



The Competitor Award

VOLUNTARY GROUP DENTAL INSURANCE PLAN FOR EMPLOYER GROUPS OF 2 OR MORE

Why more and more employers include a voluntary dental insurance plan with their employee benefit package!

Dental benefits help keep employees working. There are an estimated 20.5 million workdays lost annually due to oral health problems.* Many of these problems could have been avoided, through early detection during a checkup or cleaning at the dentist office.

Dental diseases, if untreated, can lead to severe infections. Other more serious diseases can even be detected by an oral examination, like diabetes, cancer, bulimia, AIDS, periodontal disease and even nutritional disorders.

This makes the cost to an employer greater than the cost of offering dental benefits.

*Source: National Center for Health Statistics.

Covered Services (per insured person)	Bronze	Silver	Gold
Preventative <i>Exams, X-rays, Cleaning</i>	80%*	100%	100%
Waiting Period	0	0	0
Calendar Year Deductible	\$50	0	0
Basic <i>Fillings, Extractions, Oral Surgery</i>	50%*	50%	80%
Waiting Period	6 Months	6 Months	3 Months
Major <i>Crowns, Bridges, Root Canals, Dentures, Perio Surgery</i>	50%	50%	50%
Waiting Period	18 Months	12 Months	12 Months
Calendar Year Deductible (Combined Basic and Major)	\$75	\$50	\$50
Orthodontia <i>Straightening of Teeth</i>	50%	50%	50%
Calendar Year Deductible	0	0	0
Waiting Period	24 Months	24 Months	24 Months
Calendar Year Maximum	\$500	\$500	\$500
Orthodontia Lifetime Maximum	\$1000	\$1000	\$1000
Takeover Benefits	Yes	Yes	Yes
Annual Maximum	\$1000	\$1000 or \$1500	\$1500

ELIGIBILITY:

Employees who are full-time (working 30 hours or more per week), under the age of 65, and their eligible dependents, which includes their spouse and unmarried children, natural or adopted from birth to age 19, or to age 23, if the child is a full-time student.

Groups for Schools Districts, Municipalities and Government Entities are subject to a 20% Premium Load. Groups in dental related industries or any seasonal employees are not eligible for coverage. There are no employer participation requirements

TAKEOVER BENEFITS:

Credit for prior time towards plan waiting periods is available to groups having prior employer sponsored dental insurance coverage. Any eligible employees must have been covered under the employer's sponsored plan immediately preceding the effective date of this coverage. This option is subject to a 15% Premium Load. Any new employee enrollments, subsequent to the effective date of this coverage, will not receive take over benefits.

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

Administered By:
Health Plan Administrators, Inc.,
Rockford, IL.

*X-rays are considered a Basic benefit under the Bronze Plan.

COVERED EXPENSES:

Deductibles, coinsurance and benefit maximums are per Covered Person.

Preventative 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
- Diagnostic X-rays (full or panoramic), 1 in any 3 year period
- Bitewing X-rays, 2 per calendar year.
- Space maintainers (non-orthodontic).

Basic Services

- 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 (including impacted teeth), extraction of tooth root, alveolectomy, alveoplasty, frenectomy, excision of pericoronal gingiva, exostosis, hyperplastic tissue, excision or oral tissue for biopsy, reimplantation or transplantation of a natural tooth, excision of a tumor or cyst and incision and drainage of an abscess or cyst.

Major Services

- Endodontic treatment of diseases of the tooth, pulp, root, and related tissue.
- Periodontic services.
- Study models, one in 3 year period.
- Crown build-up for non-vital teeth.
- Recementing inlays, onlays and crowns.
- Recementing bridges.
- Repairs to full or partial dentures or bridges, one in any 2 year period and not more than 20% of the cost of replacement (repairs within one year of placement are not covered).
- General anesthesia and analgesic, including intravenous sedation for oral surgery.
- Restoration services (inlays; onlays; crowns)
- Prosthetic services (dentures; bridgework)

Orthodontia Services

- Surgical therapy
- Appliance therapy
- Functional/myofunctional therapy

Orthodontia services are available only to insured children under age 19 and subject to a maximum benefit of \$500 per year per insured child and a \$1000 lifetime maximum per insured child.

ELIGIBLE EXPENSES:

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 Licensed dental hygienist acting under the supervision and direction of a Dentist.

ALTERNATE BENEFIT:

If: (1) 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.

COORDINATION OF BENEFITS:

This plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. This helps keep the cost of the plan reasonable.

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 day surgery is performed. Orthodontic services - on the date the appliance or bands are inserted or on the date a one-step orthodontic procedure is performed. For all other services - on the date the service is performed.

EXPENSES NOT COVERED:

No benefits will be paid for expenses incurred: for any portion of a charge for any service in excess of the Scheduled Benefit. For any procedure not listed as a Scheduled Benefit. for overdentures and associated procedure. For cosmetic procedures for replacement of full and partial dentures. Bridges, inlays, onlays or crowns that can be repaired or restored to normal function. For implants; and for (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouthguards; (d) precision or semi-precision attachments; (e) denture duplication; or for (f) sealants. For oral hygiene instructions; And for (a) plaque control; (b) the completion of claim form; (c) acid etch; (d) broken appointments; (e) prescription or take-home fluoride; or for (f) diagnostic photographs. For services not completed by the end of the month in which coverage terminates. For procedures that begun, but not completed. For those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge. For services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries for care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar law. That are applied toward satisfaction of a Deductible, if any.

TERMINATION OF COVERAGE:

Coverage terminates on the earliest of the following dates: the last day of the month in which you cease to be an employee; the last day of the month in which your dependent is no longer a dependent, as defined; the first of the month following your 65th birthday; subject to the Grace Period, the last day of the month for which premium has been paid be your employer on your behalf; or the date the policy ends.

ABOUT THE ADMINISTRATOR, HPA, INC:

HPA is a fully licensed, full service Third Party Administrator transacting business worldwide. HPA is a customer-driven company, differentiating itself through knowledge, experience and integrity gained through over 60 years of experience. With a professional customer service staff, policy administration and issuance; billing and premium processing; and renewal notification.

ABOUT SECURITY LIFE INSURANCE CO. OF AMERICA:

Over the years, Security Life has established an excellent reputation in the life and health insurance industry. Based in Minnesota and admitted in 42 states,. Security Life has more than \$3 billion of life insurance in force and \$150 million of gross premium income. In the last 40 years they've built a strong and secure insurance company that provides the quality service that you need and expect.

This brochure provides only a brief description of benefits. The complete plan provisions may be found in the Certificate of Insurance, which will be provided to all insured employees. Coverage is provided under Group Policy Series GH-1112 issued to the Employer's Voluntary Benefit Insurance Trust.

If you have questions regarding Award Group Dental plan benefits or need help with the enrollment instructions, call HPA, Inc. Sales Support at 1-800-277-3323, ext. 3.



The Competitor Award Group Dental Plan

Monthly Rates Effective December 1, 2005

(Underwritten by Security Life Insurance Company of America)

		(No Orthodontia Benefits)				(With Orthodontia Benefits)				(Takeover - No Ortho. Benefits)				(Takeover - With Ortho. Benefits)			
Plan	Options	Bronze	Silver	Silver Plus	Gold	Bronze	Silver	Silver Plus	Gold	Bronze	Silver	Silver Plus	Gold	Bronze	Silver	Silver Plus	Gold
Yearly Maximum		\$1,000	\$1,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,500	\$1,500
Area A	Employee	22.83	30.94	34.03	41.16					26.26	35.58	39.15	47.34				
	Emp+Spouse	43.41	58.79	64.68	78.22					49.90	67.61	74.37	89.95				
	Emp+Child(s)	47.39	64.20	70.62	85.43	56.30	73.11	79.54	94.32	54.49	73.83	81.22	98.24	64.75	84.08	91.47	108.47
	Emp+Family	67.39	91.28	100.42	121.44	76.29	100.18	109.32	130.35	77.48	104.97	115.47	139.66	87.73	115.20	125.71	149.91
Area B	Employee	25.65	34.76	38.24	46.25					29.51	39.98	43.98	53.19				
	Emp+Spouse	48.75	66.04	72.66	87.88					56.07	75.96	83.55	101.06				
	Emp+Child(s)	53.25	72.14	79.34	95.97	63.25	82.14	89.35	105.97	61.22	82.95	91.25	110.37	72.75	94.46	102.76	121.86
	Emp+Family	75.70	102.55	112.81	136.43	85.71	112.55	122.82	146.45	87.06	117.94	129.73	156.90	98.56	129.43	141.23	168.42
Area C	Employee	28.19	38.21	42.01	50.82					32.43	43.93	48.33	58.45				
	Emp+Spouse	53.58	72.58	79.84	96.57					61.61	83.47	91.82	111.05				
	Emp+Child(s)	58.51	79.27	87.19	105.47	69.51	90.27	98.19	116.45	67.28	91.16	100.27	121.28	79.94	103.81	112.92	133.91
	Emp+Family	83.19	112.70	123.97	149.93	94.19	123.69	134.97	160.93	95.67	129.60	142.56	172.42	108.30	142.23	155.20	185.08
Area D	Employee	30.73	41.65	45.80	55.40					35.35	47.89	52.67	63.70				
	Emp+Spouse	58.40	79.11	87.03	105.26					67.16	90.98	100.09	121.05				
	Emp+Child(s)	63.77	86.40	95.03	114.96	75.76	98.39	107.02	126.94	73.33	99.36	109.30	132.20	87.13	113.15	123.08	145.97
	Emp+Family	90.67	122.84	135.13	163.43	102.66	134.81	147.11	175.41	104.27	141.26	155.38	187.94	118.06	155.03	169.17	201.73
Area E	Employee	33.55	45.46	50.00	60.48					38.60	52.28	57.51	69.55				
	Emp+Spouse	63.76	86.37	95.02	114.92					73.32	99.33	109.27	132.15				
	Emp+Child(s)	69.62	94.32	103.75	125.51	82.71	107.41	116.84	138.57	80.06	108.47	119.33	144.32	95.13	123.53	134.37	159.35
	Emp+Family	99.00	134.11	147.52	178.42	112.08	147.18	160.61	191.50	113.83	154.22	169.65	205.18	128.89	169.26	184.69	220.24
Area F	Employee	36.09	48.90	53.79	65.05					41.51	56.23	61.86	74.81				
	Emp+Spouse	68.58	92.91	102.20	123.61					78.86	106.84	117.52	142.15				
	Emp+Child(s)	74.88	101.47	111.60	134.99	88.96	115.54	125.68	149.06	86.12	116.68	128.35	155.24	102.32	132.87	144.54	171.40
	Emp+Family	106.48	144.26	158.68	191.92	120.56	158.31	172.76	205.99	122.44	165.89	182.48	220.70	138.63	182.05	198.66	236.90
Area G	Employee	39.47	53.49	58.83	71.15					45.41	61.50	67.66	81.82				
	Emp+Spouse	75.02	101.61	111.78	135.20					86.26	116.86	128.55	155.47				
	Emp+Child(s)	81.90	110.98	122.06	147.66	97.31	126.37	137.46	163.03	94.19	127.62	140.38	169.79	111.92	145.32	158.08	187.47
	Emp+Family	116.46	157.78	173.55	209.90	131.86	173.16	188.95	225.30	133.93	181.44	199.58	241.38	151.62	199.12	217.29	259.11



The Competitor Award Group Dental

Award Group Dental Enrollment Instructions

1. The employer must select only one plan for his employees.
2. The same rates apply for all eligible employees.
3. The rates are guaranteed for 12 months, until the group's anniversary date.
4. The minimum enrollment is 2 employees.
5. The coverage effective date is on the 1st day of the month following HPA's receipt of the Employer Application and Employee Enrollment forms.
 - a. If the forms are received by the 15th, the coverage effective date is the 1st of the next month.
 - b. If the forms are received after the 15th, the coverage effective date is the 1st of the month following the next month.
6. The coverage is not activated until the first premium is received.
7. If the employer selected the Takeover option, the employees eligible for takeover benefits must submit their completed Employee Enrollment form within 30 days of the requested effective date.
8. The Employer will receive a list billing notice each month.
9. The coverage will terminate if the premiums are not received within the 31 day grace period.
10. Use the employer's address zip code to determine the correct Area Rate for eligible employees.
11. Please add the monthly administration fee to each of the employees monthly rate.
The administrative fee schedule is listed below:
Add \$3.00 each, for employers groups of 2 -25
Add \$2.00 each, for employer groups of 26 -200
Add \$1.00 each for employer groups over 200

Make the Check Payable to:

Security Life Insurance Company of America

Mail the completed payments and the Employer Application and Employee Enrollment forms to:

**Health Plan Administrators, Inc.
P.O. Box 15250
Rockford, IL 61132-5250**

Area Rate Chart

Alaska	F	Missouri	A
Arizona	C	630-633,640-641	C
850-853,856-857	D	Montana	C
Arkansas	A	Nebraska	A
720-722	B	680-681	B
California	D	Nevada	C
900-904	G	890-891	D
913-916,926-951	F	893-894, 897	C
905-912,917-925	E	892, 895	E
952-958	E	New Mexico	B
Colorado	C	870-875	C
800-809,815-816	D	North Dakota	A
Delaware	D	Ohio	B
DC	E	440-444	D
Georgia	A	Oklahoma	B
300-303	C	730-731,740-748	C
Idaho	B	Oregon	D
Illinois	C	Pennsylvania	B
600-606	E	150-153,180-181	D
Indiana	B	189-194	D
460-466	C	South Carolina	A
Iowa	A	South Dakota	A
500-503	B	Tennessee	A
Kansas	B	370-374,380-383	B
660-666,670-672	C	Texas	C
Kentucky	B	770-777	E
Louisiana	A	750-753,760-767	D
700-701,707-711	C	Utah	A
Maryland	C	840-841	C
207-212	D	Virginia	C
Michigan	C	220-223	E
480-483	E	230-238	D
484-489,493-495	D	Washington	E
Minnesota	A	980-984	F
550-554	D	West Virginia	B
Mississippi	A	Wisconsin	B
390-392	B	535, 538	A
		Wyoming	B

