



Outline of Coverage for  
Dental, Vision and Hearing (DVH) Policy DVA58(ID)  
with Rider RA71PP Passive Dental Preferred Provider for  
Dental Option

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## **Dental, Vision and Hearing Coverage Limited Benefit Policy**

### **Retain This Outline For Your Records**

#### **READ YOUR POLICY CAREFULLY**

This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract. Only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR POLICY CAREFULLY**.

#### **THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY**

If you are eligible for Medicare, review the "Guide to Health Insurance for People With Medicare" available from us.

#### **Limited Benefit Coverage**

Policies of this type are designed to provide, to persons insured, limited or supplemental coverage. This policy does not provide any benefits other than the coverage described below.

#### **Coverage Provided by the Policy**

Your policy provides benefits for (1) preventive, basic and major dental services, and (2) vision and hearing services. All benefits are subject to any applicable Waiting Period, Policy Year Deductible, Policy Year Maximum Benefit, Exceptions and Limitations and all other provisions of the policy. Refer to the Coverage Schedule provided with your policy for details.

Plans may be offered with or without a Preferred Provider Organization (PPO) for dental expenses. Please refer to your Policy for details.

#### **Policy Exceptions and Limitations**

Your policy does not cover any miscellaneous separate expense not considered an Eligible Expense.

We will not pay benefits for any of the following:

1. Items, treatments or services:
  - a. not listed as an Eligible Expense in the Coverage Schedule;
  - b. not prescribed by or performed by or under the direct supervision of a Dentist or a Provider;
  - c. not Medically Necessary;
  - d. any Experimental or Investigational procedure or treatment; or
  - e. performed by a member of your immediate family.
2. Services furnished primarily for cosmetic reasons, but does not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part.
3. Charges for any appliance or service that is used to:
  - a. change vertical dimension;
  - b. restore or maintain occlusion;
  - c. splint or stabilize teeth for periodontal reasons; or
  - d. treat disturbances of the temporomandibular joint (TMJ), unless mandated by state law.
4. Charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction.
5. Occlusal, athletic, or night guards.
6. Orthodontic treatment; implantology and related services; implants and all related procedures, including removal of implants.
7. Preventive root canal therapy.
8. Full mouth debridement.
9. Charges for any services that are considered to be an integral part of another service, such as pulp capping, surgical trays, or sutures.

10. Ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites.
11. Overdentures or precision attachments.
12. Space maintainers and sealants.
13. Preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly.
14. Duplicate or temporary devices, appliances, and services except as listed as an Eligible Expense.
15. Replacing a lost, stolen or missing appliance or prosthetic device.
16. Application of chemotherapeutic agents.
17. Oral hygiene, plaque control, diet instruction or infection control.
18. Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies.
19. Treatment or diagnosis received while outside the territorial limits of the United States.
20. Treatment which is:
  - a. due to an on-the-job or job-related illness or injury; or
  - b. a condition for which benefits are payable by Workers' Compensation or similar laws, whether or not benefits are claimed.
21. 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:
  - a. your employer, labor union or similar group, in its dental or medical department or clinic;
  - b. a facility owned or run by any government body; or
  - c. any public program, except Medicaid, paid for or sponsored by any government body.
22. Telephone consultations, charges for failure to keep a scheduled appointment, X-ray copy fees, or charges for completion of a claim form.
23. Ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of provider office space.
24. Treatment resulting from:
  - a. war or act of war, whether declared or undeclared;
  - b. your participation in a felony;
  - c. your participation in a riot or insurrection; or
  - d. an intentionally self-inflicted injury while sane or insane.
25. Fluoride treatments.
26. Impacted wisdom teeth.
27. Prescription drugs.
28. Any surgical procedure performed in the treatment of cataracts.
29. Charges in excess of the Reasonable and Customary Charge.
30. Services for which you are not liable or for which no charge normally is made in the absence of insurance.
31. Loss that occurs while this policy is not in force.

Benefits are limited as follows:

1. In the event you transfer from the care of one Dentist or Provider to that of another during the course of treatment, or if more than one Dentist or 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 Dentist or Provider performed the service.
2. In all cases involving Eligible Expenses in which the Dentist or Provider and you select a more expensive course of treatment than is customarily provided by the medical or dental profession, consistent with sound professional standards of medical or dental practice for the Eligible Expense concerned, payment under the plan will be based on the charge allowed for the lesser procedure.

## Renewability

The policy is renewable at your option unless:

1. Your premium is not received before the Grace Period ends;
2. We choose to non-renew all policies of the same form in your state of issue; or
3. Subject to the Coverage Ends provision provided in the policy.

If we choose to non-renew policies per item 2 above, we will provide advance notice to you. No refusal of renewal will affect an existing claim.

## Premiums

We can change your premium only if we do the same to all policies of this form issued to persons of your class. "Class" means the factors of age and your state of residence that determined your premium rate when coverage was issued. If we make a change, it will not be based on any physical impairment you might have or any claims you have incurred under this policy. If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.