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Outline of Coverage for
Group Dental, Vision and Hearing (DVH) Policy with Dental
Preferred Provider Organization (DPPPO) for Dental Option
DVA59

Group Dental, Vision and Hearing Coverage Limited Benefit Certificate

Retain This Outline For Your Records This Policy Is Not A Medicare Supplement Policy

READ YOUR CERTIFICATE CAREFULLY

This Outline of Coverage provides a very brief description of the important features of your certificate. This is not the insurance contract. Only the actual certificate provisions will control. The certificate sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR CERTIFICATE CAREFULLY.**

Limited Benefit Coverage

Certificates of this type are designed to provide, to persons insured, limited or supplemental coverage. This certificate does not provide any benefits other than the coverage described below.

Coverage Provided by the Certificate

Your certificate provides benefits for (1) preventive, basic and major dental services, and (2) vision and hearing services. All benefits are subject to any applicable Waiting Period, Certificate Year Deductible, Certificate Year Maximum Benefit, Exceptions and Limitations and all other provisions of the certificate. Refer to the Coverage Schedule provided with your certificate for details.

Plans may be offered with or without a Preferred Provider Organization (PPO) for dental expenses. Please refer to your Certificate for details.

Renewability

The certificate is renewable at your option unless:

1. Your premium is not received before the Grace Period ends;
2. We choose to non-renew all certificates of the same form in your state of issue; or
3. Subject to the Coverage Ends provision provided in the certificate.

If we choose to non-renew certificates per item 2 above, we will provide advance notice to you. No refusal of renewal will affect an existing claim.

Premiums

We can change your premium only if we do the same to all certificates of this form issued to persons of your class. "Class" means the factors of age and your state of residence that determined your premium rate when coverage was issued. If we make a change, it will not be based on any physical impairment you might have or any claims you have incurred under this certificate. If it is necessary to change the premium for your certificate, we will notify you in advance of the change in premium.