registering at: www.securitylife.com/myportal.
- You can also make changes by using a paper Change Form and submitting to Security Life. You can obtain a paper form by calling customer service at 866-619-6095.
- Please note that changes in coverage may decrease or increase your premium with any increase amount due at the time of change.

What can you tell me about Security Life, the insurance company underwriting this plan?

- Security Life is a privately-owned insurance company established in 1956 headquartered in Minnetonka, Minnesota, with an administrative office in Lancaster, PA. Security Life, and its sister company in New York, Security Health Insurance Company of New York, Inc., provide ancillary insurance benefits for both individuals and groups on a national basis.

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 8000 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 & VISION

Enroll Online at
www.spiritdental.com



DIRECT
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www.directbenefits.com