

DENTAL PLAN SOLUTIONS

SecureCare Dental focuses on providing the best dental benefits for employer groups of all sizes. We design our flexible dental insurance plans for large employers, while also insuring small employers covering as few as 2 employees. Our selection of plans include:

The Copay Plan

Emphasizes value with no annual maximum or network waiting periods. It is a scheduled PPO, not a DHMO. The Copay Plan is ideal for replacing prepaid/DHMO plans.

The PPO Plan

Offers in and out-of-network flexibility with significant employee savings. Employers can customize The PPO Plans to fit their benefit design requirements.

The Indemnity Plan

Provides the freedom to select a dentist from a large dental network or choose any other dentist of your choice.

Plan Highlights are:

◆ TRIPLE CHOICE PLANS

NATIONAL PPO NETWORK

♦ ON-LINE SERVICES

CUSTOMIZED PLANS

♦ ENDODONTICS & PERIODONTICS

INSURED ORTHODONTIA

Enroll Copay, PPO and Indemnity Plans together.

Coast-to-Coast dentist network with no balance billing for all plans.

Enroll, terminate and change employee coverage on-line.

Competitive pricing and expanded plan options.

May be a Type II (employer-sponsored) or Type III service.

50% / \$1,000 lifetime maximum / 12 month wait / child only - for groups enrolling 25 on PPO & Indemnity Plans.



MORE REASONS TO SMILE





DENTAL PLAN SOLUTIONS (EMPLOYER-SPONSORED & VOLUNTARY)

Plans listed are a selection of plan designs available. If you would like a different plan design, email us for a quote at quotes@securecaredental.com.

Triple Choice Plans: Groups enrolling 5 or more eligible employees may offer The Copay, PPO and Indemnity Plans as a dual or Triple Choice.

	THE COPAY PLAN	THE PPO PLAN							THE INDEMNITY PLAN								
		IN-	Some of the available Plan Options! IN- OUT-OF- IN- OUT-OF-						Some of the available Plan Options! IN- OUT-OF- IN- OUT-OF- IN- OUT-OF-								
		NETWORK	NETWORK	NETWORK	NETWORK	NETWORK	NETWORK	NETWORK NETWORK					NETWORK	NETWORK		NETWORK	
Туре І	See Schedule	100%	100%	100%	80%	100%	80%	100%*	100%	100%	100%	100%	80%	100%	100%	80%	
Туре II	See Schedule	90%	80%	90%	60%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%	60%	
Type III	See Schedule	60%	50%	60%	40%	50%	40%	50%	50%	50%	50%	50%	50%	50%	50%	40%	
Office Visit Copay	\$10	None \$10															
Endodontic /Periodontal	Type III	Type II (employer-sponsored) or Type III service															
Deductible	Calendar Year None \$50/\$150 \$75/225 \$100/\$300	Calendar Year Lifetime \$50/\$150 \$75/225 \$100/\$300 \$100															
Calendar Year Maximum	None	\$1,000 \$1,500 \$2,000 (per person)															
Orthodontia	Non-insured ortho – no lifetime maximum	Fully-insured ortho - \$1,000 lifetime maximum Non-insured ortho – no lifetime maximum															
Employer-Sponsored (Waiting Periods*)	Type I – None Type II – None or 3 months Type III – None/12 months	Type I – None Type II – None or 3 months Type III – 12 months Insured Ortho – 12 months Waiting period may be waived for qualified groups.															
Voluntary (Waiting Periods*)	Type I – None Type II – None Type III – None/12 months	Type I – None Type II – 6 months Type III – 12 months Insured Ortho – 12 months															
										Cre	ate custoi	n dental	quotes at w	ww.secure	careder	ntal.com	











*Blue color font refers to blue highlighted dentists in directory who are lowest cost providers.



*TAKE-OVER BENEFITS:

Month-to-month prior coverage credit for satisfaction of waiting periods met under employer's prior qualifying group dental plan.



Please ask about our Individual Plans.

A POPULAR TRIPLE CHOICE COMBINATION COMBINES:
THE COPAY PLAN | THE PPO PLAN | THE INDEMNITY PLAN

MORE REASONS TO SMILE

SECURE CARE DENTAL

GROUP INSURANCE

SECURE CARE DENTAL 1-888-429-0914 f: 800-275-4064

www.securecaredental.com

Marketed by SecureCare Dental
Administered by Southwest Preferred Dental Organization

Underwritten by: American Fidelity Assurance Company Oklahoma City, Oklahoma

Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details, consult the Certificate of Coverage. This brochure is intended for use with employers and is not for distribution to employees.

Policy Form Number: G-519.SA SB-20018-0607

(This form must be used in conjunction with form SB-21360)

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