

What is The Competitor Smile Dental?

Competitor Smile Dental offers you access to high quality, affordable dental coverage for your entire family. Coverage is provided for preventive, basic and major dental services.

How are benefits covered?

Competitor Smile Dental pays benefits for each covered person in the following manner:

First, you meet the \$50.00 Calendar Year Deductible per person. (Maximum of three individual deductibles per family.)

Then Competitor Smile Dental pays a percentage of covered expenses based on the Reasonable and Customary (R&C) fees for those Covered Expenses. You can select your own dentist.

SERVICES	BRONZE	SILVER	GOLD
Preventive: Exams, Cleaning, Fluoride Treatments			
Year One	100%	100%	100%
Year Two	100%	100%	100%
Third Year and After	100%	100%	100%
Waiting Period	None	None	None
Basic: X-rays, Fillings, Extractions and Oral Surgery			
Year One	20%	20%	20%
Year Two	40%	40%	40%
Third Year and After	60%	60%	60%
Waiting Period	None	None	None
Major: Crowns, Bridges, Dentures and Root Canals			
Year One	No	10%	10%
Year Two	Coverage	25%	25%
Third Year and After		50%	50%
Waiting Period		None	None
Calendar Year Maximum (Per Person)	\$750	\$1,000	\$1,500

What is an Eligible Expense?

Expenses must be incurred while the Policy is in force and the person is covered by the Policy. To be an Eligible Expense, the dental services must be performed by: • A licensed Dentist acting within the scope of his license; • 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.

When is an Eligible Expense considered 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 day surgery is performed. • For all other services — on the date the service is performed.

Who is the Administrator?

Health Plan Administrators, Inc. (HPA) is a fully licensed, full service Third Party Administrator servicing business worldwide. HPA provides state of the art industry leading insurance services.

1-800-544-9505

www.ConsumerBenefits.net

This brochure provides a brief description of the benefits, exclusions and other provisions of the policy or certificate Form Master Policy #GH-1112-38090 issued to the Voluntary Group Trust. For a complete listing, see the policy or certificate. Benefits may vary in different states. This dental insurance plan may not be available in all states.

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The Competitor Smile Dental Insurance Plan

THE IDEAL SOLUTION FOR

- Individuals and families
- Business owners and employees

NEW & IMPROVED FEATURES

- Choice of \$750, \$1,000 or \$1,500 calendar year maximum per insured person
- Eligible for ages 18 years through 64 and older
- Freedom to choose any dentist
- No waiting periods
- 12 month rate guarantee
- Benefits for preventive, basic and major services

Underwritten by: Security Life Insurance Company of America
Minnetonka, Minnesota

Administered by: Health Plan Administrators, Inc.

Marketed by:

Long Term Consumer Care, Inc.
N27 W23960 Paul Rd - Suite 201
Pewaukee, WI 53072

Toll Free: 1-800-544-9505

What services are covered?

Preventive Services

Routine oral examinations of mouth and teeth:

2 per calendar year

Prophylaxis (cleaning, scaling and polishing teeth),

2 per calendar year

Topical fluoride, 1 per calendar year to age 16

Space maintainers (non-orthodontic)

Basic Services

Diagnostic X-rays (full or panoramic), 1 in any

3 year period

Bitewing X-rays: 2 per calendar year

Simple extraction of one or more teeth

Pin retention of fillings

Fillings (restorations) using amalgam, silicate, acrylic, synthetic porcelain and composite filling materials

Antibiotic injections administered by a Dentist

Oral surgery and postoperative care for removal of one or more teeth, extraction of tooth root, alveolectomy, alveoplasty, frenectomy, excision for biopsy, reimplantation or transplantation of a natural tooth, excision of a tumor or cyst and incision and drainage of an abscess or cyst

General anesthesia and analgesic, including intravenous sedation for oral surgery

Major Services

Endodontic treatment of diseases of the tooth, pulp, root and related tissue

Periodontic services

Study models, 1 in a 3 year period

Crown build-up for non-vital teeth

Recementing and restoration of inlays, onlays and crowns

Recementing bridges

Repairs to full or partial dentures or bridges, one every 2 years

Prosthetic services (dentures or bridgework)

What is a Reasonable and Customary Fee?

This plan reimburses you for covered dental expenses based upon “Reasonable and Customary” fees. Reasonable and Customary fees are charges that do not exceed the general level of charges being made by other providers of dental services in the geographic area where the charge is incurred.

Who is eligible for this coverage?

This plan is offered to individuals and their spouse ages 18 through 64 and their eligible dependents (unmarried children from birth to age 19 or 23 if a full-time student — this is subject to state requirements.) Coverage may also be obtained by individuals and their spouse ages 65 and older.

When does my coverage start?

Coverage starts on the effective date. The effective date issued will begin on the 1st of the month (at 12:00 a.m.), following HPA, Inc.’s receipt of the completed Enrollment Form and payment of the first month of premium.

What are my payment options?

You can pay in monthly installments by check, credit card, or auto bank withdrawal. We accept MasterCard, Visa or Discover credit cards. A list bill option is available. Please call HPA at 1-800-277-3323 for information and a list bill application form.

What services are not covered?

These services are not covered by Competitor Smile Dental:

- Overdentures and associated procedures
- Replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function
- Replacement of lost or stolen appliances, orthodontic retainers, athletic mouth guards, precision or semi-precision attachments, denture duplication, or for sealants
- Hygiene instructions, plaque control, acid etch, broken appointments, prescription or take-home fluoride or diagnostic photographs
- Services not completed by the end of the month in which coverage terminates
- Orthodontic services

This is not a complete listing of exclusions. For a complete listing see the policy or certificate.

What is an Alternate Benefit?

An alternate benefit will apply: (1) If we determine that a less expensive alternative procedure, service or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and (2) the alternative treatment will produce a professionally satisfactory result; then the maximum we will allow will be the charge for the less expensive treatment.

Vision Plus Discounts

This add-on discount benefit from HPA lets you save up to 75% on vision services, up to 50% on hearing services and vitamins and nutritional supplements. Also save on teeth whitening.

**The Vision Plus Discount is not affiliated with Security Life Insurance Company of America, nor is it a part of the dental insurance plan and it's optional.*



Dental Enrollment Form for Security Life Insurance Company of America

A. TELL US ABOUT YOURSELF

Applicant Full Name _____
 Date of Birth ____/____/____ Age _____ Sex _____
 Social Security # ____-____-____ Telephone (____) ____-____
 Street Address _____
 City _____ State _____ Zip _____

B. WILL DEPENDENTS ALSO BE COVERED?

Persons to be covered: Myself Only Myself and Spouse
 Myself and Children Myself and Family

Spouse's Name _____
 Date of Birth ____-____-____ Age _____ Sex _____
 Social Security # ____/____/____
 Child's Name _____ Age _____ Sex _____
 Social Security # ____-____-____ Date of Birth ____/____/____
 Child's Name _____ Age _____ Sex _____
 Social Security # ____-____-____ Date of Birth ____/____/____
 Child's Name _____ Age _____ Sex _____
 Social Security # ____-____-____ Date of Birth ____/____/____

Does your spouse have a dental plan? Yes No

With whom? _____

Are your dependents enrolled under your spouse's plan? Yes No

Do you claim a tax exemption for all eligible dependents listed? Yes No

Are all dependent children listed over age 18 full-time students? Yes No

C. CHOOSE YOUR DESIRED COVERAGE

Effective date: 1st Month: _____
 Select a plan: Gold \$1,500 Silver \$1,000 Bronze \$750

GHA-1112
 S105121 (11-07)

D. SELECT YOUR PAYMENT OPTIONS

Total rate (from rate section on opposite page) \$ _____

Select your payment method:

Check or money order. Enclose initial payment to Security Life Insurance Company of America, with application. (Minimum of 2 months paid with enrollment)

Credit Card: VISA Mastercard Discover
 Account # _____ Expiration _____

I authorize Health Plan Administrators, Inc., to charge the above credit card monthly for the rate and fees listed.

Signature _____ Date _____

Automatic bank withdrawal. Enclose initial payment and a voided check with application.

Your Security Life Insurance Company of America monthly rate and fee will automatically be withdrawn from your checking account.

I request that (bank name) _____

(address) _____

pay and charge my account debits drawn from my account by Health Plan Administrators, Inc., to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may at any time, end this agreement by giving 30 days advance written notice to me and to Health Plan Administrators, Inc. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature _____ Date _____

E. SIGN YOUR APPLICATION

By my signature below, I hereby apply for dental coverage under Master Policy Series #GH-1112-38090 issued to the Voluntary Group Trust.

Applicant's signature _____ Date _____

Make checks payable to:

Security Life Insurance Company of America

Mail application to:

HPA, Inc., P.O. Box 15250, Rockford, IL 61132-5250

AGENT USE ONLY

Are you currently appointed with Security Life Insurance Company of America? Yes No

Agent Name LTCC, Inc

HPA # T0017000000

Address N27W23960 Paul Rd STE 201

City Pewaukee State WI Zip 53072

Phone 8005449505 Email _____

GA Name _____ # _____

MGA Name _____ # _____

Calculate Your Rates

1. Based on the plan desired and people to be insured. Enter your monthly rate. \$ _____

2. Locate your state and zip code prefix. Enter the factor. _____

3. Multiply the rate by the factor. x \$ _____

4. Add the Vision Plus Discount Fee + _____ 5.00
(Optional)

5. Add the monthly administration fee + \$ _____ 5.00

Subtotal \$ _____

6. Multiply by number of months
 [____ (months) x \$ ____ (subtotal) =] + \$ _____

7. Add the ONE-TIME enrollment fee + \$ _____ 20.00

Total Due \$ _____

COMPETITOR SMILE DENTAL RATE CHART EFF. JAN. 1, 2008

	BRONZE	SILVER	GOLD
Adult Rates to Age 65	\$750	\$1,000	\$1500
Single	17.54	29.06	31.97
Single & Spouse	33.32	55.23	60.75
Single & Children	36.40	60.32	66.35
Family	51.73	85.74	94.32
Senior Rates 65 & Older			
Single	22.80	37.79	41.57
Single & Spouse	43.31	71.80	78.97

Save time and postage when paying by credit card,

fax your completed application toll free to:

1-888-FAX-HPA1 (329-4721)

**COMPETITOR SMILE DENTAL
ZIP CODE & AREA RATE FACTOR CHART**

Alabama	Kansas	Oklahoma
350-355, 359 1.00	660-662 0.91	740-743 0.91
All Areas 0.83	All Other 0.83	All Other 0.83
Alaska	Kentucky	Oregon
995-996 1.61	All Areas 0.83	977 1.00
All Areas 1.33	Louisiana	978 0.83
Arizona	707-711 0.91	All Areas 1.10
856-857, 864 0.91	712 1.00	Pennsylvania
All Other 0.83	All Other 0.83	170-178, 182-187 0.91
Arkansas	Michigan	190-192 1.00
All Areas 0.83	480-483, 490-491 0.91	All Other 0.83
California	488-489 1.00	South Carolina
900-905 1.46	All Other 0.83	All Areas 0.83
906-914 1.33	Minnesota	Tennessee
915-916 1.61	553-558, 564, 566 0.91	373-374 0.91
917-918 1.10	All Other 0.83	All Other 0.83
919-927, 930-934 1.33	Mississippi	Texas
939 1.33	390-392 0.91	751-753 1.00
943-948 1.10	All Other 0.83	754 1.10
956-958 1.00	Missouri	756-757, 776-777 0.83
949, 961 1.33	640-641, 644-649 0.91	All Other 0.91
959 1.10	All Other 0.83	Utah
All Other 1.21	Montana	All Areas 0.83
Colorado	590-591 0.83	Virginia
803, 808-810 1.10	599 0.91	201, 220-221 1.21
All Other 0.83	All Other 1.00	222-223 1.33
Delaware	Nebraska	224-225, 230-232 0.83
All Areas 0.91	All Areas 0.83	228-229, 240-244 0.91
Dist Columbia	Nevada	233-237 1.21
All Areas 1.33	890-891 0.91	All Other 1.10
Georgia	894-895, 898 1.33	Washington
300-303 0.91	All Other 1.10	982-984 1.10
All Other 0.83	New Mexico	990-992 1.00
Hawaii	881 0.91	993 1.33
All Areas 1.00	882 1.21	All Other 1.21
Idaho	All Other 0.83	West Virginia
All Areas 0.83	North Carolina	255-257 1.10
Illinois	277 0.91	262-265 1.00
600-605 0.91	286 1.00	All Other 0.91
606-608 1.00	287-289 0.91	Wisconsin
All Other 0.83	All Other 0.83	All Areas 0.83
Indiana	North Dakota	Wyoming
463-464 0.91	580-581 0.91	All Areas 0.83
473 1.00	All Other 0.83	
All Other 0.83	Ohio	
Iowa	All Areas 0.83	
All Areas 0.83		

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Fraud Warning Statements

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

Arkansas

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

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder 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.

District of Columbia

WARNING: 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, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana

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

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is guilty of insurance fraud.

Pennsylvania

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 to and civil penalties.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.