The following is a sample of some frequently used dental procedures. To be eligible for the Plan, you must comply with the rules and limits of the Plan as described in this Agreement. The sample below demonstrates potential savings with the Secure Choice Plan and may not reflect your actual results.

### Sample Copayments for the Secure Choice Individual Plan

#### Dental Plan:
- **Dental Treatment**
- **Orthodontics**
- **Periodontics**
- **Root Canal**
- **Dentures**
- **Cosmetic Dentistry**

#### Benefits Included:
- Cosmetic Dentistry and Orthodontics
- Periodontics
- Root Canal
- Dentures
- Cosmetic Dentistry
- Orthodontics

For further information please contact: 888.882.8233

Secure Choice
Assurant Dental
Attn: Individual Prepaid Dental Team
P.O. Box 141995
Kansas City, MO 64114-0999

www.assurantdental.com

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**Member** is responsible for additional lab fees for these services: 25% reduction from the Plan Specialist’s normal retail charges. After you enroll, a complete list of copayments will be mailed to your home along with your Individual Dental Service Agreement. The sample below demonstrates potential savings with the Secure Choice Plan and may not reflect your actual results.

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Secure</th>
<th>Your Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Secondary Care</td>
<td>$40</td>
<td>$20</td>
</tr>
<tr>
<td>Emergency Dentistry</td>
<td>$80</td>
<td>$20</td>
</tr>
</tbody>
</table>

**Note:** Member is responsible for any additional lab fees for these services: 25% reduction from the Plan Specialist’s normal retail charges.

**Copayments**

- **Plan Specialist:** Plan services.
- **Non-Plan Specialist:** Payment for each service of a Non-Plan Dentist or Non-Plan Specialist (at that provider’s normal retail charge) is your responsibility, except for limited Plan Benefits for Periodontics.

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**Dental Treatment**

**Orthodontics**

**Periodontics**

**Root Canal**

**Dentures**

**Cosmetic Dentistry**
Secure Choice Individual Plan

The Secure Choice Individual plan provides dental benefit... with a different dentist for each family member.

Coprations are reduced fees that you pay directly to the dentist for some dental treatments... plan versus what you would pay without this plan.

Cosmetic dentistry

Assured Dental understands the importance of your appearance... available in your plan benefits.

Orthodontic benefits

The Secure Choice Plan includes reduced fees on... Orthodontists provide reduced fees of 25% off his or her normal treatment charge.

Benefits for pre-existing dental conditions

❑ Reduced fees on Orthodontic Specialist(s) who provide those services. Orthodontic procedures for children and adults. Plan

The Secure Choice Plan includes reduced fees on... Orthodontic procedures for children and adults. Plan

The Secure Choice Plan includes reduced fees on... Orthodontic procedures for children and adults. Plan

Individual.................................................$109.82

Individual & One Dependent.................$185.86

Family.........................................................$293.15

Features of the Secure Choice Plan:

❑ No deductibles

Select a general dentist from the Plan Dentist Directory or online at www.assureddental.com under a Find a Dentist for Heritage Series. Each family member may... benefit.

Orthodontist(s) who provide those services. Orthodontic treatment begun prior to your plan effective date is not eligible for this benefit.

Specialist benefits

The Secure Choice Plan includes reduced fees on... Orthodontic procedures for children and adults. Plan

The Secure Choice Plan includes reduced fees on... Orthodontic procedures for children and adults. Plan

Individual...................................................$10.40

Family.........................................................$25.68

Automatic Monthly Bank Draft administration charge is included in... the monthly bank draft method for payment, no action is needed. That's why we have included cosmetic services, such as bleaching and bonding procedures, in your plan benefits.

Prepayment Fee Options

Annual Prepayment Fees

Individual..........................................................$109.82

Individual & One Dependent.................................$185.86

Family..............................................................$293.15

Automatic Monthly Bank Draft

Accounts are credited on the 15th of each month prior to the due date of your monthly benefit. A monthly administration charge is included in... the fees below.

Individual..........................................................$109.82

Individual & One Dependent.................................$185.86

Family..............................................................$293.15

$35.00 Enrollment Fee

What if I need to change my dentist?

After your effective date, phone the dentist you selected, and ask if you have Assured Dental's pre-paid coverage. They will schedule your appointment to see your new dentist.

Who is eligible?

You, your spouse and dependent children defined as... defined in the space(s) below.

Attach a separate sheet of paper for additional children.

Is this plan intended to replace any other coverage now in force for you, your spouse, or your child(ren)? Y

For treatment by an endodontist you will receive 15% off... treatment precedes or follows the surgical removal of implants or implant appliances, or any related implant materials.

3. Replacement of bridgework, dentures or other fixed or removable appliances due to loss, breakage, or replacement. The removal of such appliances is your responsibility.

5. Oral reconstruction using fixed bridgework or other fixed appliances, or complete oral reconstruction involving the replacement of a missing tooth or teeth following the removal of a tooth or teeth before treatment begins or is extracted as part of the removal treatment plan.

6. Implants or any related implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem associated with their implant or implant appliance, whether fixed or removable.

7. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem associated with their implant or implant appliance, whether fixed or removable.

8. Orthodontic treatment associated with orthodontic surgery; whether the treatment precedes or follows the surgery.

9. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the surgical removal of implants or implant appliances, or any related implant materials.

11. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the surgical removal of implants or implant appliances, or any related implant materials.

12. Treatment of malignancies, neoplasms or cysts, including all of their extensions.

Limitations and Exclusions

Any services specifically described in the Copayment Schedule in the Schedule of Benefits are... fee charged by non-plan specialists. ♦ Guam is a U.S. commonwealth and U.S. territories. The copayment fee must be paid by you through the individual plan. Your care facility cost must associated with any dental service.

1. Any dental service initiated (a) before the effective date of your enrollment or (b) after your enrollment ends.

3. Replacement of bridgework, dentures or other fixed or removable appliances due to loss, breakage, or replacement. The removal of such appliances is your responsibility.

5. Oral reconstruction using fixed bridgework or other fixed appliances, or complete oral reconstruction involving the replacement of a missing tooth or teeth following the removal of a tooth or teeth before treatment begins or is extracted as part of the removal treatment plan.

6. Implants or any related implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem associated with... removal of implants or implant appliances, or any related implant materials.

7. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem associated with their implant or implant appliance, whether fixed or removable.

8. Orthodontic treatment associated with orthodontic surgery; whether the treatment precedes or follows the surgery.

9. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the surgical removal of implants or implant appliances, or any related implant materials.

11. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the surgical removal of implants or implant appliances, or any related implant materials.

12. Treatment of malignancies, neoplasms or cysts, including all of their extensions.