

Dental Insurance to Meet Your Needs

Solutions to help secure your financial future

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Thank you for taking time to meet with me today. I'd like to tell you about Medico's Dental insurance plans and why dental coverage is so important, especially as you get older.

Importance of good oral health

- Poor oral health¹
 - May contribute to endocarditis, respiratory disease, and cardiovascular disease
 - May be signs of diabetes, osteoporosis, and Alzheimer's disease
- More than 70% of adults 65 years and older have periodontal disease.²
- According to the American Cancer Society, 62 is the average age for most people diagnosed with mouth, throat, and tongue cancer.³

90% Of U.S. adults ages 20+ have had at least one cavity.⁴

26% Of adults ages 65 and older have eight or fewer teeth.⁵

46% Of adults ages 30+ show signs of gum disease.⁶

1. Mayo Clinic. Oral health: A window to your overall health. Published online June 4, 2019. <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/arc-20047475#>
2. Eke PI, Dye B, Wei L, Thornton-Evans G, Genco R. Prevalence of Periodontitis in Adults in the United States: 2009 and 2010. *J Dent Res*. Published online 30 August 2012:1-7. <https://journals.sagepub.com/doi/pdf/10.1177/0022034512457373>
3. Lisa Esposito; US News, Healthy Aging: Oral Health for Older Adults, January 13, 2017. <http://health.usnews.com/wellness/aging-well/articles/2017-01-13/healthy-aging-oral-health-for-older-adults>
4. Centers for Disease Control and Prevention. "Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999-2004 to 2011-2016." 2019 data. <https://www.cdc.gov/oralhealth/publications/OHSR-2019-index.html>. Viewed January 2021.
5. Centers for Disease Control and Prevention. "Oral Health Fast Facts: Gum Disease." 2019 data. <https://www.cdc.gov/oralhealth/fast-facts/gum-disease/index.html>. Viewed January 2021.
6. Centers for Disease Control and Prevention. "Oral Health Fast Facts: Tooth Loss." 2019 data. <https://www.cdc.gov/oralhealth/fast-facts/tooth-loss/index.html>. Viewed January 2021.

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A healthy smile is, well, something to smile about. By ensuring your oral health, you're protecting your overall health.

Regular brushing and flossing are important but cannot be relied on alone. Without regular cleanings, bacteria can build up and lead to decay, cavities, and possible tooth loss.

Poor dental health can also lead to other health problems, like pneumonia or endocarditis, an infection of the inner lining of the heart. And it can be a warning sign for other chronic health conditions, like diabetes and Alzheimer's disease.

Medicare limitations and misconceptions



52.6 million Medicare beneficiaries ages 65 or over in the U.S.¹



A dental ER visit occurs every 15 seconds.⁴



Medicare does not cover most routine dental services, including cleanings, fillings, tooth extractions, or dentures.²



Medicare Part A can only help pay for inpatient hospital care for dental emergencies or complicated dental procedures.²



Nearly 40% of seniors have not had a dentist visit in the past year.³



65% of Medicare beneficiaries did not have dental coverage in 2019.⁵

1. Government Relations and Policy, August 2020; National Committee to Preserve Social Security and Medicare. <https://www.ncpsm.org/our-issues/medicare/medicare-fast-facts/>
2. CMS Medicare Current Beneficiary Survey, Dental Services Among Medicare Source of Payment and Out of Pocket Spending, March 2016. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/downloads/DentalDataHighlightMarch2016.pdf>
3. Centers for Disease Control and Prevention, Oral and Dental Health. <https://www.cdc.gov/nchs/fastats/dental.htm>
4. Alan Goforth, Benefits Pro, ER Visits for dental problems on the rise. July 2, 2015. <http://www.benefitspro.com/2015/07/02/er-visits-for-dental-problems-on-the-rise/?return=1489585643>
5. Kaiser Family Foundation, Drilling Down on Dental Coverage and Costs for Medicare Beneficiaries. Published online March 13, 2019. <https://www.kff.org/medicare/issue-brief/drilling-down-on-dental-coverage-and-costs-for-medicare-beneficiaries/>

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Regular visits to a dentist are essential to prevent oral health problems before they become painful and expensive. But most health insurance plans, including Medicare, don't cover exams and services related to basic dental health care.

According to a 2019 report from the Kaiser Family Foundation, almost 65% of Medicare beneficiaries did not have dental coverage. With more than 52 million older adults on Medicare, that's a lot of uncovered dental procedures that need coverage — from cleanings and fillings to tooth extractions and dentures.

Average cost of dental services

Service	Average cost*
Bridges – 3 units	\$1,136
Dentures – lower or upper	\$1,382
Crown	\$1,151
Root canal – front tooth	\$1,021
Periodontal scaling	\$239
Fillings (3 surfaces)	\$255
Extraction – non-surgical	\$162
Cleanings	\$91
X-rays – bitewing (4)	\$65

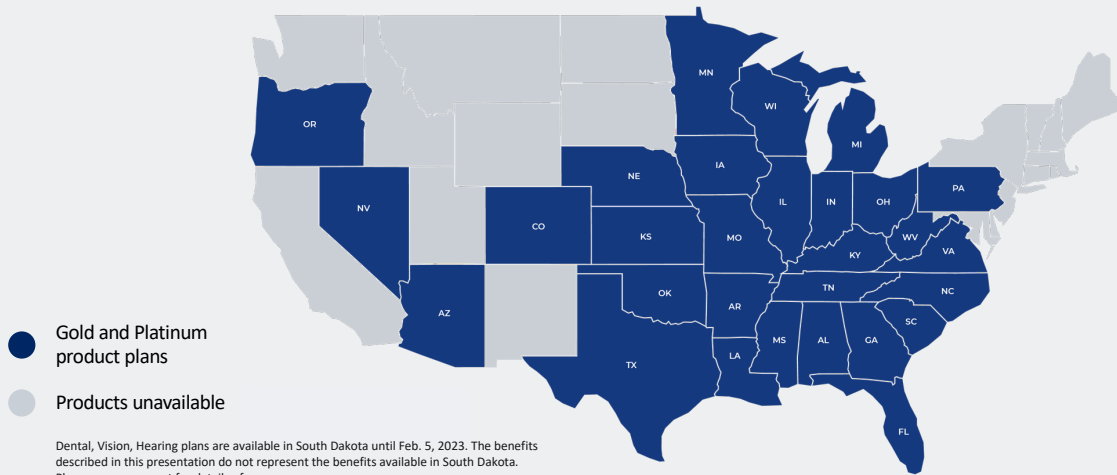
* This data is based on the average cost of billed charges submitted to Medico in 2020.



This table's data shows the average cost of billed charges submitted to Medico in 2020. If you don't have dental coverage, you could pay these costs for dental services on average. As you can see, something necessary – like dentures – can be a substantial expense.

Medico's Dental portfolio

Dental product availability



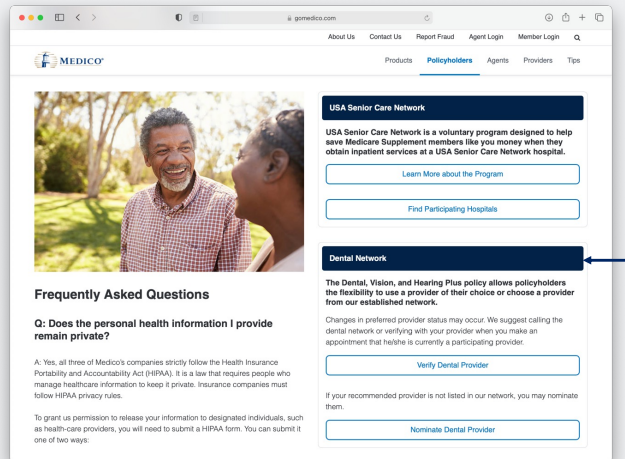
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Medico offers two dental plans with two options per plan — Gold 1000, Gold 1500, Platinum 1000, and Platinum 1500. The states highlighted show our areas of coverage.

Freedom of choice

- Choose any provider and receive coverage
- Additional savings for using in-network dental providers
- Find a provider at:
 - gomedico.com/products/dental-insurance
 - gomedico.com/policyholders



*Network not available in all states

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All Medico plans offer you freedom of choice. You are covered if you choose any provider, but you experience additional savings if you use an in-network dental provider.

You can find a link to the current provider list on gomedico.com/products/dental-insurance or gomedico.com/policyholders. In the middle of the page on the right side under “Dental Network,” you can find participating providers.

Gold and Platinum dental plans



Two plan options



Affordable rates



Add a spouse



Multi-policy discount



First-day coverage



Applications are only accepted electronically



Buyup benefit rider or
Calendar Year Maximum
Carry-over benefit rider



Issue ages
18 to 89



Underwriting
Guaranteed issue



Billing options
Monthly, quarterly,
semi-annually, or
annually through
a bank draft or
credit card

Medico's Gold and Platinum dental plans are available in some states. They allow you to save additional money on your premium when you add a spouse to the dental policy at time of application. You can also receive a 5% discount if either you or your spouse (if applicable) are applying for and issued a Medicare Supplement or Final Expense plan at the time of the dental plan or already have an existing Medicare Supplement or Final Expense plan with any of our companies – Medico® Insurance Company, Medico® Corp Life Insurance Company, Medico® Life and Health Insurance Company, American Republic® Insurance Company, American Republic® Corp Insurance Company, and Great Western Insurance Company (GWIC®).

The Gold and Platinum plans not only give you the freedom to choose any provider, but you can also choose one of two additional benefits for an additional fee at the time of application.

The Buyup benefit adds \$1,000 of coverage to maximize policy benefits. For example, the Gold \$1,000 plan plus \$1,000 buyup is \$2,000 of coverage. The buyup is available for both levels in each plan.

If you don't use the plan's full benefits entirely during the year, you can add the Carry-over benefit. The carry-over amount accumulates until it reaches a max of \$3,000. For example, if the Gold \$1,000 plan has an unused benefit balance of \$500, you can use the extra \$500 in the next calendar year.

Gold and Platinum product plans

Plan benefits ¹	Gold \$1,000	Gold \$1,500	Platinum \$1,000	Platinum \$1,500
Calendar year maximum	\$1,000	\$1,500	\$1,000	\$1,500
Calendar year deductible	\$0 for preventive services; \$50 for basic and major services		\$0 for preventive services; \$50 for basic and major services	
Preventive services Evaluations, cleanings, and X-rays	100% (no waiting period)		100% (no waiting period)	
Medico pays the following coinsurance percentages after the deductible:				
Basic services Diagnostic X-rays, fillings, and nonsurgical extractions	50% (no waiting period)		80% (no waiting period)	
Major services Bridges, crowns, dentures, implants, surgical extractions, root canals, and periodontal services	20% within first 12 months; 50% after 12 months		20% within first 12 months; 50% after 12 months	

1. Available plans may vary by state.

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Medico's dental portfolio includes product options that fit your individual needs. The \$1,000 and \$1,500 Gold and Platinum plans have many similarities, but Medico pays 80% coinsurance on basic services after the deductible on the Platinum plan and 50% on the Gold plan.

These plans may work well for you if you:

- regularly visit the dentist for preventive care, such as routine cleanings
- are looking to keep your teeth healthy
- want back-up coverage for basic and major services

These plans are ideal if you:

- need an annual check-up immediately
- want immediate coverage for basic services, such as X-rays and fillings
- worry about the cost of major services – such as crowns and implants – and want some protection
- Medico's Gold and Platinum dental plans not only include first-day coverage on all three service levels but also first dollar coverage on preventive services.
- Routine checkups are covered at 100% with no deductible
- After a \$50 deductible you can choose to either pay 50% or 20% coinsurance for basic services, like non-surgical extractions or fillings.
- For the first 12 months after the \$50 deductible, you pay 80% coinsurance for bridges, crowns, and implants. After the first 12 months, that coinsurance reduces to 50%.
- Crowns are covered every 3 years and implants are covered every 3 years with no inside limits.

Gold and Platinum product riders

Buyup benefit rider

- Additional coverage so you have it when you need it

Calendar Year Maximum Carry-over benefit rider

- In case you think you may not use your full benefits during the calendar year

Available plans may vary by state.



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At the time you submit your application, you may choose one of two additional benefits to add to your policy for an additional fee.

Buyup benefit

Add \$1,000 of coverage (buyup) to maximize your benefits. For example, if you have the Gold \$1,000 plan, and add a \$1,000 buyup, you'll have \$2,000 of coverage. This is available for both levels in each plan.

Calendar Year Maximum Carry-over benefit

If you think you may not use your plan's full benefits during the year, you can add the carry-over benefit to your plan. You will be able to carry over any amount not used until you reach a max of \$3,000. For example, if you have the Gold \$1,000 plan and only use \$500 of the benefit, you can carry over the extra \$500 to the next plan year.

Medico's promise to you

“We remain committed to helping you secure your financial future. As a mutual insurance holding company, we're inspired by the opportunity to serve you. We don't answer to shareholders – our focus is on you, our policyholders.”

Tom Swank, President and CEO of American Enterprise

I'd like to leave you with a quote from Tom Swank, President and CEO of American Enterprise, the holding company for Medico Insurance Company.

Exclusions and limitations (may vary by state)

No benefits will be paid for any expense not identified and included as a covered loss under the policy. You will be fully responsible for payment of any expenses that are not a covered loss. We will not pay benefits for:

1. Any loss that occurs while this policy is not in force.
2. Amounts not reimbursed because of applicable calendar year deductible, coinsurance, benefit maximums, or frequency limitations.
3. Any loss that occurs during a waiting period.
4. Amounts in excess of the reasonable and customary charge.
5. Items, treatments, or services:
 - a. Not covered under this policy, including any complications arising therefrom;
 - b. That are not prescribed by or performed by or under the direct supervision of a physician in accordance with generally accepted dental or medical standards, to include services not rendered or that are not rendered within the scope of their license;
 - c. Not medically necessary as determined by us;
 - d. Deemed to be experimental or investigational as determined by us; or
 - e. That would not routinely be paid in the absence of insurance.
6. Separate fees for services that are considered an integral part of an entire service, such as pulp capping, surgical trays, sutures, or pre and post operative care.
7. Services or procedures that have not been completed.
8. Any cosmetic items, treatments, or services provided primarily for the purpose of improving appearance, self-esteem, or body image, including characterizing and personalizing prosthetic devices, and correction of congenital malformation.
9. Any device, appliance, or service related to:
 - a. Altering vertical dimension;
 - b. Restoring or maintaining occlusion;
 - c. Splinting teeth or stabilizing teeth for periodontal reasons;
 - d. Abrasion, attrition, bruxism, erosion, abfraction;
 - e. Coping;
 - f. Tooth desensitization; or
 - g. Maxillofacial prosthetics.
10. Any surgical or nonsurgical treatments or services, including myofunctional therapy and physical therapy for any jaw joint problems, including, but not limited to: temporomandibular joint disorder (TMJ), craniomandibular disorder, craniomaxillary or other conditions of the joint linking the jaw bone and skull or treatment of the facial muscles used in expressions and chewing functions, for symptoms including, but not limited to, headaches.
11. Occlusal, athletic, or night guards and related services.
12. Orthodontic treatment or orthognathic surgery and related services.
13. Ridge preservation, augmentation, bone grafts, and tissue regeneration when performed in edentulous sites (toothless areas).
14. Overdentures, precision, or semi-precision attachments and related services.
15. Sealants, fluoride treatments, preventive resin restorations, or space maintainers and related services.
16. Supplies, including, but not limited to, services or supplies for temporary or provisional crowns, bridges, or dentures, and duplicate or temporary devices, appliances, and prosthetics.

These next two slides list the exclusions and limitations that apply to this policy. Please let me know if you have any questions.

Exclusions and limitations (may vary by state), continued

17. Replacing a lost, stolen, or missing appliance or prosthetic device.
18. Oral hygiene instructions, behavior modification, diet instruction, or infection control.
19. Sterilization of equipment; disposal of medical waste or other requirements mandated by the Occupational Safety and Health Administration (OSHA) or other regulatory agencies.
20. Treatment or diagnosis received while outside the continental United States, except Hawaii.
21. Work-related sickness or injury for which you are eligible for any workers' compensation, employers' liability, or similar laws, whether or not benefits are claimed.
22. Services for which no charge is made or for which you are not legally obligated to pay, including, but not limited to, services furnished through:
 - a. Your employer, labor union, or similar group, in its dental or medical department or clinic; or
 - b. A facility owned or run by any government body.
23. Services furnished by, or payable under, any public program (except Medicaid), or paid for or sponsored by any government body.
24. Telephone consultations, charges for failure to keep a scheduled appointment, copy fees, sales tax, charges for completion of a claim form, or any take-home supplies. If you use an external discount or coupon, the amount that is reduced from the billed charge is not a covered loss under this policy.
25. Ancillary charges, including, but not limited to, hospital, ambulatory surgical center, or similar facility; or use of provider office space.
26. Any loss resulting from:
 - a. War, declared or undeclared, or actively serving in the armed forces or their auxiliary units, including any country's National Guard or Army Reserve or their equivalent;
 - b. Committing, attempting to commit, or participation in a felony or engaging in an illegal occupation;
 - c. Your participation in a riot, rebellion, or insurrection; or
 - d. An intentionally self-inflicted injury while sane or insane.
27. Impacted teeth.
28. Prescription and non-prescription drugs, whether dispensed or prescribed, including chemotherapeutic agents.
29. Speech therapy for any purpose.
30. Laboratory and pathology tests and examinations, except as specifically listed in the Benefits section of your policy.
31. Oral surgery and related services, except as specifically listed in the Benefits section of your policy.
32. Full mouth debridement.
33. Any procedures performed to replace a tooth or teeth extracted or missing prior to the policy date.

Thank you!

Gold and Platinum policy forms: DEN2021, DEN2021(CO), DEN2021(FL), DEN2021(IL), DEN2021(KS), DEN2021(MI), DEN2021(MO), DEN2021(NC), DEN2021(OH), DEN2021(OR), DEN2021(TN), DEN2021(TX), and DEN2021(VA).

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