A REASON TO smile

PROTECTING YOUR FUTURE TODAY®

www.GoMedico.com
Something to Smile About

Protect Your Smile and Your Budget

Good oral health can lead to an improved quality of life and help you avoid unforeseen situations that could be painful, inconvenient, and expensive. Medico’s dental insurance plans make it easy to give your oral health the attention it deserves so you can stay focused on being vibrant and healthy.

Find the Ideal Plan

Finding the right dental plan can be complicated. Medico makes it simple with budget-friendly plans to help maintain a healthy smile.

- Several options to choose from to fit your needs
- Security in comprehensive coverage with benefits for preventative, restorative, and major services
- Plans that include vision and hearing coverage

Take Care of Your Oral Health

- Almost 40% of US adults aged 65+ have lost 6 or more teeth due to tooth decay or gum disease.¹
- More than 90% of US adults have had a cavity.²
- Nearly 50% of all adults aged 30 or older have signs of gum disease.²

FREEDOM TO USE ANY PROVIDER!

Choose any provider and have confidence that your plan will keep you covered. Save on services like exams, cleanings, dentures, root canals and more when using an in-network provider. The Maximum Care Network, powered by Careington and DenteMax, is one of the largest dental networks nationally with a focus on neighborhood dentists.
# Plan Options

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<th>Dental</th>
<th>Dental-Vision-Hearing 1000 or 1500</th>
<th>Dental Plus</th>
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<tr>
<td><strong>Annual Deductible</strong></td>
<td>$100</td>
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<td><strong>Annual Max Benefit</strong></td>
<td>$1,000</td>
<td>$1,000 or $1,500</td>
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<tr>
<td><strong>DENTAL COVERAGE</strong></td>
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<td><strong>Preventive Services</strong></td>
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<td>80%</td>
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<td><strong>Basic Services</strong></td>
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<td><strong>Major Services</strong></td>
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<td><strong>HEARING COVERAGE</strong></td>
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<td><strong>Hearing Services</strong></td>
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*This is a summary of benefits only. Limitations may apply. Please see plan for full details.

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**Keep smiling with dental insurance.**

If you are not **COMPLETELY SATISFIED** with your dental insurance plan, you can cancel it within 30 days of receiving, and we will refund you any premium paid minus any claims paid.

**PROTECTING YOUR FUTURE TODAY®**
EXCLUSIONS AND LIMITATIONS
(For Forms DA108B and DA108P)

No benefits will be paid for any expense not identified and included as a covered loss under the policy. You will be fully responsible for payment of any expenses that are not a covered loss. We will not pay benefits for:

1. Any loss that occurs while this policy is not in force.
2. Amounts not reimbursed because of applicable Policy Year Deductible, Coinsurance, benefit maximums, or frequency limitations.
3. Any loss that occurs during a Waiting Period.
4. Amounts in excess of the Reasonable and Customary Charge.
5. Items, treatments or services:
   a. Not covered under this policy, including any complications arising therefrom;
   b. That are not prescribed by or performed by or under the direct supervision of a Physician in accordance with generally accepted dental or medical standards, to include services not rendered or that are not rendered within the scope of their license;
   c. Not Medically Necessary as determined by Us;
   d. Deemed to be Experimental or Investigational as determined by Us;
   e. That would not routinely be paid in the absence of insurance; or
   f. Performed by an Immediate Family member.
6. Separate fees for services that are considered an integral part of an entire service, such as pulp capping, surgical trays, sutures, or pre and post-operative care.
7. Services or procedures that have not been completed.
8. Any cosmetic items, treatments or services provided primarily for the purpose of improving appearance, self-esteem or body image, including characterizing and personalizing prosthetic devices, and correction of congenital malformation.
9. Any device, appliance, or service related to:
   a. Altering vertical dimension;
   b. Restoring or maintaining occlusion;
   c. Splinting teeth or stabilizing teeth for periodontal reasons;
   d. Abrasion, attrition, bruxism, erosion, abfraction;
   e. Coping;
   f. Tooth desensitization; or
   g. Maxillofacial prosthetics.
10. Any surgical or nonsurgical treatments or services, including myofunctional therapy and physical therapy for any jaw joint problems, including, but not limited to: temporomandibular joint disorder (TMJ), craniomandibular disorder, craniomaxillary or other conditions of the joint linking the jaw bone and skull or treatment of the facial muscles used in expressions and chewing functions, for symptoms including, but not limited to, headaches.
11. Occlusal, athletic, or night guards and related services.
12. Orthodontic treatment or orthognathic surgery and related services.
13. Ridge preservation, augmentation, bone grafts, and tissue regeneration when performed in edentulous sites (toothless areas).
14. Overdentures, precision or semi-precision attachments and related services.
15. Sealants, fluoride treatments, preventive resin restorations, or space maintainers and related services.
16. Supplies, including, but not limited to, services or supplies for temporary or provisional crowns, bridges or dentures, and duplicate or temporary devices, appliances, and prosthetics.

17. Replacing a lost, stolen or missing appliance or prosthetic device.

18. Oral hygiene instructions, behavior modification, diet instruction or infection control.

19. Sterilization of equipment; disposal of medical waste or other requirements mandated by the Occupational Safety and Health Administration (OSHA) or other regulatory agencies.

20. Treatment or diagnosis received while outside the continental United States, except Hawaii.

21. Work-related sickness or injury for which You are eligible for any workers’ compensation, employers’ liability or similar laws, whether or not benefits are claimed.

22. Services for which no charge is made or for which You are not legally obligated to pay, including, but not limited to, services furnished through:
   a. Your employer, labor union or similar group, in its dental or medical department or clinic; or
   b. A facility owned or run by any government body.

23. Services furnished by, or payable under, any public program (except Medicaid), or paid for or sponsored by any government body.

24. Telephone consultations, charges for failure to keep a scheduled appointment, copy fees, sales tax, charges for completion of a claim form, or any take-home supplies. If You use an external discount or coupon, the amount that is reduced from the Billed Charge is not a covered loss under this policy.

25. Ancillary charges, including, but not limited to, hospital, ambulatory surgical center or similar facility; or use of provider office space.

26. Any loss resulting from:
   a. War, declared or undeclared, or actively serving in the armed forces or their auxiliary units, including any country’s National Guard or Army Reserve or their equivalent;
   b. Committing, attempting to commit, or participation in a felony or engaging in an illegal occupation;
   c. Your participation in a riot, rebellion, or insurrection; or
   d. An intentionally self-inflicted injury while sane or insane.

27. Impacted teeth.

28. Prescription and non-prescription drugs, whether dispensed or prescribed, including chemotherapeutic agents.

29. Speech therapy for any purpose.

30. Laboratory and pathology tests and examinations, except as specifically listed in the Benefits section of Your policy.

31. Oral surgery and related services, except as specifically listed in the Benefits section of Your policy.

32. Full mouth debridement.

33. Implantology and related services; implants, including removal of implants, and related services.

For Policies that include Vision:

34. Any surgical procedure performed in the treatment of cataracts.

35. Vision surgery to correct visual acuity, including, but not limited to, LASIK and other laser surgery, radial keratotomy (RK) services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures.

36. Orthoptic or vision therapy training and any associated supplemental testing, medical or surgical treatment or services of the eyes or supporting structures.
EXCLUSIONS AND LIMITATIONS
(For Form number DVA59)

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 or your spouse’s family (family includes parents, step-parents, in-laws, spouse or former spouse, domestic partner, children, siblings, aunts, uncles, cousins, nieces, nephews, grandparents, and guardians).

2. Services furnished primarily for cosmetic reasons, including but not limited to:
   a. specialized techniques, characterizing and personalizing prosthetic devices;
   b. making facings on prosthetic devices for any tooth in back of the second bicuspid;
   c. replacements of restorations performed for cosmetic reasons; or
   d. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures.

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.


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. your participation in a war or an act of war, declared or undeclared;
   b. your attempting to commit, or committing, an assault or felony;
   c. your unlawful participation in a riot, rebellion, or insurrection; or
   d. an intentionally self-inflicted injury while sane or insane.

25. Fluoride treatments.

26. Impacted wisdom teeth.

27. Prescription drugs.


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.
MEDICO, DEDICATED TO PROTECTING YOUR WELL-BEING

Medico Insurance Company has served the insurance needs of Americans since 1930, establishing a proven track record in providing quality insurance solutions.

To learn more about Medico Insurance Company and the products offered, contact your local agent.