

## POLICY EXCEPTIONS AND LIMITATIONS

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 Immediate Family.
2. Services furnished primarily for cosmetic reasons, but does not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part.
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.
16. Application of chemotherapeutic agents.
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. war or act of war, whether declared or undeclared;
  - b. your participation in a felony;
  - c. your participation in a riot or insurrection; or
  - d. an intentionally self-inflicted injury while sane or insane.
25. Fluoride treatments.
26. Impacted wisdom teeth.
27. Prescription drugs.
28. Any surgical procedure performed in the treatment of cataracts.
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.

DVH Plus

## DENTAL, VISION & HEARING INSURANCE



This brochure is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy for further details. For costs and further details of coverage, see your producer or write to the Company. This is a solicitation of insurance and a licensed producer may contact you. THIS IS A LIMITED POLICY.

Policy: DVA58(ID)

**If there is a discrepancy between the brochure and contract, the contract language prevails.**

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Corporate Office – Omaha, NE  
Administrative Services – PO Box 10386  
Des Moines, IA 50306

1.800.228.6086/www.gomedico.com



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**MEDICO**  
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# DENTAL, VISION & HEARING INSURANCE

PROTECTING YOUR FUTURE TODAY®

## ABOUT THE COMPANY - PROTECTION FROM A FINANCIALLY STRONG COMPANY

Medico Insurance Company has served the insurance needs of Americans since 1930, establishing a proven track record in providing quality insurance solutions. Today, Medico Insurance Company's products are designed to help protect the financial well-being of

our policyholders while our employees are dedicated to providing the kind of customer service they deserve.

To learn more about Medico Insurance Company and the products we offer, we invite you to visit our website at [www.GoMedico.com](http://www.GoMedico.com).

### WHY DENTAL, VISION, HEARING COVERAGE?

When you choose Medico, you get an affordable way to cover routine care as well as the unexpected, which can be inconvenient and expensive! This is a true insurance policy, not simply a discount program.

Designed for individuals age 18 to 89:

- With no coverage or limited coverage
- On Medicare (Medicare coverage is very limited)

### OVERALL BENEFITS

- Guaranteed Acceptance—no health questions
- Choose \$1,000 or \$1,500 Policy Year Maximum Benefit
- Freedom to choose any Provider
- Bonus—Choose a Provider in our Dental network for better discounts
- Low \$100 Policy Year Deductible
- Increasing percentage paid for non-Major Services
  - 60% first Policy Year
  - 70% after first Policy Year
  - 80% after 2nd Year and thereafter
- Policy pays for covered expenses, based on the contracted fee for Participating Dentists and the Reasonable and Customary Charges for Non-Participating Dentists, up to the policy maximum
- Pays you or your Provider regardless of any other policy

### MONTHLY PREMIUM (\$1,000 ANNUAL BENEFIT)

Age	Premium
18-39	\$29
40-54	\$31
55-64	\$33
65-79	\$35
80-89	\$38

*Premiums are subject to change.*

### DENTAL COVERAGE

#### COVERED IMMEDIATELY:

- Fillings
- Non-surgical extractions up to 4 teeth annually (excluding impacted Wisdom Teeth)
- Diagnostic X-rays
- Diagnostic Exams
- Emergency Palliative Treatment

#### COVERED AFTER 3 MONTHS:

- Cleaning/Examinations (twice annually)
- Examination X-rays

#### COVERED AFTER 1 YEAR:

(60% Paid per Policy Year)\*

- Endodontics, including Root Canals
- Periodontal Surgery
- Bridges, Crowns, full or partial Dentures



### VISION COVERAGE

Covered Immediately:

- Eye Exam

Covered after 6 months:

- Eyeglasses or Contact Lenses
- Up to \$200 over 2 years
- Part of your Policy Year Maximum Benefit

### HEARING COVERAGE

Covered after 1 Year:

- Hearing Exam
- Hearing Aids
- Up to \$500 annually
- Part of your Policy Year Maximum Benefit

### POLICY PROVISIONS

- Guaranteed Issue
- No Policy Fee
- No Coordination of Benefits

### 30-DAY FREE LOOK PERIOD

Take 30 days after you receive your policy to review your coverage. If for any reason at all you decide it is not what you had in mind, just return it to us or to the producer. We will promptly refund your premium.



### ACCEPTANCE

This plan is issued individually. Premiums are determined according to your age and the benefit you select.

### PROVIDER NETWORK

Maximum Care Network:

- Through one of the largest dental networks nationally with a focus on neighborhood dentists, the Maximum Care Network can help you save on services such as routine oral exams, cleanings, and major work such as dentures, root canal and crowns.
- To locate a participating dental provider, please visit [www.GoMedico.com](http://www.GoMedico.com) to access our online provider search.



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