EPIC DENTAL

Step Up to the Best Choices in Dental Coverage

If you’re looking for ways to offer group dental insurance to your employees and keep costs low at the same time, we’ve got answers for you! Welcome to EPIC’s dental benefit solutions for the real world -- traditional, base plan with buy-up option, and voluntary dental coverage.

We have many options to design a plan that best fits your needs. Here’s how the funding of each plan works.

• **Traditional Plan**
  This plan can be purchased where the employer pays 100% of the premium, or can be paid partly by the employer and partly by the employees. The traditional plan covers preventive, basic, and major services. Depending on group size, orthodontia is optional.

• **Base Plan with Buy-up Option**
  You, or you and your employees, pay a base premium for preventive and basic dental coverage. Eligible employees then have the option to purchase, or “buy-up” to, major or major with orthodontia coverage on an individual basis, depending on the option you choose to offer. You will remit the premium along with the base plan. You can also purchase the base plan on a stand-alone basis.

• **Voluntary Dental**
  Voluntary products allow employees to purchase group-based insurance plans on an individual basis. Eligible employees who choose to participate in the Voluntary Dental plan pay 100% of the premium. Your role is simple -- select a benefit design to offer your employees, provide administrative support, and collect premiums from employees through easy payroll deduction.

With any plan, your employees will appreciate the benefits you offer and you will appreciate the choices you have in selecting the dental plan.
BENEFIT DESIGN

Preventive Services
- Routine oral exams
- Cleaning and polishing
- Topical fluoride treatment for dependent children
- X-rays
- Emergency care to relieve pain
- Sealants for dependent children

Basic Services
- Lab tests and diagnostic exams
- Oral surgery
- Aesthesia
- Routine/Surgical extractions
- Therapeutic injections
- Restorations
- A(ve)olectomy
- Stainless steel crowns
- Space maintainers for dependent children
- Denture and bridge repair

Major Services
- Inlays, onlays
- Crowns, other than stainless steel
- Periodontics *
- Endodontics *
- Prosthetics, including bridges and dentures

Orthodontia Services
- Orthodontic services

* For groups of 10+, periodontics and endodontics may be purchased as a basic service on the traditional plan.

BENEFIT OPTIONS

Annual Deductible Options
Our flexible dental plans give you a variety of individual deductibles to choose from.

<table>
<thead>
<tr>
<th>Calendar-year Deductible Options</th>
<th>Traditional Plan</th>
<th>Base Plan</th>
<th>Buy-up Plan</th>
<th>Voluntary Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25, $50, $75, $100</td>
<td>$25, $50, $75, $100</td>
<td>Same as Base deductible</td>
<td>$25, $50, $75, $100</td>
<td></td>
</tr>
</tbody>
</table>

The family deductible maximum is three times the individual deductible.

Coinsurance Options
Coinsurance is the percentage of covered charges EPIC pays for a covered dental service after the member satisfies the deductible. The member is responsible for paying the amount remaining after coinsurance. Choose from the following percentage options:

<table>
<thead>
<tr>
<th>Coinsurance:</th>
<th>Traditional Plan</th>
<th>Base Plan</th>
<th>Buy-up Plan</th>
<th>Voluntary Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive</td>
<td>100%, 80%</td>
<td>100%, 80%</td>
<td>N/A</td>
<td>100%, 80%</td>
</tr>
<tr>
<td>Basic</td>
<td>80% (Group size 2+)</td>
<td>80%, 50%</td>
<td>N/A</td>
<td>80%, 50%</td>
</tr>
<tr>
<td>Major</td>
<td>50%</td>
<td>N/A</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>50% (Group size 10+)</td>
<td>N/A</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Reasonable Charge

Reasonable charge for services is based on the 85th percentile. At the 85th percentile, 85 of 100 claims submitted for a specific service or procedure in an area will be accepted as an allowable charge. For more information, see the definition of “Charge” in the policy.

Dental Plan Calendar-year Maximums

When a member reaches the calendar-year maximum benefit, no further benefits are payable by EPIC for any services provided during that calendar year. Calendar-year maximum options for Preventive, Basic, and Major Services are:

<table>
<thead>
<tr>
<th>Traditional Plan</th>
<th>Base Plan</th>
<th>Buy-up Plan</th>
<th>Voluntary Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000 (Group Size 2-9)</td>
<td>$500 (Group Size 2-9)</td>
<td>2 times the Base maximum for Base and Buy-up combined</td>
<td>$1,000 (Group Size 10+)*</td>
</tr>
<tr>
<td>$1,000</td>
<td>$500</td>
<td></td>
<td>$1,500 (Group Size 26+)*</td>
</tr>
<tr>
<td>$1,500 (Group Size 10+)*</td>
<td>$750 (Group Size 10+)*</td>
<td></td>
<td>$2,000 (Group Size 100+)*</td>
</tr>
<tr>
<td>$2,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Orthodontia Lifetime Maximum Benefit

Orthodontia benefits are available for eligible dependent children until age 19, for groups with 10 or more enrolling employees. When a member reaches the lifetime maximum for orthodontia, no further benefits are payable for that person under the EPIC plan for orthodontia services. The lifetime maximum options for orthodontia services are: $1,000, $1,500, and $2,000 depending on group size. See “Benefits at a Glance” for specifics.

A Note for Groups with Current Dental Coverage from Another Carrier

We want to make sure your employees have continuous dental coverage. If you choose to replace your existing dental plan with the EPIC Dental Plan, you may be eligible to waive existing plan limitations, provided those services are also covered under the new EPIC plan. We'll waive applicable waiting periods for members who were previously covered through your group dental coverage. Please see more information under “Waiting Periods.”

And, EPIC offers Prior Carrier Deductible Credit. When the EPIC plan replaces another plan, we apply the amounts of covered charges used to satisfy that person’s prior calendar-year deductible under the prior plan to help satisfy their new deductible under the EPIC plan.

Waiting Periods

<table>
<thead>
<tr>
<th>New Groups Without Prior Coverage</th>
<th>12 months major; 24 months orthodontia</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hire/Timely Entrant</td>
<td>12 months major; 24 months orthodontia</td>
</tr>
<tr>
<td>Late Entrant</td>
<td>6 months basic; 12 months major; 24 months orthodontia</td>
</tr>
</tbody>
</table>

* “Group Size +” indicates that groups with that size or greater have the option to choose the indicated benefit. Example: 100+ groups would have all choices indicated.
### EPIC DENTAL INSURANCE BENEFITS AT A GLANCE

<table>
<thead>
<tr>
<th>Plan Designs</th>
<th>Traditional Plan</th>
<th>Base Plan</th>
<th>Buy-up Plan</th>
<th>Voluntary Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding – Who pays the premium?</strong></td>
<td>Employer must pay at least 50% of the premium</td>
<td>Employer must pay at least 50% of the premium</td>
<td>Employee pays 100% of the premium</td>
<td>Employee pays 100% of the premium</td>
</tr>
<tr>
<td><strong>Benefit Designs Available</strong></td>
<td>Preventive, Basic, Major, and Orthodontia</td>
<td>Preventive and Basic</td>
<td>Major and Orthodontia</td>
<td>Preventive, Basic, Major, and Orthodontia</td>
</tr>
<tr>
<td><strong>Calendar-year Deductible Options – Basic and Major</strong></td>
<td>$25, $50, $75, $100</td>
<td>$25, $50, $75, $100</td>
<td>Same as Base deductible</td>
<td>$25, $50, $75, $100</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive</td>
<td>100%, 80%</td>
<td>100%, 80%</td>
<td>N/A</td>
<td>100%, 80%</td>
</tr>
<tr>
<td>Basic</td>
<td>80% (Group Size 10+)* 50% (Group Size 2+)*</td>
<td>80%, 50%</td>
<td>N/A</td>
<td>80%, 50%</td>
</tr>
<tr>
<td>Major</td>
<td>50%</td>
<td>N/A</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>50% (Group Size 10+)*</td>
<td>N/A</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontics &amp; Periodontics Services</td>
<td>(Group Size 2+)* Major (Group Size 10+)* Basic</td>
<td>N/A</td>
<td>Covered in Major</td>
<td>Covered in Major</td>
</tr>
<tr>
<td><strong>Calendar-year Maximum Options – Preventive, Basic, and Major</strong></td>
<td>$1,000 (Group Size 2-9) $1,000 (Group Size 2-9) $1,500 (Group Size 10+) 1,000 $2,000 (Group Size 10+)*</td>
<td>$500 (Group Size 2-9) $500 (Group Size 2-9) $750 (Group Size 10+)* $1,000 (Group Size 10+)*</td>
<td>2 times the Base maximum for Base and Buy-up combined $1,000 (Group Size 10+)* $1,500 (Group Size 26+)* $2,000 (Group Size 100+)*</td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontia Lifetime Maximum</strong></td>
<td>$1,000 $1,500 $2,000 (Group Size 10+)*</td>
<td>N/A</td>
<td>$1,000 (Group Size 10+)* $1,500 (Group Size 26+)* $2,000 (Group Size 100+)*</td>
<td></td>
</tr>
<tr>
<td><strong>Waiting Periods</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type I - Preventive</td>
<td>0 Months</td>
<td>0 Months</td>
<td>N/A</td>
<td>0 Months</td>
</tr>
<tr>
<td>Type II - Basic</td>
<td>0 Months</td>
<td>3 Months</td>
<td>N/A</td>
<td>3 Months</td>
</tr>
<tr>
<td>Type III - Major</td>
<td>12 Months</td>
<td>N/A</td>
<td>12 Months</td>
<td>12 Months</td>
</tr>
<tr>
<td>Type IV - Orthodontia</td>
<td>24 Months</td>
<td>N/A</td>
<td>24 Months</td>
<td>24 Months</td>
</tr>
</tbody>
</table>

These waiting periods apply to new groups without prior coverage.

### Minimum Group Size

<table>
<thead>
<tr>
<th>Minimum Group Size</th>
<th>Stand-alone – 10 Lives</th>
<th>With other EPIC coverage – 2 Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-contributory plans:</td>
<td>100% of total eligible employees regardless of spouse’s coverage</td>
<td>10-25 eligible lives, greater of 10 lives or 50%</td>
</tr>
<tr>
<td>Contributory plans:</td>
<td>2 to 9 lives - 100% of eligible employees</td>
<td>26-50 eligible lives, greater of 10 lives or 40%</td>
</tr>
<tr>
<td>10+ lives - 75% of eligible employees</td>
<td></td>
<td>51-99 eligible lives, 35% of eligible employees</td>
</tr>
<tr>
<td>25+ Lives: Employee must work a minimum of 30 hours per week</td>
<td>10-24 Lives: Employee must work a minimum of 30 hours per week</td>
<td>100-499 eligible lives, 25% of eligible employees</td>
</tr>
<tr>
<td>25+ Lives: Employee must work a minimum of 80 hours per month</td>
<td></td>
<td>500+ eligible lives, 20% of eligible employees</td>
</tr>
</tbody>
</table>

### Eligibility

- 2-24 Lives: Employee must work a minimum of 30 hours per week
- 25+ Lives: Employee must work a minimum of 80 hours per month
- 10-24 Lives: Employee must work a minimum of 30 hours per week
- 25+ Lives: Employee must work a minimum of 80 hours per month

* “Group Size +” — Groups with that size or greater, of eligible employees, have the option to choose the indicated benefit. Eligible employees who elect to waive coverage are included in the Group Size. Example: 100+ groups would have all choices indicated.
This brochure is intended for customers in the following states: Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and West Virginia. Exclusions outlined below in each category apply to residents in each state, unless otherwise noted.

The following are not covered under the policy. The policy provides no benefits for:

- Charges for failing to appear for an appointment.
- Denture or bridgework adjustments provided within six months of placement.
- That portion of the billed amount that exceeds our determination of the charge.
- Crowns for the purpose of periodontal splinting.
- Orthodontia services, unless you choose to purchase this coverage.
- Charges for dental services furnished by any federal, state, or local political subdivision, unless coverage is required by law.
- We determine as not dentally necessary or appropriate.
- Provided by immediate family members or by anyone living with a member.
- Which are experimental or investigatory.
- Not specifically identified as being covered under the policy.
- Not provided by a dentist, physician, or a licensed dental professional.
- Provided before the effective date of coverage.
- After coverage ends.
- During any waiting periods.
- For replacement of a dental prosthesis.
- For oral hygiene, dietary, or plaque-control instructions.
- For athletic mouth guards.
- Received from an employer’s, union’s, or association’s own or contracted dental or medical department.
- For dentures, crowns, inlays, onlays, bridgework, or appliances for altering vertical dimensions.
- For a porcelain-veneer crown or pontic exceeding the amount payable for a full-cast metal crown or pontic.
- For a temporary denture or bridge that, when combined with the charges for a permanent denture or bridge, exceed the reasonable charge for the permanent denture or bridge.
- For, or connected to, implants, precision, or semiprecision attachments.
- For denture duplication, or other customized attachments.
- For drugs and medicines, other than injectable antibiotics administered by a dentist or physician as part of dental treatment.
- For, or in connection with, implantology.
- For which the member has no legal obligation to pay.

Residents of IA, IN, KS, MN, MO, ND, NE, OH, SD, & WV: Dental services for any injury or illness caused by atomic or thermonuclear explosions, or resulting radiation; or any type of military action, friendly or hostile.

Residents of MN: Dental services for any injury or illness caused by war or an act of war.

Residents of MO & WV: Dental services for any injury or illness caused by any type of military action, friendly or hostile.

Residents of OH: Dental services and supplies for any injury or illness caused by war, declared or undeclared, while serving in the armed services.

Residents of IA, IN, KS, MI, MO, ND, NE, OH, SD, & WV: Dental services for cosmetic purposes, unless necessitated as a result of injuries sustained while the member is covered under the policy.

Residents of IA, IN, KS, MI, MO, ND, NE, OH, SD, & WV: Dental services in connection with any illness or injury caused by a member’s commission of, or attempt to commit, an assault, battery, felony, or act of aggression, insurrection, rebellion, participation in a riot or engaging in an illegal occupation.

Residents of IA, IN, KS, MI, MO, ND, NE, OH, SD, & WV: Dental services provided in connection with the treatment of the temporomandibular joint, except for oral surgical services.

Residents of MN: Dental services for cosmetic purposes, except for reconstructive surgery: which is incidental to or follows surgery resulting from illness or injury; or performed on a covered dependent child because of congenital disease or anomaly which has resulted in functional defect as determined by the attending physician.

Residents of IA, IN, KS, MI, MO, ND, NE, OH, SD, & WV: Dental services, including, but not limited to, oral surgical services, or that portion thereof, which are covered expenses under the member’s EPIC group health coverage or any other medical coverage that he/she has, or for which benefits are paid under such EPIC coverage or other coverage.

Residents of MN: Dental services for any injury or illness covered by Worker’s Compensation or similar laws, even if a member doesn’t choose to claim such benefits.

Residents of SD: Dental services and supplies for any injury or illness paid by Worker’s Compensation or similar laws, even if a member doesn’t choose to claim such benefits.

Residents of IA, IN, KS, MN, ND, NE, OH, SD, & WV: Dental services furnished by the U.S. Veterans Administration except for such dental services for which under the policy we are the primary payor and the U.S. Veterans Administration is the secondary payor under applicable federal law.

Residents of IA, IN, KS, MI, ND, NE & SD: Dental services for any injury or illness paid under such EPIC coverage or any other medical coverage that he/she has, or for which benefits are paid under such EPIC coverage or other coverage.

Residents of OH: Dental services for any injury or illness caused by war or an act of war.

Residents of MO & WV: Dental services for any injury or illness caused by any type of military action, friendly or hostile.

Residents of IA, IN, KS, MI, MO, ND, NE, OH, SD, & WV: Dental services, including, but not limited to, oral surgical services, or that portion thereof, which are covered expenses under the member’s EPIC group health coverage or any other medical coverage that he/she has, or for which benefits are paid under such EPIC coverage or other coverage.

Residents of MN: Dental services for any injury or illness covered by Worker’s Compensation or similar laws, even if a member doesn’t choose to claim such benefits.

Residents of SD: Dental services and supplies for any injury or illness paid by Worker’s Compensation or similar laws, even if a member doesn’t choose to claim such benefits.

Residents of IA, IN, KS, MN, ND, NE, OH, SD, & WV: Dental services furnished by the U.S. Veterans Administration except for such dental services for which under the policy we are the primary payor and the U.S. Veterans Administration is the secondary payor under applicable federal law.
Administration Made Simple

We’ve made sure administration is easy on you with one-stop shopping and service. All benefits underwritten by EPIC are combined into one easy-to-read premium statement, meaning one-bill convenience for you. And, employee status changes are easy to update and monitor when you’re dealing with just one company.

Billing Options

We offer a variety of billing options so you can pick what best suits your business needs.

• Our Automated Cash Handling (ACH) process means you never have to write a check; we automatically withdraw the exact amount from your business bank account.

• If you prefer direct billing, you can choose monthly, quarterly, semi-annually, or annually. There is a billing fee for all direct bills, except annual.

Pre-authorization

EPIC dental plans don’t pay benefits for services that are experimental, investigative, or not dentally necessary, as determined by us. Services that may fall into this category include, but aren’t limited to: new technology or surgical methods, acupuncture, and treatment by diet. We suggest the member obtains pre-authorization in these cases, if in doubt. If a proposed dental service exceeds $200, we require a written treatment plan be submitted for pre-authorization. If approved, the treatment must then be completed within six months from the date of submission. If pre-authorization is given, the member’s coverage must be in effect when the service is provided. If pre-authorization isn’t obtained, we may determine the treatment isn’t a covered benefit under the plan, and no benefit payment will be made by us. If a member or dentist disagrees with our decision, the member may appeal. Please see the certificate for more information on pre-authorization and claims appeal procedures.

Ask about our other ancillary products!

EPIC can meet all your supplemental benefit needs. We offer the following:

• Term Life -- Base, Supplemental, and Dependent
• Accidental Death & Dismemberment
• Short-Term Disability
• Long-Term Disability
• Vision
• Voluntary -- Life, A D & D, STD, and LTD
(Voluntary Life not available in Nebraska)

For more information about EPIC Dental, contact your agent or EPIC.

THE EPIC ADVANTAGE

Formed in 1984 as a WPS Health Insurance subsidiary, The EPIC Life Insurance Company has since earned a reputation for excellent products, superior service, and security.

We owe our achievements to the top-quality benefits and personalized service we provide to our customers, backed by our strong work ethic. With this successful combination, you’ll find that EPIC is larger than life...yet down to earth.

This brochure is intended for customers in the following states: Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and West Virginia.

Note: This brochure is only a general outline of benefits, limitations, and exclusions. You can find a more detailed description of the coverage in the applicable certificate of insurance or benefits booklet. A certificate or benefits booklet will be issued to each employee who becomes insured under the plan. Coverages are subject to the terms, conditions, and provisions of the applicable EPIC insurance policy(ies) issued to the employee by EPIC if the employee meets underwriting and other requirements. Any provisions listed in this brochure that conflict with local, state, or federal laws will automatically conform to those laws.

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