

### Limitations and Exclusions

The following apply to each of the dental, podiatry, and vision policies: The policy does not cover losses caused by or resulting from: any procedure, material, or service not shown in the policy; any procedure, material, or service that exceeds the frequency limits or benefit amounts contained in the policy; any procedure, material, or service received before the policy is effective; any procedure, material, or service received after the policy terminates, without prejudice to any claim originating prior to the effective date of termination; services or supplies we consider being experimental or investigative; charges for any procedure, material, or service provided or recommended other than by an appropriately licensed professional; any procedure, material, or service received while outside the territorial limits of the United States; any procedure, material, or service provided by a licensed professional who is a member of the insured's immediate family; any charge for a service required as a result of disease or injury that is due to war or an act of war (whether declared or undeclared); taking part in an insurrection or riot; the commission or attempted commission of a felony; an intentionally self-inflicted injury or attempted suicide while sane or insane.

The following apply to the dental and podiatry policy: The policy does not cover any service that the licensed professional determines is not suitable to be rendered due to the patient's physical health, mental disability, or emotional instability.

The following apply to the dental policy: The policy does not cover losses caused by or resulting from: and service that the licensed professional is not suitable to be rendered in the Living Care Facility due to the special nature of the procedure; any dental services that are not required for the preservation or restoration of oral health; dental implants (materials implanted into or on the bone or soft tissue) or the removal of implants; any dental services performed for cosmetic purposes; orthodontic treatment; Temporomandibular Joint (TMJ) dysfunctions, unless mandated by law in the state of residency.

See the applicable policy for complete details.

### Renewability

#### Renewability

The Company reserves the right, following written notice, to change the premium rates or non-renew the policy on any policy anniversary.



## DENTAL, PODIATRY, VISION INSURANCE



12910 Shelbyville Rd, Suite 300  
Louisville, KY 40243  
**800.843.7752**  
[www.SpecialCareIns.com](http://www.SpecialCareIns.com)

## SOUTH CAROLINA

## Oral, Podiatric, and Vision Health Make a Difference

Insurance can help to make dental, podiatry, and vision care more accessible and affordable.

### Importance of Oral Health

- Healthy, pain-free teeth promote self esteem and the ability to eat harder foods.
- Oral bacteria and infections can impact a person's overall health.
- Oral cancer kills more people each year than cervical cancer and skin cancer combined.

Regular dental examinations can help to detect oral infections and oral cancer.

### Importance of Oral Health For Those With Few or No Teeth

- Bacteria and infection issues can come from the gums, not just from the teeth.
- Oral cancer risks are not related to the presence of teeth.
- Bone structure of the mouth changes over time requiring changes to dentures.

### Importance of Routine Foot Care

- Professional podiatry care can reduce the risk of falls.
- Routine foot care can prevent more serious foot issues from developing.

### Importance of Vision Health

Regular eye exams are not only important in making sure you are seeing clearly, but eye exams can also lead to the early diagnosis and timely treatment of eye diseases – such as diabetic retinopathy, cataracts, and glaucoma.

### Getting Started

1. Complete the application.
2. Be sure to mark on the application under "Coverage Requested" each type of coverage requested; dental, podiatry, and/or vision.
3. Be sure to sign the application.
4. If you have any questions, please contact us 8:00am-4:30pm EST, Monday through Friday, at toll-free 1.800.843.7752.

Dental Schedule of Benefits *	Co-Pays	Deductible	Waiting Period
<b>TYPE A — Diagnostic &amp; Preventative **</b> <ul style="list-style-type: none"> <li>• Clinical Oral Examinations</li> <li>• X-rays</li> <li>• Dental Prophylaxis</li> <li>• Fluoride Treatments</li> </ul>	NONE	NONE	NONE
<b>TYPE B — Basic Care **</b> <ul style="list-style-type: none"> <li>• Amalgams and Resin Restorations</li> </ul>	NONE	NONE	NONE
<b>TYPE C — Major Restorative **</b> <ul style="list-style-type: none"> <li>• Extractions</li> <li>• Periodontics</li> <li>• Repair and adjustment of dentures</li> <li>• New dentures</li> </ul>	NONE	NONE	NONE

Podiatry Schedule of Benefits *	Co-Pays	Deductible	Waiting Period
<b>Routine Podiatric Examinations **</b>	NONE	NONE	NONE
<b>Routine Foot Care **</b> <ul style="list-style-type: none"> <li>• Debridement of nails</li> <li>• Paring of hyperkeratotic lesions</li> </ul>	NONE	NONE	NONE

Vision Schedule of Benefits *	Co-Pays	Deductible	Waiting Period
<b>Eye Examinations **</b>	NONE	NONE	NONE
<b>Glasses — Frames and Lenses (per pair) **</b> <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul>	NONE	NONE	NONE

Monthly Dental Rate
\$120.00

Monthly Podiatry Rate
\$66.00

Monthly Vision Rate
\$35.00

\* Coverage is provided to the lesser of the actual charge or the Allowed Amount or Scheduled Amount as defined in the policy. The dental policy is subject to an annual maximum benefit of \$3,000.

\*\* Please see the policy for details of each of the covered services and any frequency limitations that apply.

Individual Dental Policy PA 29 13 SC • Individual Podiatry Policy PA 18 13 SC • Individual Vision Policy PA 10 11 SC