

Monthly Bank Draft Authorization

INSTRUCTIONS:

1. Complete this section.
2. Attach a blank check marked "VOID" to this form (Deposit slips or temporary checks not acceptable).
3. Submit a check for one-month's premium made out to UniCare. If the account listed below is a joint account, both account holders' signatures are required.

All funds are drawn on the first of each month. Premiums may be pro-rated in order to adjust the initial paid to date or in the event of membership changes.

OPTIONAL MONTHLY BANK DRAFT AUTHORIZATION. As a convenience to me, I request and authorize YOU to pay and charge to my account checks drawn on that account by and payable to the order of UniCare Life & Health Insurance Company provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I authorize UniCare Life & Health Insurance Company to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my UniCare Life & Health Insurance Company premiums. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NOTICE TO APPLICANT: Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Deduction and be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction option.

You will incur a service charge for any withdrawal not honored. UniCare must be notified of any changes to your bank account.

Applicant's Name _____

Applicant's Social Security No. _____

Group No. _____

Name on Checking Account (if different than above) _____

Checking Account No. _____

Name of Bank _____

Bank Address _____

City/State/ZIP _____

Authorized Signature (As it appears in the financial institution's records) _____

X _____

Date _____

Authorized Signature (As it appears in the financial institution's records) _____

X _____

Date _____

Initial Premium Payment by Credit Card

New members only. Not available to make a coverage change.

Select one: <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months	Initial Premium Amount Credit Card: \$	Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Credit Card No.	Expiration Date	
Cardholder's Name	Cardholder's ZIP Code	
Authorized Signature (as it appears on the credit card)	Today's Date	
X _____		

The information in this brochure only provides highlights of the UniCare Individual Fee-for-Service Dental Insurance Plan. For more detailed information, be sure to read the UniCare Individual Fee-For-Service Dental Insurance Plan you will receive if enrolled.

Provided by:

TEXAS
DENTAL
Insurance Plans For
Individuals and Families



Insurance coverage is underwritten by UniCare Life & Health Insurance Company. An application is required to be completed and is subject to approval by UniCare. ® Registered Mark and SM Service Mark of WellPoint, Inc. 0003711TX 1/05



UniCare Life & Health Insurance Company

- Freedom to choose any dentist
- Access to quality care at discounted fees
- Wide range of dental services
- Coverage for preventive and diagnostic care begins on your effective date

Individual and Family Fee-for-Service Dental Insurance Plan Coverage

Good oral health is a real quality of life issue, affecting both mental and physical wellness. UniCare Life & Health Insurance Company offers the Individual and Family Fee-for-Service Dental Insurance Plan to help keep your teeth healthy and your smile bright. This dental insurance plan gives you the option of going to any dentist you choose. Dedicated professionals have contracted with UniCare to provide a wide range of dental services such as routine check-ups, cleanings, fillings, crowns and dental surgery.

The dental insurance plan was designed with two goals in mind. The first and foremost is to promote good dental hygiene and preventive care, important elements in a total health care package. The second goal is to provide you with the dental care you need in a convenient, cost-conscious manner, thus providing many dental services at reduced costs.

The dental insurance plan features coverage for low-cost preventive and diagnostic care, basic dental care, and a benefit schedule that can help you offset the high cost of major dental care. Please read the following information for details about how the plan works, specific benefit information and certain exclusions and limitations that apply.

How the Individual and Family Dental Insurance Plan Works

A large number of dentists in Texas have agreed to provide services at contracted rates to UniCare plan members.

When you choose a contracting dentist*, you will receive care at negotiated discounted rates — what we term "The UniCare Advantage." Should you choose a noncontracting dentist, the plan still provides benefits, but your out-of-pocket expense may be greater as the negotiated fees do not apply to noncontracting dentists. You are responsible for any charges in excess of the stated benefit for both contracting and noncontracting dentists.

Your current dentist may already be a contracting dentist. Before you choose a dentist, be sure to check the *Provider Finder* on the UniCare Web site at www.unicare.com or call UniCare Dental Services at 1-888-209-7852.

It could save you money.

The insurance plan lets you know up front in flat dollar amounts how much the plan pays for covered services. This means that you are able to easily calculate how much you will have to pay once you have determined your dentist's fee for the specific procedure(s) listed.

If your current dentist is not a contracting dentist, and you would like him or her to become one, please notify UniCare in one of the following ways:

- call (800) 262-4496
- send an e-mail to dentist.referral@wellpoint.com

*Dentists are independent contractors not affiliated with UniCare. Only you and your dentist can decide what dental care is appropriate for you and your family.

The following is an example* of how negotiated fees may save you money. Negotiated fees may vary among contracting dentists.

Contracting Dentist	
If the billed charges are:	\$905
And UniCare's negotiated rate is:	\$625
UniCare will pay the amount specified in the benefit schedule:	\$170*
Therefore, you pay the difference between the negotiated amount and the scheduled benefit:	\$455

Noncontracting Dentist	
If the billed charges are:	\$905
UniCare will pay the amount specified in the benefit schedule:	\$170
Therefore, you pay the difference between the billed charges and the scheduled benefit:	\$735

* This assumes any deductible has been met and you have not reached your annual maximum. Billed charges and negotiated rates in the above table are determined by using an example of contracted and noncontracted fees for dentists in the Dallas, Texas area (ZIP codes 75226 and 75202) for ADA procedure code D2750. Negotiated rates may vary by contracting dentist, based on their contracted relationship with UniCare.

Calendar Year Deductible

You are responsible for a yearly \$50 per person deductible, with a maximum of three deductibles per family (\$150), before your benefits for covered services are available.

Calendar Year Maximum Benefit

All dental benefits are limited to a maximum \$1,000 payment by UniCare for expenses incurred by each enrolled member during a calendar year.

Waiting Periods

Preventive and diagnostic care begins on your plan effective date. Coverage for basic care begins after six continuous months and for major care after 12 continuous months of coverage.

Customer Service

UniCare Life & Health Insurance Company's professional dedicated enrollment units are available to assist you and to answer any questions you may have about your plan. The toll-free number is listed on the dental plan identification card you will receive once your enrollment is approved.

Benefit Schedules

To use our schedules, check your dentist's fee and then determine how much the plan pays. You can then easily calculate what you will pay for a specific service after your deductible has been met. The plan pays either the specified amount, or the actual amount charged by your dentist, whichever is lower.

Preventive and Diagnostic Care

- Begins on your plan effective date
- Calendar year deductible of \$50 per person, with a maximum of three deductibles per family (\$150), must be satisfied
- The benefit schedule is the same for both contracting and noncontracting dentists, but you may have to pay a greater share of the costs if you choose a noncontracting dentist.
- Two oral examinations and two dental cleanings per member, per year
- Total benefit for single and bitewing X-rays not to exceed benefit for full-mouth X-rays — \$31

Procedure	The Plan Pays
Periodic Oral Exam limited to 2 per member per year	\$13.00
Bitewing X-rays - 1 film	\$6.00
Bitewing X-rays - 2 films	\$11.00
Single (periapical) X-rays - first film	\$7.00
Single X-rays - additional films	\$7.00
Bitewing X-rays - 4 films	\$16.00
Full-mouth X-rays limited to 1 set every 3 years	\$31.00
Routine cleaning limited to 2 per adult* per year	\$28.00
Routine cleaning limited to 2 per child* per year	\$21.00
Cleaning with fluoride limited to 2 per child* per year	\$28.00
Topical fluoride only limited to 2 per child* per year	\$9.00

* An adult is any person or dependent 19 years or older covered by this plan. A child is any person or dependent 18 years or younger covered by this plan.

Basic Dental Care

- Coverage begins after the dental insurance plan has been in effect for six continuous months.
- A calendar year deductible of \$50 per person, with a maximum of three deductibles per family (\$150), must be satisfied.
- The benefit schedule is the same for both contracting and noncontracting dentists, but you may have to pay a greater share of the costs if you choose a noncontracting dentist.

Procedure	The Plan Pays
Filling - 1 surface	\$28.00
Filling - 2 surfaces	\$38.00
Filling - 3 surfaces	\$45.00
Filling - 4 or more surfaces	\$55.00
Extraction - erupted tooth or root	\$31.00
Surgical removal of erupted tooth	\$55.00
Removal of impacted tooth - soft tissue	\$75.00
Removal of impacted tooth - partial bony	\$95.00
Removal of impacted tooth - complete bony	\$115.00

Major Dental Care

- Coverage begins after the dental insurance plan has been in effect for 12 continuous months.
- Calendar year deductible of \$50 per person, with a maximum of three deductibles per family (\$150), must be satisfied.
- The benefit schedule is the same for both contracting and noncontracting dentists, but you may have to pay a greater share of the costs if you choose a noncontracting dentist.

Procedure	The Plan Pays
Scaling/root planing per quadrant	\$37.00
Gingivectomy - one to three teeth per quadrant	\$27.00
Gingivectomy - four or more contiguous teeth per quadrant	\$100.00
Root canal - 1 canal	\$110.00
Root canal - 2 canals	\$135.00
Root canal - 3 canals	\$170.00
Crown (except stainless steel)	\$170.00
Stainless steel crown	\$38.00
Pontic	\$170.00
Complete denture (upper or lower)	\$205.00
Partial denture (upper or lower)	\$205.00
Denture reline (chairside)	\$44.00
Denture reline (lab)	\$60.00

Eligibility and Enrollment

To be eligible for enrollment, you must be:

- a resident of the state of Texas who properly applies for coverage and is accepted by UniCare Life & Health Insurance Company
- a resident of the United States for at least six months, age 64^{1/2} or younger
- the applicant's lawful spouse of the opposite sex, age 64^{1/2} or younger
- the applicant's unmarried child or stepchild up to age 25
- not enrolled under any other UniCare individual or group dental plan
- unmarried grandchildren if they are dependents for federal income tax purposes at the time of application, up to age 25

Date Coverage Begins

The effective date of your coverage is printed on your identification card.

Your coverage will stay in effect with our consent, on a three-month basis if you have chosen quarterly coverage, or on a monthly basis if you have chosen the monthly checking account deduction program.

Premium Rates

The rates listed are monthly rates. Monthly payment is available only through the monthly checking account deduction program. If you prefer to pay quarterly, multiply the monthly rate by three.

UniCare Individual and Family Dental Fee-for-Service Plan Monthly Rates

1 adult	\$19.50
2 adults	\$39.50
Adult with 1 child	\$30.00
Adult with 2 children	\$40.50
Adult with 3+ children	\$56.00
Family (1 child)	\$49.50
Family (2 children)	\$60.00
Family (3+ children)	\$75.50
1 child	\$10.50
2 children	\$20.50
3+ children	\$36.00

Counties with strong network access:

- Bexar Denton Tarrant
- Brazoria El Paso Travis
- Brazos Fort Bend Victoria
- Collin Galveston Washington
- Colorado Harris Webb
- Cornwall Jefferson Williamson
- Dallas Montgomery

Counties without strong network access:

A fewer number of contracting dentists are available in other areas. UniCare dental insurance plan members are entitled to the benefits of the negotiated amounts if they choose one of those contracting dentists. Benefits are still available for noncontracting dentists, as specified by the plan.

Terms of Coverage

Coverage under the dental insurance plan remains in force as long as the required premiums are paid on time and as long as you remain eligible for coverage. Coverage ceases when you become ineligible because of divorce or a change in dependent status. (In the case of divorce or over-age dependents, UniCare will offer a similar plan.)

UniCare may change the premiums of this plan with 30 days advance written notice to you. However, UniCare will not change the premium schedule for this plan on an individual basis, but only for all insureds in your class and plan.

Exclusions and Limitations

The UniCare Individual and Family Fee-for-Service Dental Insurance Plan does not provide benefits for:

- Unlisted services: Services not specifically listed in the benefit schedule of this plan.
- Excess amounts: Any amounts in excess of the maximum amount stated in the "calendar year maximum benefit" section or listed in the benefit schedule.
- Experimental or investigative procedures: Services or supplies that we consider to be experimental or investigative.
- Expenses before coverage begins: Services received before your effective date.
- End of coverage: Services received after your coverage ends.
- Services for which you are not legally obligated to pay: Services for which no charge would be made to you in the absence of insurance coverage.
- Workers' compensation: Any condition for which benefits could be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law, or occupational disease law, even if you do not claim those benefits.
- War: Disease contracted or injuries sustained as result of war, declared or undeclared, or conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
- Government services: Any services provided by a local, state, county or federal government agency, including any foreign government.
- Services from relatives: Professional services received from a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption.
- Cosmetic dentistry: Any services performed for cosmetic purposes are not covered under this plan, unless they are for the correction of functional disorders or as a result of an accidental injury occurring while you were covered under this plan.
- Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist under the supervision and direction of a dentist.
- Replacement of an existing prosthesis that has been lost or stolen or that, in the opinion of the dentist, is or can be made satisfactory.
- Replacement of a fixed or removable prosthesis if such replacement occurs within five years of the original placement, unless the denture is a stayplate used during the healing period for recently extracted anterior teeth.
- Orthodontic services, braces, appliances and all related services.
- Diagnosis or treatment of the joint of the jaw and/or occlusion (the way upper and lower teeth meet), services, supplies, or appliances provided in connection with:
 - (a) any treatment to alter, correct, fix, improve, remove, replace, reposition, restore, or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves, and other tissues for any reason or by any means; or
 - (b) any treatment, including crowns, caps, and/or bridges to change the way the upper and lower teeth meet (occlusion); or
 - (c) treatment to change vertical dimension (the space between the upper and lower jaw)

for any reason or by any means, including the restoration of vertical dimension because teeth have worn down.

- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include, but are not limited to: (a) changing the vertical dimension; (b) replacing or stabilizing lost tooth structure by attrition, abrasion, or erosion; (c) realignment of teeth; (d) gnathological recording; (e) occlusal equilibration; and (f) periodontal splinting.
- Oral examinations exceeding two visits per insured per year.
- Prophylaxis treatments, exceeding two treatments per insured per year.
- Fluoride applications for patients over 18 years of age. Fluoride applications exceeding two visits per year.
- More than one set of full-mouth X-rays or its equivalent per insured in a three-year period.
- Correction of congenital or development malformation for an insured person including, but not limited to, cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Adjustment, repairs or relines to prosthesis, except following 6 months from initial placement and if the prosthesis was paid for under this plan.
- Fixed bridges, removable cast partials and/or cast crown, with or without veneers for patients under 16 years of age.

- Replacement of crowns and cast restorations, including porcelain crowns, if such replacement occurs within five years of the original placement.
- Transfer of care: If a policyholder transfers from the care of one dentist to that of another dentist during the course of treatment or if more than one dentist renders services for one dental procedure, UniCare shall be liable only for the amount it would have been liable for had one dentist rendered the services.
- Prescribed drugs, pre-medication or analgesia.
- Oral hygiene instruction.
- Malignancies and neoplasms: Services for treatment of malignancies and neoplasms are not covered services.
- All hospital costs and any additional fees charged by the dentist for hospital treatment.
- Implants: (materials implanted into or on bone or soft tissue), or the removal of implants are not benefits under this certificate. However, if implants are provided in association with a covered prosthetic appliance, UniCare will allow the benefit for a standard complete or partial denture or a bridge toward the cost of implants and the prosthetic appliances.
- Services or supplies that are not medically necessary.
- Replacement of teeth missing prior to the effective date of coverage.
- Services for periodontics and fixed or removable prosthodontics within the first 12 months of the insured person's effective date.

How to enroll

If you are a new member and want dental coverage ONLY:

- complete and sign the attached application;
- determine your premium rate (see page 10) and calculate your initial premium payment (monthly or quarterly; see page 17);
- send the application and payment to your agent or the UniCare address below.

For those applying for UniCare medical and dental insurance coverage:

- see instructions on the Individual & Family PPO Plan Application.

For UniCare members who want to ADD dental coverage:

- complete the attached application;
- determine your premium rate (see page 10);
- determine your initial premium — it should be the same type of billing as your medical coverage (if you are using Monthly Checking Account Deduction, you must still send the first month's premium with the application);
- write a check payable to UniCare; and
- send the application to your agent or the UniCare address below.

Send your application and payment to:

UniCare Life & Health Insurance Company
Attn: Individual Membership Department
P.O. Box 5061
Bolingbrook, IL 60440-5061

To determine your initial premium*:

- If you want to pay your bill monthly, submit the one-month premium, complete the Monthly Bank Draft Authorization, and attach a blank check marked “VOID” to the form.
- If you want to pay your bill quarterly, submit the three-month (quarterly) premium.
- If you want to make your initial payment by credit card, please complete the credit card authorization section entitled Initial Premium Payment by Credit Card.

* If you are a UniCare member, you must select the same payment plan you have for your health insurance plan.

Applicants who are approved for enrollment will receive a UniCare Individual Fee-for-Service Dental Plan. Please review it carefully as it contains specific details about your benefits, coverage, exclusions and limitations. This brochure only provides highlights of the UniCare Individual Fee-for-Service Dental Insurance Plan. This is not the insurance contract and only the actual plan provisions will apply.



ATTACH CHECK HERE

UniCare Individual Fee-for-Service Dental Insurance Plan Enrollment Application

If you are a UniCare subscriber, please enter your current UniCare group number and certificate number.

GROUP NO.

CERTIFICATE NO.

Select Billing Type

Monthly (By checking account deduction only. **Please complete the Authorization form on reverse side.**) Quarterly

Applicant Information – Applicant must complete this section.

Please print

Last Name		First Name		MI	Social Security No.		
Home Phone No. ()		Business Phone No. ()		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Date of Birth
Home Address (Must be complete. P.O. Box not acceptable)				Billing Address (If different or P.O. Box)			
City		State	Zip Code	City		State	Zip Code

Spouse to be Insured – Signature required below.

Last Name of Spouse		First Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (Mo/Day/Yr)	Social Security No.	
---------------------	--	------------	--	--	---------------------------	---------------------	--

Children to be Insured

	Name (First and Last Name)	Sex	Birthdate Mo Day Year	Social Security No.
1		<input type="checkbox"/> M <input type="checkbox"/> F		
2		<input type="checkbox"/> M <input type="checkbox"/> F		
3		<input type="checkbox"/> M <input type="checkbox"/> F		
4		<input type="checkbox"/> M <input type="checkbox"/> F		

Signatures (Required)

If the family member is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application. If the responsible adult is not the natural parent, please submit court papers authorizing guardianship. I understand that coverage is subject to all conditions and provisions specified in the Policy. I understand that receipt of money with this application does not create UniCare coverage. Coverage will come into effect only on approval by UniCare.

Signature of Applicant / Parent or Legal Guardian X	Today's Date	Signature of Applicant's Spouse X	Today's Date
Signature of Applicant's Dependent Age 18 or over X	Today's Date	Signature of Applicant's Dependent Age 18 or over X	Today's Date

Agent Information

Name of Agent (Print)	Agent Tax I.D. Number	Check One <input type="checkbox"/> EIN <input type="checkbox"/> SS# X	Signature of Agent	Today's Date
-----------------------	-----------------------	---	--------------------	--------------

FOR UNICARE USE ONLY						
Group No.	Certificate No.	Agent Tax I.D. No.	Effective Date	Area	By	Date

DENINDAP0700

®Registered Mark of WellPoint Health Networks Inc.

0003778TX 1/05