



NATIONAL GUARDIAN LIFE INSURANCE COMPANY

A Mutual Company Incorporated in 1909
Madison, WI

Underwritten by: National Guardian Life Insurance Company
Two East Gilman Street
P.O. Box 1191
Madison, WI 53701-1191
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INDIVIDUAL DENTAL INSURANCE POLICY OUTLINE OF COVERAGE FOR POLICY NDNINDSBP 2021 THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

(1) Read Your Policy Carefully: This Outline of Coverage provides a brief description of some of the important features of Your policy. This is not the insurance contract. Only the actual policy provision will control. The policy sets forth, in detail, the rights and obligations of both You and Us. It is important that You READ YOUR POLICY CAREFULLY.

(2) Preventive, Basic, and Major Dental Services:

We will pay benefits when a charge is incurred for a Covered Dental Procedure. The charge must be incurred while the coverage is in force. Benefits will be paid only for the specific procedure codes listed in the Schedule of Covered Procedures.

Payments are subject to the Policy Year Benefit Maximum. A Dental Provider must perform these services.

We will pay the lesser of the actual charge or the amount shown in the Schedule of Covered Procedures.

(3) Limitations and Exclusions

A. The policy does not cover losses caused by or resulting from any of the following:

- 1) Any procedure or service not shown on the Schedule of Covered Procedures or the Policy Schedule.
- 2) Amounts in excess of the Policy Year Benefit Maximum.
- 3) Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer, or Workers' Compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or under an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers Compensation Act..
- 4) Services received before Your effective date, including started but not completed services.
- 5) Services received after, or started but not completed within, 30 days of Your coverage ending.
- 6) Charges for dental services performed by other than a licensed Dental Provider.
- 7) Services that are not recommended by a Dental Provider or that are not required for the preservation or restoration of oral health.
- 8) Repairs or adjustments to dental work within six months of the initial work.
- 9) Replacement prosthetics within five years of last placement.
- 10) Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
- 11) Replacement for inlays or onlays for a given tooth within five years of last placement.
- 12) Any services performed for convenience or cosmetic purposes.
- 13) Treatment or services received while outside the territorial limits of the United States.
- 14) Any charge for a service required as a result of disease or injury that is due to war or an act of war (whether declared or undeclared); taking part in an insurrection or riot; the commission or attempted commission of a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane.
- 15) Services performed by a Dental Provider who is a member of the Insured Person's immediate family.
- 16) Orthodontic treatment unless this policy includes the Orthodontic Expense Benefit Rider.

- 17) Temporomandibular Joint (TMJ) dysfunctions unless this policy includes the TMJ Expense Benefit Rider.
- B.** No benefits will be paid for the initial placement of removable full or partial dentures, unless the service includes the replacement of a Functioning Natural Tooth which was extracted while Your coverage under this policy is in force.
 - C.** No benefits will be paid for the initial placement of a fixed partial denture including a Maryland Bridge, unless it includes the replacement of a Functioning Natural Tooth which was extracted while Your coverage under this policy is in force.
 - D.** Federal, State, or local taxes are not included in Benefits for Covered Expenses.
 - E.** See the Schedule of Covered Procedures for any limitations specific to a service or treatment.

**RETAIN THIS OUTLINE FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
PLEASE CONSULT THE POLICY TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**