

### When does my coverage start?

Your effective date is either the first or the 15th of the month depending on the date when HPA receives your application and first rate payment. All coverage is subject to approval of your application and payment of the first rate.

### What are my payment options?

You can pay in monthly installments by credit card, auto bank withdrawal or using payment coupons to mail in your payment. We accept MasterCard, Visa or Discover credit cards. For employer and association groups, a list bill option is available. Please call HPA at 1-800-277-3323 for information and a list bill application form.

### What is a reasonable and customary charge?

This plan reimburses you for covered dental expenses based upon "reasonable and customary" charges. A "reasonable and customary charge" is the charge typically made by dentists or suppliers of dental services and supplies within a specific geographic area.

### What services are not covered?

These services are not covered by Smile Plus:

- Overdentures and associated procedures
- Replacement of full and partial dentures
- Bridges, inlays, onlays or crowns that can be repaired
- Replacement of lost or stolen appliances, orthodontic retainers, athletic mouth guards, precision or semi-precision attachments, denture duplication or sealants
- Plaque control, acid etch, broken appointments, prescription or take-home fluoride or diagnostic photographs
- Services not completed by the end of the month in which coverage terminates

*This is not a complete listing of exclusions. For a complete listing see the policy or certificate.*

## Calculate Your Rates

- Based on the state and zip code you reside in, find the corresponding letter code from the area chart \_\_\_\_\_
  - Find your rate based on the letter code, the plan desired and persons to be covered \$ \_\_\_\_\_
  - Add the monthly administration fee + \$ 5.00 \_\_\_\_\_
- Subtotal \$** \_\_\_\_\_
- Multiply by number of months [ \_\_\_ (months) × \$ \_\_\_\_\_ (subtotal) = ] + \$ \_\_\_\_\_
  - Add the one-time enrollment fee + \$ 15.00 \_\_\_\_\_
- Total Due \$** \_\_\_\_\_

### SMILE PLUS AREA CHART

Arizona .....C	Missouri .....A	West Virginia .....A
850-853, 856-857 .....D	630-633, 640-641 .....C	Wyoming .....B
Arkansas .....A	Nebraska .....A	
720-722 .....B	680-681 .....B	
Delaware .....D	New Mexico .....B	
District of Columbia .....E	870-875 .....C	
Georgia .....A	Ohio .....B	Other states may be available, please call HPA, Inc. for state availability:
300-303 .....C	440-444 .....D	
Idaho .....B	Oklahoma .....B	1-800-277-3323, Ext. 3
Kansas .....B	Pennsylvania .....B	
660-666, 670-672 .....C	150-153, 180-181, 189-194 .....D	
Kentucky .....B	South Carolina .....A	
Louisiana .....A	Washington .....E	
700-701, 707-711 .....C	980-984 .....F	

### SMILE PLUS MONTHLY RATE CHART

APPLICANT	\$1,000	\$1,500	APPLICANT	\$1,000	\$1,500
<b>Letter Code A</b>			<b>Letter Code E</b>		
Applicant	\$25.69	\$29.27	Applicant	\$35.89	\$41.08
Applicant + Spouse	\$48.54	\$55.44	Applicant + Spouse	\$68.12	\$78.13
Applicant + Child(ren)	\$54.09	\$58.92	Applicant + Child(ren)	\$76.17	\$83.17
Family	\$77.11	\$86.16	Family	\$108.42	\$121.55
<b>Letter Code B</b>			<b>Letter Code F</b>		
Applicant	\$26.95	\$30.73	Applicant	\$39.50	\$45.26
Applicant + Spouse	\$50.97	\$58.26	Applicant + Spouse	\$75.04	\$86.15
Applicant + Child(ren)	\$56.83	\$61.93	Applicant + Child(ren)	\$83.97	\$91.74
Family	\$81.00	\$90.56	Family	\$119.48	\$134.05
<b>Letter Code C</b>			<b>Letter Code G</b>		
Applicant	\$27.74	\$31.64	Applicant	\$42.49	\$48.72
Applicant + Spouse	\$52.47	\$60.00	Applicant + Spouse	\$80.78	\$92.80
Applicant + Child(ren)	\$56.00	\$63.79	Applicant + Child(ren)	\$90.45	\$98.85
Family	\$83.40	\$93.27	Family	\$128.67	\$144.42
<b>Letter Code D</b>					
Applicant	\$31.19	\$35.64			
Applicant + Spouse	\$59.10	\$67.68			
Applicant + Child(ren)	\$66.00	\$72.00			
Family	\$94.00	\$105.25			

Rates are effective September 1, 2002.

\*The following fee for the Vision Plus Discount Benefit is included with the monthly rates.

Applicant: \$3; Applicant + Spouse: \$5; Applicant + Child(ren): \$5; and Family: \$7.50.

## Dental Application for Bankers Life Insurance Company

### A. TELL US ABOUT YOURSELF

Applicant Name \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_  
 Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### B. WILL DEPENDENTS ALSO BE COVERED?

Persons to be covered:  Myself Only  Myself and Spouse  
 Myself and Children  Myself and Family

Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your spouse have a dental plan? .....  Yes  No

With whom? \_\_\_\_\_

Are your dependents enrolled under your spouse's plan? .....  Yes  No

Do you claim a tax exemption for all eligible dependents listed? .....  Yes  No

Are all dependent children listed over age 18 full-time students? .....  Yes  No

### C. CHOOSE YOUR DESIRED COVERAGE

Effective date:  1st  15th

Select a plan:  \$1,000 maximum  \$1,500 maximum

### D. SELECT YOUR PAYMENT OPTIONS

Total rate (from rate section on opposite page) \$ \_\_\_\_\_

#### Select your payment method:

Check or money order. Enclose initial payment to Bankers Life Insurance Company, with application.

Credit Card:  VISA  Mastercard  Discover

Account # \_\_\_\_\_ Expiration \_\_\_\_\_

I authorize Health Plan Administrators, Inc., to charge the above credit card monthly for the rate and fees listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Automatic bank withdrawal. Enclose initial payment and a voided check with application.

Your Bankers Life Insurance Company monthly rate will automatically be withdrawn from your checking account.

I request that (bank name) \_\_\_\_\_

(address) \_\_\_\_\_

pay and charge my account debits drawn from my account by Health Plan Administrators, Inc., to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may at any time, end this agreement by giving 30 days advance written notice to me and to Health Plan Administrators, Inc. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### E. SIGN YOUR APPLICATION

By my signature below, I hereby apply for dental coverage under Master Policy Series #DENT-7/2002-GN.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to: Health Plan Administrators, Inc.

Mail application to: HPA, Inc., P.O. Box 15250, Rockford, IL 61132-5250

Save time and postage when paying by credit card, fax your completed application toll-free to 1-888-FAX-HPA1 (329-4721)

### AGENT USE ONLY

Agent Name \_\_\_\_\_ SS# \_\_\_\_\_

HPA # \_\_\_\_\_ HPA Agent ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

GA Name \_\_\_\_\_ # \_\_\_\_\_

MGA Name \_\_\_\_\_ # \_\_\_\_\_

## What is The Competitor Smile Plus?

Smile Plus offers you access to high quality, affordable dental coverage for your entire family. Coverage is provided for preventive, basic, major dental and orthodontic services.



### How are benefits covered?

Smile Plus pays benefits for each covered person in the following manner:

### First, you meet the service-specific calendar year deductible

Then Smile Plus pays a percentage of covered expenses to the selected calendar year maximum. Choose from two calendar year maximums: \$1,000 or \$1,500 per person

Services	Deductible	Plan Pays	Beginning
<b>Preventive</b>	\$35 (1-time)	80%	Day one
<b>Basic</b>	\$50 (annual)	50%	In 6 months
<b>Major</b>			
<b>Orthodontia*</b>	None	50%	In 24 months

\*Orthodontia is only available to covered children under age 19. The maximum annual benefit is \$500 per child and the maximum lifetime benefit is \$1,000 per child.

### Who qualifies for Smile Plus?

Smile Plus is offered to members and their spouses (through age 64) and their dependent children under age 19 (or under age 24 if a full-time student). Child only coverage is not available for this plan. Dependent children under the age of 19 must be enrolled in this plan along with a parent.

## What services are covered?

### Preventive Services

- **Routine oral examinations:** 2 per calendar year
- **Cleaning, scaling and polishing teeth:** 2 per calendar year
- **Topical fluoride:** 1 per calendar year to age 16
- **Space maintainers:** non-orthodontic

### Basic Services

- **Diagnostic x-rays:** 1 x-ray in any 3-year period
- **Bitewing x-rays:** 2 per calendar year
- **Simple extractions** of one or more teeth
- **Pin retention** of fillings
- **Fillings**
- **Antibiotic injections**
- **Oral surgery and postoperative care** for removal of one or more teeth, extraction of tooth root, excision of a tumor or cyst and incision, and drainage of an abscess or a cyst

### Major Services

- **Endodontic treatment** of diseases of the tooth, pulp and root
- **Periodontal services**
- **Models:** one every 3 years
- **Crown build-up** of non-vital teeth
- **Re-cementing and restoration** of inlays, onlays and crowns
- **Re-cementing bridges**
- **Denture or bridge repairs:** one every 2 years
- **General anesthesia and analgesic:** includes intravenous sedation for surgery
- **Prosthetic services:** dentures and bridgework

### Orthodontia Services

- **Surgical, appliance** and functional/myofunctional therapy

### Vision Plus Discounts

- **This add-on discount benefit** from HPA lets you save up to 75% on vision services, up to 50% on hearing services and vitamins and nutritional supplements. Also save on teeth whitening.

\*The Vision Plus Discount is not affiliated with Bankers Life Insurance Company, nor is it a part of the dental insurance plan.



### Satisfaction guarantee

If you are not completely satisfied with this plan for any reason, and you have not filed a claim, you may return the Certificate of Insurance within 30 days and receive a full refund of premium.



### About Health-Life America Association

The Health-Life America Association provides numerous quality benefits for the health conscious consumer. (HLAA is not affiliated with Bankers Life Insurance Company.)

### About Bankers Life Insurance Company

Bankers Life Insurance Company is a subsidiary of Bankers Insurance Group, a multi-line insurance holding company with a global presence, based in St. Petersburg, Florida. Bankers Life has been helping families preserve their assets and achieve their long-term financial goals for over twenty-five years.

### About HPA

HPA is a fully licensed, full-service Third Party Administrator transacting business worldwide. Established in 1939, HPA is a third generation company providing state of the art industry leading insurance services, including customer service, claims payment, billing and reporting.

1-800-277-3323

www.hpa-inc.com

This brochure provides a brief description of the benefits, exclusions and other provisions of the policy or certificate Form Master Policy DENT-7/2002-GN. For a complete listing, see the policy or certificate. Benefits may vary in different states. Smile Plus dental insurance may not be available in all states.

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SP-6/03



**HPA**

## The Competitor Smile Plus Dental Insurance

### THE PERFECT SOLUTION FOR

- Individuals and families
- Business owners and employees

### SPECIAL FEATURES

- Choice of \$1,000 or \$1,500 calendar year maximum per insured person
- 12 month rate guarantee
- Freedom to choose any dentist
- Benefits for preventive, basic, major and orthodontic services

Underwritten by: Bankers Life Insurance Company  
P.O. Box 31223 Tampa, FL 33631

Administered by: Health Plan Administrators, Inc., Rockford, IL  
Marketed by: