



KEMPER BENEFITS



Dental PPO Insurance

Employee Guide

Plan features and benefits
for the employees of Sunshine Employment Resources

Kemper Benefits Dental PPO insurance is an important part of the complete health package. While oral health is often taken for granted, regular dental visits are shown to minimize unscheduled work absence and be a key indicator for underlying problems. Good oral health enhances our ability to speak, smile, smell, taste and convey feelings and emotions. However, oral diseases, which range from cavities to oral cancer, cause pain and disability for millions of Americans each year.

Seeing a dentist regularly is important for good oral health. Dentists can detect small problems before they become bigger, more painful problems.

Your family deserves the outstanding coverage of a Kemper Benefits Dental PPO insurance plan. We provide simply smarter solutions that can give you the added coverage you need to help you get through a dental issue.

Dental Insurance

The term “Million Dollar Smile” alludes to the importance of strong dental hygiene habits, and with a Kemper Benefits Dental PPO insurance plan it is possible. Your smile is one of the most important first impressions and regular dental visits are the foundation of a healthy smile. A Kemper Benefits Dental PPO insurance plan can give you the peace of mind you deserve by protecting your smile and that of your loved ones.

The Kemper Benefits Dental PPO insurance plan is:

- **Convenient:** The Maximum Care Network™ provides access to more than 200,000 credentialed dental access points nationwide
- **Affordable:** Network dentists have contracted to provide services at negotiated fees to keep out-of-pocket costs lower
- **Integrated:** The Maximum Care Network offers an average 5% to 50% below reasonable and customary charges discount

These benefits matter when it comes to your out-of-pocket savings. While dental insurance is often viewed as an extra, at Kemper Benefits we believe that it is one of the building blocks to a healthier you.

Employee can find information and search for providers in their area by visiting <http://www.careington.com/co/maxcare>.



Product Features and Benefits

Benefits	Dental
Calendar Year Maximum	\$1,000
Class A Preventive Services	80%
Deductible	None
Waiting Period	None
Exams - 2 Per Year	√
Cleanings - 2 Per Year	√
Sealants	√
All X-Rays	Covered under Basic Services
Bitewing X-Rays	Covered under Basic Services
Class B Basic Services	60%
Deductible - Type 2 & Type 3 Combined	\$50 ¹
Waiting Period	3 months
All X-Rays	√
Bitewing X-Rays	√
Simple Extractions	√
Fillings	√
Oral Surgery	Covered under Major Services
Endodontics	Covered under Major Services
Periodontics	Covered under Major Services
Class C Major Services	40%
Deductible - Type 2 & Type 3 Combined	\$50 ¹
Waiting Period	12 months
Oral Surgery	√
Bridges	√
Crowns	√
Dentures	√
Inlays & Onlays	√
Endodontics	√
Periodontics	√

¹ Family deductible is 3x individual.

Did You Know?

164,000,000

164 million work hours are lost each year due to dental-related illnesses in adults¹

42%

According to studies, 42% of Americans in the past six months have failed to go to the dentist due to an inability to afford treatment²

150,000,000

More than 150 million Americans have no dental coverage--2.8 times the medically uninsured³

¹ "National Call to Action to Promote Oral Health." ² <http://ada.org/news/7338.aspx>

³ http://www.nadp.org/Dental_Benefits_Basics/Dental_BB_1.aspx#sthash.wlhD5V95.dpuf

Coverage - Dental

We will pay for dental procedures and services after any required deductible amount, as shown below, subject to the following:

1. If dentist/physician or dental hygienist is a preferred provider, then we will pay based on the contracted charge, after any required deductible amounts or waiting period as shown below.
2. If dentist/physician or dental hygienist is not a preferred provider, then we will pay based on the amount that would be the contracted charge if the dentist/physician or dental hygienist were a preferred provider, after any required deductible amounts or waiting period as shown below.
3. "Preferred provider" means a dentist/physician or dental hygienist who is a member of the preferred provider network of dentists/physicians and dental hygienists that have agreed to provide dental procedures and services covered under the policy and certificate to which this coverage schedule is attached at contracted charge amounts.
4. "Contracted charge" means the price that a dentist/physician and dental Hygienist has agreed to charge for dental procedures and services covered under the policy and certificate to which this coverage schedule is attached.

Class A. Preventive Services Include:

1. two routine examinations (including any initial exam) of the mouth and teeth per calendar year;
 2. two prophylaxis (cleaning, scaling and polishing teeth) per calendar year;
 3. one topical fluoride per calendar year, to age 16;
 4. space maintainers to preserve space between teeth for premature loss of a primary baby tooth. This does not include use for orthodontic treatment;
 5. sealants, applicable only to first and second permanent molars for dependent children under age 16.
- Covered once per tooth in any 36 consecutive months.
Deductible, each calendar year — None
We pay, after deductible — 80% of preventive services, described above
Waiting Period — None

Class B. Basic Services Include:

1. full mouth or panoramic x-rays once every 3 years;
 2. series of bitewing x-rays twice each calendar year;
 3. periapical x-rays as necessary;
 4. extractions, routine removal;
 5. pin retention of fillings;
 6. fillings of amalgam, silicate, acrylic, synthetic porcelain and composite filling materials (restorations of mesiolingual, distolingual, mesiobuccal and distobuccal surfaces considered single surface restorations);
 7. antibiotic injections administered by dentist;
- Deductible, each calendar year — \$50*
We pay, after deductible — 60% of Basic Services, described above
Waiting Period — 3 months

Class C. Major Services Include:

1. oral surgery, including postoperative care for:
 - a. removal of teeth, including impacted teeth;
 - b. extraction of tooth root;
 - c. alveolectomy, alveoplasty, and frenectomy;
 - d. excision of pericoronal gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy;
 - e. reimplantation or transplantation of a natural tooth;
 - f. excision of a tumor or cyst and incision and drainage of an abscess or cyst;
 - g. general anesthesia and analgesic, including intravenous sedation, as needed for above procedures;
2. endodontic treatment of disease of the tooth, pulp, root, and related tissue, as follows:
 - a. root canal therapy (not covered, if pulp chamber was opened before covered);
 - b. pulpotomy;
 - c. apicoectomy;
 - d. retrograde filling;
3. periodontic services, limited to:
 - a. two prophylaxis following surgery per calendar year;
 - b. root scaling and planing, once per quadrant of mouth in any 6 month period;
 - c. localized delivery of chemotherapeutic agents;
 - d. occlusal adjustment, performed with covered surgery;
 - e. gingivectomy, gingival curettage, and mucogingival;
 - f. osseous surgery including flap entry and closure;
 - g. pedical or free soft tissue grafts;
 - h. one appliance (night guards) in 5 year period;
4. one study model in 3 year period;
5. crown build-up for non-vital teeth;
6. recementing inlays, onlays and crowns;
7. recementing bridges;
8. one repair of dentures or bridges in any 2 year period, limited to 20% of cost of replacement;
9. general anesthesia and analgesic, including intravenous sedation;
10. restoration services, limited to:
 - a. gold or porcelain inlays, onlay, and crowns for tooth with extensive caries or fracture that is unable to be restored with an amalgam, silicate, acrylic, synthetic porcelain or composite filling material;
 - b. replacement of existing inlay, onlay, or crown, only after 5 years since the restoration was initially placed or last replaced. This limitation will not apply if replacement is necessary due to the extraction of functioning natural teeth while covered;
 - c. stainless steel crowns;
 - d. post and core;
11. prosthetic services, limited to:
 - a. initial placement of dentures or fixed bridgework (including acid etch metal bridges), when denture or bridgework includes replacement of a natural tooth extracted or lost while covered under the Policy. This limitation ends after the insured has been covered under the Policy for 36 months;
 - b. replacement of dentures or fixed bridgework that cannot be repaired, only after 5 years from the date placed or last replaced;
 - c. addition of teeth to existing partial denture, only if to replace natural teeth extracted or lost while covered under the Policy. This limitation ends after the insured has been covered under the Policy for 36 months;
 - d. relining or rebasing of existing removable dentures, only after one year from date the denture was placed and only once in any 2 year period.

Deductible, each calendar year — \$50*

We pay, after deductible — 40% of Major Services, described above

Waiting Period – 12 months

MAXIMUM BENEFIT AMOUNT:

Combined per calendar year for Classes A, B and C \$1,000 per Insured

*Class B and C Deductible is a combined \$50 each calendar year. A maximum of three (3) individual deductibles per family shall apply. If course of treatment is to exceed \$300, prior review is requested.

Limitations and Exclusions

The policy, under which your certificate is issued, covers services and procedures as described in the coverage schedule. Your coverage, under the policy, does not cover any miscellaneous or separate expense not considered a covered service or procedure.

No benefits will be paid for expenses incurred:

1. for overdentures and associated procedures;
2. for charges in excess of the amount that is or would be considered a contracted charge, including excess charges by a non-preferred provider;
3. for cosmetic procedures;
4. for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
5. for implants; and for:
 - a. replacement of lost or stolen appliances;
 - b. replacement of retainers;
 - c. athletic mouthguards;
 - d. precision or semi-precision attachments; or
 - e. denture duplication;
6. for oral hygiene instructions; and for:
 - a. plaque control;
 - b. completion of a claim form;
 - c. acid etch;
 - d. broken appointments;
 - e. prescription or take-home fluoride; or
 - f. diagnostic photographs;
7. for services not completed by the end of the month in which coverage ends;
8. for procedures that are begun, but not completed;
9. for services and treatment provided without charge, or for which there would be no charge in the absence of insurance;
10. 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;
11. for a condition covered under any Worker's Compensation Act or similar law;
12. that are generally considered by the dental profession as experimental or investigational;
13. for the treatment of cleft palate and anodontia;
14. for services or supplies payable under any medical expense plan;
15. for orthodontia, unless included as a Class D coverage;
16. prior to the date the Insured is covered under the Policy;
17. for the diagnosis or treatment of Temporomandibular Joint (TMJ) Dysfunction;
18. for hospital services;
19. if You voluntarily end your insurance, you will not be eligible to re-enroll for a period of 2 years after the date your coverage first ended;
20. charges for infection control, sterilization, and waste disposal.



KEMPER BENEFITS

Dental PPO Insurance Plan

For the employees of Sunshine Employment Resources

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Weekly Rates

	Dental
Employee Only	\$5.02
Employee + Spouse	\$10.03
Employee + Child(ren)	\$10.99
Employee + Family	\$16.00





KEMPER BENEFITS

Strength. Solutions. Security. That's the Kemper edge.

In trying times, you can rely on Kemper Benefits for financial support to help you weather the storm. We offer a broad portfolio of products that protect all aspects of your life, including income, property and well-being.

Enroll Today!

Policies issued by:
Reserve National Insurance Company
A Kemper Life & Health Company
Oklahoma City, Oklahoma

Policy Form Series GDP-12. Form numbers may vary by state.

Kemper Benefits, kemperbenefits.com, is part of Kemper Corporation (NYSE: KMPR), a diversified insurance holding company, with subsidiaries that provide an array of products to the individual and business markets. Kemper's underwriting companies are rated "A-" (Excellent) for financial strength and ability to meet policyowner obligations by A.M. Best Company, a leading insurance rating authority.

Kemper Corporation's underwriting company for the Kemper Benefits voluntary worksite life, accident and health insurance products is Reserve National Insurance Company, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. Kemper Corporation is not responsible for the products of any of its underwriting companies.

This is only a summary of products and services offered. Actual offerings may vary by group size and other underwriting considerations, and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Please see the specific policy and certificate for details. Policies are not available in all states.

This plan does not meet minimum essential coverage requirements for pediatric dental services as part of the Essential Health Benefits in accordance with the Affordable Care Act (ACA) provisions.

Notice to Colorado Residents: This plan DOES NOT include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

A dental PPO helps a policyholder obtain dental care at an affordable price by contracting with dentists in its "network." To lower out-of-pocket costs, it is important that services are received from a network provider. Network providers are reimbursed according to the agreed upon negotiated rates in effect on the date covered expenses are incurred. These negotiated rates may vary based on geographic area, provider, and/or services provided.

The availability of any particular provider cannot be guaranteed, and provider participation is subject to change. Benefits may be reduced for services performed by out-of-network providers. Policyholders should check with the provider before scheduling appointments or receiving any services to confirm the provider participates in the Maximum Care Dental PPO Network. See the dental plan coverage schedule for details, exclusions and limitations.

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