



For More Information Contact: Northwest Marketing Resources
 PO Box 447, Olympia WA 98507
 800.565.0313
 info@northwestmarketingresources.com

Employer funded and voluntary
DENTAL
 insurance for employer groups with 2+ lives.

Underwritten by Security Life Insurance Company of America, 10901 Red Circle Drive, Minnetonka, Minnesota, 55343

- Employers choose from Indemnity or PPO plan options utilizing the DenteMax Network
- No waiting periods for most services
- Credit for prior coverage available*
- 1 year rate guarantee

Class A - Preventive Services	Plan I	Plan II	Plan III
Initial & Periodic Exams (1 in 6 months), Cleanings (1 in 6 months), Fluoride Treatments, X-rays, Sealants, Space maintainers			
Co-insurance	100%	100%	100%
Deductible	None	None	None
Waiting Period	None	None	None
Class B - Basic Services	Plan I	Plan II	Plan III
Other Evaluations, Fillings, Simple Extractions			
Co-insurance	80%	80%	80%
Endodontics, non-surgical and surgical periodontal and complex oral surgery	N/A	Included	Included
Calendar Year Deductible (combined for Basic and Major services for classes B and C)	\$50 Each per Insured, \$150 Family	\$50 Each per Insured, \$150 Family	\$50 Each per Insured, \$150 Family
Waiting Period	None	None	None
Class C - Major Services	Plan I	Plan II	Plan III
Crowns, Bridges, Dentures			
Co-insurance	50%	50%	50%
Endodontics, non-surgical and surgical periodontal and complex oral surgery	Included	N/A	N/A
Calendar Year Deductible (combined for Basic and Major services for classes B and C)	\$50 Each per Insured, \$150 Family	\$50 Each per Insured, \$150 Family	\$50 Each per Insured, \$150 Family
Waiting Period	12 months	12 months	12 months
Maximum Benefits	Plan I	Plan II	Plan III
Calendar Year for Classes A, B and C Combined	\$1,000	\$1,000	\$1,500
Optional Class D - Orthodontics	Plan I	Plan II	Plan III
Straightening of Teeth (for children under age 19)	50%	50%	50%
Waiting Period	18 months	18 months	18 months
Lifetime Maximum Benefit	\$1,000	\$1,000	\$1,000

*Credit for prior coverage: If this plan is replacing an existing group dental plan (with comparable coverage) those employees (and their dependents) who were covered under the preceding plan will receive credit for the time covered towards this plan's waiting periods. Credit will be calculated based on the number of months each employee was covered under the prior plan. New employees (and dependents) joining the plan will be subject to the waiting periods. A copy of the group's prior plan and last billing statement showing those covered (and their prior plan effective date) must be provided with the group application to ensure proper credit is given.

About DenteMax: DenteMax, founded in 1985 presently has more than 128,000 access points nationally and continues to grow. When using a DenteMax provider, savings can average between 20 and 40 percent. To learn more about DenteMax and to locate a provider near you, visit their website at dentemax.com.

Please contact your Agent for more information. To learn more about Security Life: 800.233.0307 or SecurityLife.com/FiveStar

THE FIVESTAR DENTAL PLAN PROVIDES YOU WITH TWO CLAIM PAYMENT OPTIONS

Indemnity – With this option you have the freedom to choose any provider to receive dental care services. Claim payments will be made according to what is the reasonable and customary charge (at the 90th percentile) for those services rendered within the geographic area where the services are incurred. Choose this option if you are in an area where there are few providers available within the DenteMax Network.

PPO – With the preferred provider option (PPO) you will continue to have the freedom to select the provider of your choice. However, if you select an in-network (using the DenteMax Network) provider your out of pocket costs could be substantially lower. Payment for services under the PPO will be based on the Maximum Allowance PPO fee schedule. This PPO fee schedule will be used regardless whether you use an in-network or out-of-network provider. Choose this option if you have good access to in-network providers.

LIMITATIONS AND EXCLUSIONS

- Items, treatments or services:
 - not listed in the Description of Qualifying Dental Expenses;
 - not prescribed by or performed by or under the direct supervision of a dental practitioner;
 - not dentally necessary as determined by us;
 - not meeting the accepted standards of dental practice;
 - experimental in nature;
 - that have a questionable prognosis;
 - covered under any medical insurance policy;
 - performed by a member of your or your spouse's family (family includes parents, step-parents, including in-laws, spouse or former spouse, children, including in-laws, siblings, including in-laws, aunts, uncles, cousins, nieces, nephews, grandparents, and guardians).
- Services furnished primarily for cosmetic reasons, including but not limited to:
 - specialized techniques, characterizing and personalizing prosthetic devices;
 - making facings on prosthetic devices for any tooth in back of the second bicuspid;
 - replacements of restorations performed for cosmetic reasons.
- Charges for any appliance or service that is used to:
 - change vertical dimension;
 - restore or maintain occlusion, except to the extent that the policy covers orthodontic treatment;
 - splint or stabilize teeth for periodontal reasons;
 - treat disturbances of the temporomandibular joint (TMJ).
- Charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction.
- Occlusal, athletic, or night guards.
- Implantology and related services; implants and all related procedures, including removal of implants.
- Preventive root canal therapy.
- Full mouth debridement.
- Charges for any services that are considered to be an integral part of another service, such as pulp capping, surgical trays, or sutures.
- Ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites.
- Overdentures or precision attachments.
- Preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly.
- Duplicate or temporary devices, appliances, and services except as listed as a qualifying expense.
- Replacing a lost, stolen or missing appliance or prosthetic device.
- Application of chemotherapeutic agents.
- Oral hygiene, plaque control, diet instruction or infection control.
- Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies.
- Non-emergency services performed outside the United States or Canada.
- Treatment which is:
 - due to an on-the-job or job-related illness or injury;
 - a condition for which benefits are payable by Workers' Compensation or similar laws, whether or not benefits are claimed.
- 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:
 - your covered employer, labor union or similar group, in its dental or medical department or clinic;
 - a facility owned or run by any government body;
 - any public program, except Medicaid, paid for or sponsored by any government body.
- Telephone consultations, charges for failure to keep a scheduled appointment, x-ray copy fees, or charges for completion of a claim form.
- Codes that are by report.
- Ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of provider office space.
- Treatment resulting from:
 - your participation in a war or an act of war, declared or undeclared;
 - your attempting to commit, or committing, an assault or felony;
 - your unlawful participation in a riot, rebellion, or insurrection;
 - an intentionally self-inflicted injury while sane or insane.

Benefits are limited as follows:

- In the event you transfer from the care of one dental practitioner to that of another during the course of treatment, or if more than one dental practitioner performs services for one qualifying expense, we shall be liable for not more than the amount we would have been liable for had but one dental practitioner performed the service.
- In all cases involving qualifying expenses in which the dental practitioner and you select a more expensive course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the qualifying expense concerned, payment under the plan will be based on the charge allowed for the lesser procedure.

*This is only a summary of benefits and is subject to individual state regulations. For complete information, please see the Certificate of Insurance.

UNDERWRITING GUIDELINES

EMPLOYER FUNDED DENTAL:

Minimum Group Size

You can offer this plan if you employ 2 or more full time employees.

Eligibility

Your full time employees working 30 or more hours per week are eligible for this plan. Annual open enrollment period included. Employees must enroll within 31 days of becoming eligible or wait for the next open enrollment period and satisfy waiting periods for Major and Orthodontic Services. Once in the plan an employee who voluntarily terminates can re-enroll one time at the employer's next scheduled annual open enrollment period.

Employer Restrictions

This plan is only available to employers that have been in business more than one year. For employer funded rates you must contribute a minimum of 25% of the employee premium.

Most firms will qualify for this plan; however, coverage is not available to:

- Groups funded by the government or any government agency
- Groups that are home based
- Groups that are seasonal in nature
- Groups with more than 90% family content

Please see rate card for additional information.

Minimum Participation Requirements

100% if you pay the full cost of the benefits, with a minimum of 2 enrolled. 75% if your employees contribute toward the cost, with a minimum of 2 enrolled.

VOLUNTARY DENTAL:

Minimum Group Size

You can offer this plan if you employ 2 or more full time employees.

Eligibility

Your full time employees working 30 or more hours per week are eligible for this plan. Annual open enrollment period included. Employees must enroll within 31 days of becoming eligible or wait for the next open enrollment period and satisfy waiting periods for Major and Orthodontic Services. Once in the plan an employee who voluntarily terminates can re-enroll one time at the employer's next scheduled annual open enrollment period.

Employer Restrictions

This plan is only available to employers that have been in business more than one year.

Most firms will qualify for this plan; however, coverage is not available to:

- Groups funded by the government or any government agency
- Groups that are home based
- Groups that are seasonal in nature
- Groups with more than 90% family content

Please see rate card for additional information.

Minimum Participation Requirements

Minimum of 2 enrolled.

FiveStar Dental Rates

For Effective Dates September 1, 2011 through March 2012

Rates are Guaranteed for One Year

INDEMNITY DENTAL RATES			Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employer Funded	Plan I	Employee Only	\$ 29.03	\$ 32.14	\$ 34.56	\$ 38.02	\$ 40.78	\$ 43.89	\$ 48.38
		Employee+Spouse	\$ 59.22	\$ 65.57	\$ 70.50	\$ 77.55	\$ 83.19	\$ 89.54	\$ 98.70
		Employee+ Child(ren)	\$ 62.37	\$ 69.05	\$ 74.25	\$ 81.68	\$ 87.62	\$ 94.30	\$ 103.95
		Family	\$ 101.10	\$ 111.93	\$ 120.36	\$ 132.40	\$ 142.02	\$ 152.86	\$ 168.50
	Plan II	Employee Only	\$ 32.82	\$ 36.34	\$ 39.07	\$ 42.98	\$ 46.10	\$ 49.62	\$ 54.70
		Employee+Spouse	\$ 66.95	\$ 74.12	\$ 79.70	\$ 87.67	\$ 94.05	\$ 101.22	\$ 111.58
		Employee+ Child(ren)	\$ 70.52	\$ 78.07	\$ 83.95	\$ 92.35	\$ 99.06	\$ 106.62	\$ 117.53
		Family	\$ 114.31	\$ 126.55	\$ 136.08	\$ 149.69	\$ 160.57	\$ 172.82	\$ 190.51
	Plan III	Employee Only	\$ 36.37	\$ 40.27	\$ 43.30	\$ 47.63	\$ 51.09	\$ 54.99	\$ 60.62
		Employee+Spouse	\$ 74.20	\$ 82.15	\$ 88.33	\$ 97.16	\$ 104.23	\$ 112.18	\$ 123.66
		Employee+ Child(ren)	\$ 78.15	\$ 86.52	\$ 93.03	\$ 102.33	\$ 109.78	\$ 118.15	\$ 130.24
		Family	\$ 126.68	\$ 140.25	\$ 150.81	\$ 165.89	\$ 177.96	\$ 191.53	\$ 211.13
Voluntary	Plan I	Employee Only	\$ 33.38	\$ 36.96	\$ 39.74	\$ 43.71	\$ 46.89	\$ 50.47	\$ 55.64
		Employee+Spouse	\$ 68.11	\$ 75.40	\$ 81.08	\$ 89.19	\$ 95.67	\$ 102.97	\$ 113.51
		Employee+ Child(ren)	\$ 71.73	\$ 79.41	\$ 85.39	\$ 93.93	\$ 100.76	\$ 108.45	\$ 119.55
		Family	\$ 116.26	\$ 128.72	\$ 138.41	\$ 152.25	\$ 163.32	\$ 175.78	\$ 193.77
	Plan II	Employee Only	\$ 37.74	\$ 41.78	\$ 44.93	\$ 49.42	\$ 53.02	\$ 57.06	\$ 62.90
		Employee+Spouse	\$ 76.99	\$ 85.24	\$ 91.66	\$ 100.83	\$ 108.16	\$ 116.41	\$ 128.32
		Employee+ Child(ren)	\$ 81.09	\$ 89.78	\$ 96.54	\$ 106.19	\$ 113.92	\$ 122.61	\$ 135.16
		Family	\$ 131.45	\$ 145.54	\$ 156.49	\$ 172.14	\$ 184.66	\$ 198.74	\$ 219.09
	Plan III	Employee Only	\$ 41.83	\$ 46.31	\$ 49.80	\$ 54.78	\$ 58.76	\$ 63.25	\$ 69.72
		Employee+Spouse	\$ 85.33	\$ 94.47	\$ 101.58	\$ 111.74	\$ 119.86	\$ 129.01	\$ 142.21
		Employee+ Child(ren)	\$ 89.86	\$ 99.49	\$ 106.98	\$ 117.68	\$ 126.24	\$ 135.86	\$ 149.77
		Family	\$ 145.68	\$ 161.29	\$ 173.43	\$ 190.77	\$ 204.65	\$ 220.26	\$ 242.80

OPTIONAL ORTHODONTIA AVAILABLE ON ALL PLANS AND IN ALL AREAS

Employer Funded Employee + Children and Family add \$10.80 per Month
 Voluntary Employee + Children and Family add \$12.42 per Month

PPO DENTAL RATES			Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employer Funded	Plan I	Employee Only	\$ 21.59	\$ 23.91	\$ 25.70	\$ 28.27	\$ 30.33	\$ 32.64	\$ 35.99
		Employee+Spouse	\$ 44.05	\$ 48.77	\$ 52.44	\$ 57.68	\$ 61.88	\$ 66.60	\$ 73.41
		Employee+ Child(ren)	\$ 46.40	\$ 51.37	\$ 55.23	\$ 60.76	\$ 65.17	\$ 70.15	\$ 77.33
		Family	\$ 75.21	\$ 83.27	\$ 89.54	\$ 98.49	\$ 105.65	\$ 113.71	\$ 125.35
	Plan II	Employee Only	\$ 24.36	\$ 26.97	\$ 29.00	\$ 31.90	\$ 34.22	\$ 36.83	\$ 40.60
		Employee+Spouse	\$ 49.70	\$ 55.02	\$ 59.16	\$ 65.08	\$ 69.81	\$ 75.14	\$ 82.83
		Employee+ Child(ren)	\$ 52.35	\$ 57.96	\$ 62.32	\$ 68.55	\$ 73.54	\$ 79.15	\$ 87.25
		Family	\$ 84.86	\$ 93.95	\$ 101.02	\$ 111.12	\$ 119.21	\$ 128.30	\$ 141.43
	Plan III	Employee Only	\$ 26.96	\$ 29.85	\$ 32.10	\$ 35.31	\$ 37.88	\$ 40.76	\$ 44.94
		Employee+Spouse	\$ 55.00	\$ 60.90	\$ 65.48	\$ 72.03	\$ 77.27	\$ 83.16	\$ 91.67
		Employee+ Child(ren)	\$ 57.94	\$ 64.14	\$ 68.97	\$ 75.87	\$ 81.39	\$ 87.59	\$ 96.56
		Family	\$ 93.91	\$ 103.97	\$ 111.80	\$ 122.98	\$ 131.92	\$ 141.98	\$ 156.52
Voluntary	Plan I	Employee Only	\$ 24.83	\$ 27.49	\$ 29.56	\$ 32.52	\$ 34.88	\$ 37.54	\$ 41.38
		Employee+Spouse	\$ 50.66	\$ 56.08	\$ 60.30	\$ 66.33	\$ 71.16	\$ 76.59	\$ 84.43
		Employee+ Child(ren)	\$ 53.35	\$ 59.07	\$ 63.52	\$ 69.87	\$ 74.95	\$ 80.67	\$ 88.92
		Family	\$ 86.49	\$ 95.76	\$ 102.97	\$ 113.26	\$ 121.50	\$ 130.77	\$ 144.15
	Plan II	Employee Only	\$ 28.02	\$ 31.02	\$ 33.35	\$ 36.69	\$ 39.36	\$ 42.36	\$ 46.69
		Employee+Spouse	\$ 57.15	\$ 63.28	\$ 68.04	\$ 74.84	\$ 80.29	\$ 86.41	\$ 95.25
		Employee+ Child(ren)	\$ 60.20	\$ 66.65	\$ 71.67	\$ 78.84	\$ 84.57	\$ 91.02	\$ 100.34
		Family	\$ 97.59	\$ 108.04	\$ 116.18	\$ 127.79	\$ 137.09	\$ 147.54	\$ 162.65
	Plan III	Employee Only	\$ 31.01	\$ 34.33	\$ 36.91	\$ 40.60	\$ 43.56	\$ 46.88	\$ 51.68
		Employee+Spouse	\$ 63.25	\$ 70.03	\$ 75.30	\$ 82.83	\$ 88.86	\$ 95.63	\$ 105.42
		Employee+ Child(ren)	\$ 66.63	\$ 73.76	\$ 79.32	\$ 87.25	\$ 93.59	\$ 100.73	\$ 111.04
		Family	\$ 108.00	\$ 119.57	\$ 128.57	\$ 141.42	\$ 151.71	\$ 163.28	\$ 179.99

FiveStar Dental Rates

For Effective Dates September 1, 2011 through March 2012

DENTAL ZIP CODE AREA CHART									
State & Zip	Area	State & Zip	Area	State & Zip	Area	State & Zip	Area	State & Zip	Area
Alabama		Idaho		Maryland		Nevada		Oklahoma	
352	2	All	3	206-207	4	889-891	5	734-735	1
365-366	2	Indiana		208-209	5	All Others	6	743-745	1
All Others	1	460-466	3	215-218	2	New Mexico		747-749	1
Alaska		477	2	219	5	878-883	2	All Others	2
995-997	6	All Others	1	All Others	3	All Others	4	Oregon	
All Others	5	Illinois		Michigan		No. Carolina-No PPO		978-979	1
Arkansas		600-603	6	490-491	5	275-277	4	All Others	2
720-722	2	604-605	4	492-495	4	278-279	1	Pennsylvania	
724-727	2	606-608	6	496-499	5	282	4	151-152	2
729	2	All Others	2	All Others	6	283-289	2	167	1
All Others	1	Iowa		Minnesota		All Others	3	184-186	1
Arizona		504-508	1	550-555	4	North Dakota		188	1
853	4	512-516	1	558	1	581	2	189-194	5
856-857	4	521	1	560-564	1	All Others	1	All Others	2
All Others	3	All Others	2	All Others	2	Ohio		So. Carolina	
Delaware		Kansas		Mississippi		430	2	298-299	2
198	6	660-661	2	386	2	431-432	3	All Others	1
All Others	5	662	4	All Others	1	433-434	2	So. Dakota	
Dist Columbia		666	3	Missouri		436-437	2	All	1
Georgia		670	2	630	4	439	2	Tennessee-No PPO	
301-302	3	671	3	631	5	448-449	2	372	2
303	4	All Others	1	633-634	4	450	3	375	2
304	1	Kentucky		636-638	3	451	2	381	2
307	1	402	2	640-641	4	452	3	All Others	1
310	1	405-406	2	650-652	3	453	2	Texas	
311	4	All Others	1	658	3	454	3	750-751	5
312	1	Louisiana		All Others	2	455	2	752	4
316-319	1	701	2	Nebraska		All Others	1	753	5
All Others	2	All Others	1	680-681	2			760-761	4
				All Others	1			770	5

Rate Calculation

Locate your state and area on the Dental Zip Code Area Chart to determine the monthly premium based on plan selection without optional orthodontia. Please note the optional orthodontia rate should be added to the Employee + Child(ren) and Family rate tier.

ER Funded/Voluntary	Indemnity/PPO	State	Zip	Area	Plan	EE/E+S/E+C/F	Dental Rate	Optional Ortho	Total Prem.
ER Funded	Indemnity	Ohio	430	2	3	EE+Child(ren)	\$86.52	\$10.80	\$97.32