



MEDICO®
INSURANCE COMPANY

Call Senior Solutions at 812-426-1921

Dental Insurance



Solutions to help secure your financial future

gomedico.com

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Plan benefits ⁴	Gold \$1,000	Gold \$1,500	Platinum \$1,000	Platinum \$1,500
Cost per month*	\$36.80	\$46.00	\$39.79	\$49.78
Calendar year maximum	\$1,000	\$1,500	\$1,000	\$1,500
Preventive services Evaluations, cleaning, and X-rays	100% (no waiting period, no deductible)		100% (no waiting period, no deductible)	
Calendar year deductible	\$50 for basic and major services		\$50 for basic and major services	

Medico pays the following coinsurance percentages after the deductible:

Basic services Diagnostic X-rays, fillings, and nonsurgical extractions	50% (no waiting period)	80% (no waiting period)
Major services Bridges, crowns, dentures, implants, surgical extractions, root canals, and periodontal services	20% within first 12 months; 50% after 12 months	20% within first 12 months; 50% after 12 months

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Optional rider benefits

At the time of application, you may choose one of two additional benefits to add to your policy for an additional fee.

Buyup benefit
\$11.95 per month*

Add \$1,000 of coverage (buyup) to maximize your benefits. For example, if you have the Gold \$1,000 plan, and add a \$1,000 buyup, you'll have \$2,000 of coverage. This is available for both levels in each plan.

Calendar Year Maximum Carry-over benefit
\$7.97 per month*

If you think you may not use your plan's full benefits during the year, you can add the carry-over benefit to your plan. You will be able to carry over any amount not used until you reach a max of \$3,000. For example, if you have the Gold \$1,000 plan and only use \$500 of the benefit, you can carry over the extra \$500 to the next plan year.

Ways to save money

1. Add a spouse to the dental policy at time of application.
2. Include a 5% discount if either the applicant or spouse (if applicable) are applying for and issued a Medicare Supplement or Final Expense plan at the time of the dental plan or already have an existing Medicare Supplement or Final Expense plan with any of our companies.⁵

^{*} Pricing is approximate. Illustrated rates are based on an individual applying for coverage.

Exclusions and limitations

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 calendar 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; or
 - e. That would not routinely be paid in the absence of insurance.
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. Any procedures performed to replace a tooth or teeth extracted or missing prior to the policy date.

Premiums and renewability

Your premium rate is subject to change if a rate adjustment to all policy holders in the same plan, rate class and state as yours is issued. Your premium may change due to age, a change in your premium payment method, a new rate table being applied, or a misstatement on the application that results in the proper amount due not being charged.

30-day right to return

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

Guaranteed renewable

This insurance will remain in force as long as your premiums are paid on time.

THIS IS A LIMITED POLICY. This brochure is intended to provide a general description of the plan benefits. Plan provisions and benefits may vary from state to state. This plan has exclusions and limitations. For costs and further details of coverage, see your producer or write to Medico Insurance Company, P.O. Box 10386, Des Moines, IA 50306-0686 or call 800-228-6080. If there is a discrepancy between the brochure and the contract, the contract language prevails. This is a solicitation of insurance and a licensed producer may contact you.