

# International Citizen Series

Coverage that goes far and beyond



## Introducing New Dental Rider

**PROTECT  
YOUR  
SMILE**  
Wherever you go!

### ELIGIBLE DENTAL EXPENSES

Subject to the Deductible, Coinsurance and Limits set forth in SCHEDULE OF DENTAL BENEFITS AND LIMITS, Underwriters will pay the following expenses incurred while this insurance is in effect:

#### Class A: Preventative (limited to children age 9 through 16)

1. Routine oral exams. This includes the cleaning and scaling of teeth. Limit of two exams per Certificate Period and no more than once each 6 months.
2. One bitewing x-ray every two years provided this insurance has been in effect for at least 12 months prior to the first bitewing x-ray.
3. One full mouth x-ray every five years, provided this insurance has been in effect for at least 24 months prior to the first full mouth x-ray.
4. One fluoride treatment each Certificate Period.
5. Space maintainers if necessary to replace primary teeth.

#### Class B: Basic Dental Procedures

1. Dental x-rays not included in Class A, necessary to diagnose and or treat a covered procedure or condition.
2. Oral surgery. Oral surgery is limited to removal of teeth in preparation of the mouth for dentures and removal of tooth-generated cysts of less than ¼ inch.
3. Periodontics (gum treatments).
4. Endodontics (root canals).
5. Extractions. This includes local anesthesia and routine postoperative care.
6. Recementing bridges, crowns or inlays.
7. Fillings, other than gold.
8. General anesthetics, upon demonstration of Medical Necessity.
9. Antibiotic drugs.

#### Class C: Major Dental Procedures

1. Restorations, including inlays, onlays and foil fillings. The cost of gold restorations in excess of the cost for amalgam, synthetic porcelain or plastic materials will be included only when the teeth must be restored with gold.
2. Installation of crowns.
3. Installing precision attachments for removable dentures.
4. Installing partial, full or removable dentures to replace one or more natural teeth that were extracted while the person was covered for this benefit. This also includes all adjustments made during a six-month period following installation.
5. Addition of clasp or rest to existing partial removable dentures.
6. Initial installation of fixed bridgework to replace one or more natural teeth which were extracted while the person was covered for this benefit.
7. Repair of crowns, bridgework and removable dentures.
8. Rebasement or relining of removable dentures.
9. Replacing an existing removable partial or full denture or fixed bridgework; adding teeth to existing bridgework to replace newly extracted natural teeth. However, this item will apply only if one of these tests is met:
  - a. The replacement or addition of teeth is required because of one or more natural teeth being extracted after the person is covered under these benefits.
  - b. The existing denture or bridgework was installed at least five years prior to its replacement and cannot currently be made serviceable.
  - c. The existing denture is of an immediate temporary nature. Further, replacement by permanent dentures is required and must take place within 12 months from the date the temporary denture was installed.

### PREDETERMINATION OF BENEFITS

Before starting a dental treatment for which the charge is expected to exceed \$250.00, a Predetermination of Benefits form must be submitted. This form must include an itemization of all recommended services and costs and all supporting x-rays, and should be submitted to the Plan Administrator. The Plan Administrator will notify the Insured Person of the benefits payable under this insurance.

	Year 1	Year 2	Year 3 and after
<b>Preventative Dental Benefits</b>			
<b>Children age 9 through 16 (after 3 months of continuous coverage)</b>	100%	100%	100%
<b>Basic Dental Benefits (after 6 months of continuous coverage)</b>	50%	65%	80%
<b>Major Dental Benefits (after 6 months of continuous coverage)</b>	30%	40%	50%
<b>Dental Deductible</b>	\$100.00 per Certificate Period	\$100.00 per Certificate Period	\$100.00 per Certificate Period
<b>Maximum Dental Benefits</b>	\$500.00 per Certificate Period	\$750.00 per Certificate Period	\$1,000.00 per Certificate Period

If a Predetermination of Benefits form is not submitted in advance, Underwriters reserve the right to make a determination of benefits payable taking into account alternative procedures, services or courses of treatment, based on accepted standards of dental practice. If verification of necessity of dental services cannot reasonably be made, benefits may be forfeited.

### ALTERNATE TREATMENT

Many dental conditions can be treated in more than one way. If an Insured Person chooses a more expensive treatment than is needed to correct a dental problem according to accepted standards of dental practice, the benefit will be based on the cost of the treatment which provides professionally satisfactory results at the most cost-effective level.

### DENTAL EXCLUSIONS

The following charges, treatments, care, services, supplies and/or conditions are excluded from coverage hereunder:

1. Services that are excluded under EXCLUSIONS of the Certificate to which this Rider is attached, except as specifically modified herein.
2. Services that, to any extent, are payable under ELIGIBLE MEDICAL EXPENSES of the Certificate to which this Rider is attached.
3. Services which are not specifically included herein.
4. Crowns for teeth that are restorable by other means or for the purpose of Periodontal Splinting.
5. Crowns, fillings or appliances that are used to connect (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or are Cosmetic.
6. Implants, including any appliances and/or crowns and the surgical insertion or removal of implants.
7. Replacement of lost or stolen appliances.
8. Orthognathic surgery.
9. Personalization of dentures.
10. Oral hygiene, plaque control programs or dietary instructions.
11. Sealant.
12. Bleaching.

Rates		
<b>Annual Premium</b>	<b>US Citizen</b>	<b>\$ 348.00</b>
	<b>All Other</b>	<b>\$ 492.00</b>