



# Independent Contractors with Hill Brothers Transportation: 2012 Insurance Benefit Options

## Full Package of Benefit Offerings

As a valued Independent Contractor with Hill Brothers Transportation you will have the opportunity to enroll in a variety of high quality benefits through the C&B Contractor Program/UTBA Association. Through your membership you will have access to insurance benefits as well as numerous health & consumer discounts for an association fee of only \$3.46 per week. Many insurance benefits are offered on a guaranteed issue basis, which means even if you have had health conditions, you will be able to enroll! Please take some time to review the package.

If you have any questions or would like to enroll, please call 855-843-6563. You will likely be receiving a call from a Cottingham & Butler Contractor Program agent to confirm you received this packet and help answer questions as well. Please see page 2 of the brochure with details on the non-insurance products included with your low cost membership as well.

## Benefits Include:

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# UTBA Membership - Benefits & Discounts

Through membership in the Cottingham & Butler Contractor Program/UTBA, you have access to a full package of benefits and numerous health and consumer discounts. Drivers will be responsible for the \$3.46 weekly rate in addition to benefit costs. Your Association Membership Benefits Include:



## Health Services:

- 24-Hour Nurse Helpline
- GlobalFit Fitness Program
- GymAmerica.com
- Vitamin and Nutritional Supplement Discounts
- Gateway Medicaid
- Discount Hearing Service
- LensCrafters Vision Club Discounts

## Travel Services:

- Emergency Medical Travel Assistance
- Discount Hotel Program (50% discounts on over 4,400 hotels)
- Association Travel Club (Discounts on Cruises, Tours, Air Travel)
- Car Rental Discounts
- 24-Hour Emergency Roadside Assistance (\$50 towards each occurrence)



## UTBA National Service Center

Call 1-855-843-6563 or go to [www.UTBA.com](http://www.UTBA.com) – to obtain information on...

- Insurance Account Management
- Member Eligibility
- Verification of All Benefits
- General Policy Questions, Cancellations, Additions, Claims, ID cards, etc.
- Guidance for 24-Hour Access to Benefits via [www.utba.com](http://www.utba.com) website
- Information on Prescription Benefits
- Steerage to PPO Discount Network of Hospitals, Clinics and Doctors
- Member Patient Advocacy Program

## General Services:

- Child ID Card Services
- Long Distance Phone Services
- Magazine Discounts (up to 85% off)
- High-Speed Internet Access Services
- Hoptheshops.com
- Floral Discounts (40-60% off)
- Moving Services
- Savers Club (Savings for Theaters, Restaurants, Theme Parks)
- Customized Web Services (20% discount on website design and web services)
- Delta Community Credit Union – NO ATM FEEs
- Fuel Discount Program – NEW!





# Limited Medical and Hospital Indemnity Plans - *Transamerica*

## UTBA Group Hospital Indemnity Insurance with Multi-Plan PPO Network

TransChoice Plus pays indemnity benefits regardless of any other insurance you might have (no benefits are payable for expenses covered by workers' compensation insurance).

**Guaranteed Issued - No Health Questions Asked.**

### TransChoice Plus Schedule of Benefits

Inpatient Benefits		Basic	Enhanced	Premier
Daily In-Hospital Confinement Benefit	When a covered person is confined to a hospital as a result of a covered sickness or accident. Benefits are paid for each day over 23 hours an insured is confined in a hospital up to a maximum of 30 days confinement.	\$500/day	\$1000/day	\$1200/day
Surgical and Anesthesia Benefit	Pays when a covered person undergoes a surgical procedure listed in the schedule of benefits as a result of a covered accident or sickness. The anesthesia benefit is paid at % of the surgical benefit amount.	\$2000 per Surgical Procedure 30% Anesthesia	\$4000 per Surgical Procedure 30% Anesthesia	\$5000 per Surgical Procedure 20% Anesthesia
In-Hospital and Surgical Additional Benefit	Benefit pays an additional benefit for each covered person when he/she receives treatment or surgery while confined to a hospital as an inpatient as a result of a covered accident or sickness.	\$1,000 per 2 Confinements	\$1,000 per 2 Confinement	\$1,000 per 1 Confinement
Intensive Care Daily Benefit	When a covered person is confined to an intensive care unit in-hospital as a result of a covered accident or sickness. Benefits are paid for each day an insured is confined to hospital intensive care up to 30 days/year.	\$500/day	\$1000/day	\$1000/day
Out-Patient Benefits		Basic	Enhanced	Premier
Outpatient Physician Office visit Benefit.	Pays per visit as a result of covered sickness or accident up to a maximum of 6 visits per calendar year per member and spouse each. Total of up to 6 visits for each child per calendar year.	\$50/visit	\$80/visit	\$100/visit
Outpatient Diagnostic X-ray and Laboratory Benefit	Pays per day for tests performed for the purpose of diagnosis of a covered sickness or accident Maximum 2 tests per calendar year per covered person.	\$100/test	\$100/test	\$200/test
Wellness Indemnity Benefit (6 month waiting period). *Well Child visits included 0-12 months 4 visits; 12-24 months 2 visits	Pays benefit for each covered person who has one of the following tests: physical exam, flexible sigmoidoscopy, mammograms, prostate specific antigen test, pap smear, immunization, and blood screenings. Payable once per calendar year per covered person after 6 month waiting period.	\$50	\$100	\$100
Emergency Room Sickness Benefit	Pays benefit per visit to an Emergency Room due to a sickness. Maximum 2 visits per year.	\$100	\$150	\$150
Off-the-job Accidental Injury Benefit	Benefit pays actual charges of expenses up to a maximum of the benefit amount shown per covered accident, up to 5 covered accidents per covered person, per calendar year (non-occupational).	\$300	\$500	\$1,500
Additional Plan Benefits		Basic	Enhanced	Premier
Prescription Drug Benefit	Pays per prescription when an insured incurs expenses for prescription drugs prescribed by a physician as a result of an accident or sickness. Up to 12 prescriptions per calendar year for member and spouse each and 12 prescriptions per calendar year for all children covered.	\$20 per Prescription	\$20 per Prescription	\$25 per Prescription
Group Term Life Policy with Accidental Death and Dismemberment (AD&D) Rider	Member, Spouse and Children are eligible. AD&D Rider is not available to children.	\$10,000 per Member, \$5,000 per Spouse and \$2,500 per Child	\$10,000 per Member, \$5,000 per Spouse and \$2,500 per Child	\$10,000 per Member, \$5,000 per Spouse and \$2,500 per Child
Critical Illness Indemnity Benefit	Benefit per initial diagnosis of a covered critical illness (example: cancer, heart attack, stroke) and an additional lump sum benefit of the same amount for a subsequent and separate covered critical illness	na	na	\$10,000 lump sum benefit (covered dependents eligible for 50%)
Discount Programs				
Individual Discount Card offered by New Benefits, Ltd.	This card will provide access to a discount vision plan, nurse hotline, counseling services and discounts for hearing aids.	All Benefits Included	All Benefits Included	All Benefits Included
PPO Network offered by KBA	Individual and covered dependents will receive contracted savings from the normal fees charged by network physicians, hospitals and outpatient x-ray and laboratory providers.	Multiplan Network	Multiplan Network	Multiplan Network
Weekly Rates By Plan				
Contractor Only		\$27.57	\$42.22	\$61.19
Contractor + Spouse		\$49.34	\$77.09	\$111.02
Contractor + Children		\$46.28	\$71.49	\$101.75
Contractor + Full Family		\$68.24	\$108.29	\$152.01



# Individual Major Medical Insurance

Based on your individual situation we can help you enroll in an individual major medical policy. These policies are based on your individual health status, age, gender, and location. The Federal Pre-Existing Condition Plan is for those who are not able to obtain other individual coverage due to pre-existing conditions. If you do not have health conditions, you can also apply for a traditional individual major medical policy. Sample rates are below. Call one of our licensed agents to walk you through all of your options. Major medical policies do not qualify for settlement deductions.

## Federal Pre-Existing Condition Plan (for those with medical conditions)

INDIVIDUAL PLANS AND RATES WILL VARY BY STATE	Standard Plan		Extended Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$2,000	\$3,000	\$1,000	\$1,500
Coinsurance	20%	40%	20%	40%
Maximum out of Pocket	\$4,000	\$7,000	\$4,000	\$7,000
Office Visit Copay	\$25	40%	\$25	40%
Prescription Drugs				
Rx Deductible	\$500 formulary		\$250 formulary	
Generic Copay	\$4 first 2 fills / \$4 or 50% 3rd and after		\$4 first 2 fills / \$4 or 50% 3rd and after	
Brand Copay	\$40 first 2 fills / \$40 or 50% 3rd and after		\$30 first 2 fills / \$30 or 50% 3rd and after	
Non-Formulary Copay	\$80 first 2 fills / not covered 3rd and after		\$60 first 2 fills / not covered 3rd and after	
Specialty Copay	25%, \$150 max formulary		25%, \$150 max formulary	
Sample Monthly Rates	Standard Plan		Extended Plan	
Age 19-34	\$220		\$296	
Age 35-44	\$264		\$356	
Age 45-54	\$338		\$455	
Age 55+	\$470		\$663	

\* Rates above are for Georgia 2012. All states have access to either the federal PCIP plan or a similar state pool. In order to qualify for the pre-existing conditions plan, a participant must meet certain criteria. Please call with questions on how to qualify.

## Sample Policy with CELTIC (if no major medical conditions)

INDIVIDUAL PLANS AND RATES WILL VARY BY STATE	Copoly Plan		HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1,500/\$3,000		\$2,600/\$5,200	
Coinsurance	20%	40%	20%	40%
Maximum out of Pocket	\$3,500/\$7,000	\$9,000/\$18,000	\$5,000/\$10,000	\$10,000/\$20,000
Office Visit Copay	\$15 first 2 visits 20% after deductible 3 <sup>rd</sup> +	40%	20% after deductible	30% after deductible
Prescription Drugs				
Generic Copay	\$15		20% after deductible	
Brand Copay	\$40		20% after deductible	
Non-Formulary Copay	30%		20% after deductible	
Specialty Copay	30%		20% after deductible	

Sample Monthly Rates	Copoly Plan			HSA Plan		
	Single	Driver/Spouse	Family	Single	Driver/Spouse	Family
Age 35	\$196	\$406	\$535	\$127	\$265	\$339
Age 45	\$311	\$612	\$741	\$311	\$406	\$480
Age 55	\$482	\$896	\$1025	\$324	\$601	\$675

\*Sample individual rates are based on a male with a standard health rating for a 6/1/2012 effective date, Atlanta, GA 30301. Actual rates vary based on location, age, and health history.



# Dental Insurance

This package of benefits offers you and your family the opportunity to enroll in dental insurance through American Public Life Dental. This dental insurance features 100% coverage for preventive care as well as a \$1,250 annual maximum.

**American Public Life Dental**



## SUMMARY OF BENEFITS

Single/Family Deductible	\$50 / \$150			
Calendar Year Maximum	\$1,250			
BENEFITS	COVERAGE		DESCRIPTION	
Preventive	100% No Waiting Period Deductible does not apply to preventive services		Periodic Exams, Bitewing X-rays, Prophylaxis (cleaning and scaling), Space Maintainers, Sealants, and Fluoride for children	
Radiographs - FMX	60% No Waiting Period		Full Mouth or Panoramix X-Rays	
Basic	60% No Waiting Period		Palliative (emergency) Treatment for Dental Pain, Simple Extractions, X-rays (interaoral periapical, extraoral, vertical bitewings and sialography)	
Basic Restorative	60% No Waiting Period		Amalgams and Resin-Based Composites	
Major	40% 12 Month Waiting Period		Inlay, Onlay, Crown, Fixed Partial Denture (bridge), Dentures	
Endodontics	40% 12 Month Waiting Period		Root Canal (anterior, bicuspid, and molar) Therapeutic Pulpotomy	
Periodontics	40% 12 Month Waiting Period		Gingivectomy, Osseous Surgery, Periodontal Scaling and Root Planing	
Prosthetic Repairs	40% 12 Month Waiting Period		Rebase, Reline, Repair Broken Clasp and Repair Cast Framework	
Oral Surgery	40% 12 Month Waiting Period		Removal of Impacted Tooth, Frenulectomy and Incision and Drainage of Abscess	
Weekly Rates:	Contractor	Contractor + Spouse	Contractor + Children	Family
	\$5.31	\$10.62	\$10.15	\$14.77

See Exclusions on last page of brochure



# Vision Insurance

You and your family have the opportunity to enroll in vision insurance through UnitedHealthcare. This vision policy features affordable rates along with low co-pays and 100% coverage in the UHC vision network. Outside of the UHC network, you can also receive substantial benefits.



BENEFIT OVERVIEW	
Exam Copay	\$10 Copay
Materials Copay	\$25 Copay

BENEFITS	In- Network	Out-of-Network	Frequency
Vision Exam	Covered 100% after copay	\$40 Allowance	Every 12 Months
Single Lenses	Covered 100% after copay	\$40 Allowance	Every 12 Months
Bifocal Lenses	Covered 100% after copay	\$60 Allowance	Every 12 Months
Trifocal Lenses	Covered 100% after copay	\$80 Allowance	Every 12 Months
Frames*	Covered 100% after copay	\$45 Allowance	Every 24 Months
Contact Lenses - Elective	Covered 100% after copay	\$105 Allowance**	Every 12 Months
Contact Lenses - Medically Necessary***	Covered 100% after copay	\$210 Allowance	Every 12 Months
Lasik Surgery	Discounted rates available		

RATES:	Contractor	Contractor + Spouse	Contractor + Children	Family
WEEKLY COST	\$1.85	\$3.24	\$5.50	\$5.50

\*\$130 frame allowance on in-network frames

\*\*Your \$105 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses

\*\*\*Necessary contact lenses are determined at the providers discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant, to correct extreme vision problems that cannot be corrected with glasses; with certain conditions of anisometropics; with certain conditions of keratoconus. If your provider considers contacts necessary you should ask your provider to contact UHC Vision confirming reimbursement.

The following services and materials are excluded from coverage under the policy; Post cataract lenses; non-prescription items; medical or surgical treatment for eye disease that requires the service of a physician; services or materials that the patient, without cost, obtains from any governmental organization or program; services or materials that are not specifically covered by the policy; replacement or repair of lenses and/or frames that have been lost or broken; cosmetic extras, except as stated in the policy.



# Term Life Insurance Plus Critical Illness Benefit - *TransAmerica*

Term Life Insurance can help you protect your family's financial security in the event of death. In addition to life insurance protection, this unique policy also provides benefits that can help you and your loved ones financially cope with a critical or terminal illness while the policy holder is living.

**Critical Illness** – If diagnosed with a specified critical illness, this policy will provide an early payout of 25% of the face amount up to \$100,000.

**Terminal Illness** – If diagnosed with a qualifying terminal illness, the Terminal Illness Benefit provides an accelerated death benefit payout of up to 50% of your life insurance benefit, to a maximum of \$100,000.

Plus, you get level premiums locked in for five years and optional coverage for your spouse and eligible dependent children.

## Term Life Insurance with Critical Illness Rider

Program Description		
<b>Benefit Levels</b>	Conditional Guarantee issue up to \$150,000 on driver, \$25,000 on spouse, and \$10,000 on children	
<b>Evidence of Insurability</b>	Conditional Guarantee Issue	
<b>Policy Length</b>	20 Year Term Life Policy	
<b>Critical Illness Rider</b>	When diagnosed and certified by a physician as having one of five specified critical care conditions, you can receive an early, lump sum payment of up to 25% of your life insurance benefit. The five covered critical illnesses are heart attack, stroke, specified cancers, end-stage renal failure and major organ transplant surgery*	
<b>Terminal Illness Rider</b>	If the insured is diagnosed with a qualifying terminal illness, the Terminal Illness Benefit provides an accelerated death benefit** payout of up to 50% of the life insurance policy amount up to a maximum of \$100,000	
<b>Waiver of Premium Rider</b>	Protects you, your spouse and dependent child's life insurance coverage from lapsing for up to six months if you are totally disabled***	
EXAMPLES OF WEEKLY RATES FOR \$50,000 POLICY (CAN PURCHASE UP TO \$150,000!)		
Age at Time of Purchase	Non-Tobacco User	Tobacco User
25	\$2.76	\$3.75
30	\$3.44	\$4.54
35	\$4.45	\$5.75
40	\$6.06	\$8.73
45	\$7.98	\$13.02
50	\$9.28	\$17.24
55	\$14.11	\$24.17
60	\$20.21	\$35.03

**Spouse rates are based on spouse's age. Children cost \$0.29 per week per \$5,000 in benefit (regardless of number of children covered).**

\*The critical illness diagnosis must occur for the first time after a 30-day waiting period following the effective date of this critical illness coverage. If a spouse or eligible dependent child covered under this contract is diagnosed and certified as having one of the specified critical illnesses the contract owner, may receive an early payout of up to 25% of the life insurance death benefit. The balance of the coverage, if any, will be paid to the beneficiary upon the death of the insured.

\*\*Accelerated Death Benefit for Terminal Illness not available in MA

\*\*\*Waiver of Premium due to layoff or strike not available in CT, MA, MD, NJ, or TN

TransSelect 20 is a Group Term Life insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Premiums are guaranteed level for 5 years, and then premiums may increase annually starting in year 6. Limitations and exclusions may apply. Refer to the policy, certificate, and riders for complete details.



# CDL Defender Coverage

*U.S. Legal Services*

Don't take chances...help protect your career for just \$1 a day!

This CDL Defender coverage provides covered drivers 100% paid legal representation for all moving, non-moving, DOT, and CSA violations.



Program Description	
Covered violations include, but not limited to:	<ul style="list-style-type: none"> <li>• Speeding</li> <li>• Load Spill</li> <li>• Overweight</li> <li>• Overlength</li> <li>• HOS Violations</li> <li>• Hazmat</li> <li>• Lane Violations</li> <li>• Expired Medical Certificate</li> <li>• Parking Violations</li> <li>• Weight Receipt</li> </ul>
Attorney's fees:	100% covered
Representation area:	All 50 states, Canada, Mexico
CSA/DataQ challenges:	Covered in full for covered driver
Cases that are reduced or dismissed:	90%
<i>US Legal Representation always retains local attorneys</i>	

Additional benefits for enrolled drivers:	
<ul style="list-style-type: none"> <li>• Reduced attorney's fees for bankruptcies, divorce, child custody, IRS-tax issues, Criminal and civil law</li> </ul>	
<ul style="list-style-type: none"> <li>• Identity Shield – ID theft protection</li> </ul>	
<ul style="list-style-type: none"> <li>• Financial coaching-credit card debt, retirement accounts, and credit repair</li> </ul>	
<ul style="list-style-type: none"> <li>• Drivers and spouses are covered in their personal vehicles</li> </ul>	
<ul style="list-style-type: none"> <li>• Educational emails sent to drivers regarding trouble areas and changes to various laws</li> </ul>	
<ul style="list-style-type: none"> <li>• Helps protect your commercial drivers license</li> </ul>	

Rates:	\$7.61 per week
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*For your convenience, the premiums will be collected via settlement deduction.*



# Exclusions

## Limited Medical Exclusions

With respect to all of the benefits provided under this Certificate, no benefits will be payable as the result of:

1. Suicide or any attempt thereof, while sane or insane;
2. Any intentionally self-inflicted Injury or Sickness;
3. Rest care or rehabilitative care and treatment (unless provided as a benefit on the Schedule of Benefits);
4. Immunization shots and routine examinations such as: physical examinations, mammograms, Pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings (unless the Wellness Indemnity Benefit is shown on the Schedule of Benefits);
5. Routine newborn care (unless covered under the Wellness Indemnity Benefit on the Schedule of Benefits);
6. The treatment of:
  - a. Mental illness; functional or organic nervous disorder, regardless of cause (unless the Daily In-Patient Mental and Nervous Benefit is shown on the Schedule of Benefits);
  - b. Alcohol abuse or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed unless the Daily In-Patient Drug and Alcohol Benefit is shown on the Schedule of Benefits);
7. Participation in a riot;
8. Committing, attempting to commit, or taking part in a felony or engaging in an illegal occupation;
9. Participation in:
  - a. An organized contest of speed;
  - b. Parachuting;
  - c. Parasailing;
  - d. Bungee jumping; or
  - e. Hang gliding;
10. Air travel, except:
  - a. As a fare-paying passenger on a commercial airline on a regularly scheduled route; or,
  - b. As a passenger for transportation only and not as a pilot or crew member;
11. Any Accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician or taken according to the Physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the Accident occurred);
12. Any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change;
13. The reversal of a tubal ligation or vasectomy;
14. Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician's services, unless required by law;
15. Any loss incurred while on active duty status in the armed forces (If You notify Us of such active duty, We will refund any premiums paid for any period for which no coverage is provided as a result of this exception.);
16. Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
17. Air or ground ambulance transportation (unless the Ambulance Benefits is shown on the Schedule);
18. Routine eye examinations or fitting of eye glasses;
19. Hearing aids or fitting of hearing aids;
20. Dental examinations or dental care other than expenses resulting from an Accident;
21. Care or treatment of an Accident or Sickness not specifically provided for in this plan;
22. With respect to the Off-the-Job Accidental Injury Benefit only, charges that the Covered Person is not legally required to pay, or charges which would not have been made if this coverage had not existed; or
23. Treatment of an Accident or Sickness made necessary by or arising from war, declared or undeclared, or any act of war.

## Dental Exclusions

Covered Dental Expenses do not include and no benefits are provided for the following:

24. Services which are not included in the Schedule of Covered Dental Services and Procedures; which are not Necessary Services; or for which a charge would not have been made in the absence of insurance; and,
25. Any Service, which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least 3 years, as determined by Us; and,
26. Crowns, inlays, onlays, cast restorations, or other laboratory prepared restorations on teeth, which may be satisfactorily restored with an amalgam or composite resin filling; and,
27. Appliances, inlay, cast restorations, crown, or other laboratory prepared restorations used primarily for the purpose of splinting; and,
28. Any Service or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; and,
29. Any Service provided primarily for cosmetic purposes. Facings on crowns or bridge units on molar teeth shall always be considered cosmetic; and,
30. The initial placement of a removable full denture or a removable partial denture unless it includes the replacement of a Functioning Tooth extracted while the Person is insured under the Policy; and,
31. The initial placement of a fixed partial denture including a Maryland Bridge, unless it includes the replacement of a Functioning Natural Tooth extracted with the Person is insured under the Policy, provided that tooth was not an abutment to an existing partial denture that is less than 5 years old or to an existing fixed partial denture or Maryland Bridge which is less than 7 years old. Benefits are payable only for the replacement of those teeth which were extracted while the Person was insured under the Policy; and,
32. Replacement of a partial denture, full denture or fixed partial denture (including a Maryland bridge) or the addition of teeth to a partial denture unless:
  - a. Replacement occurs at least 5 years after the initial date of insertion of the current full or partial denture; or,
  - b. Replacement occurs at least 7 years after the initial date of insertion of an existing fixed partial denture of Maryland bridge; or,
  - c. The replacement prosthesis or the addition of a tooth to a partial denture is required by the Necessary extraction of a Functioning Natural Tooth while the Person is insured under the Policy, provided that tooth was not an abutment to an existing partial denture that is less than 5 years old or to an existing fixed partial denture or Maryland bridge that is less than 7 years old; or
  - d. The replacement is made Necessary by a Covered Dental Injury provided the replacement is completed within 6 months of the Injury. Chewing Injuries are not considered Covered Dental Injuries.
33. The replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations within 7 years of the date of insertion; and,
34. Replacement of a bridge, partial denture, full denture, crown, cast restoration, inlay, onlay or other laboratory prepared restoration which can be restored to function; and,
35. The replacement of teeth beyond the normal complement of 32; and,
36. Implant placement or removal and all Related Services; and,
37. Crown, fixed partial dentures and any dental prosthesis for placement on or supported by implants; and,
38. The replacement of an existing removable partial denture with a fixed partial denture unless upgrading to a fixed partial denture is essential to the correction of the Insured Person's dental condition; and,
39. Athletic mouth guards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; treatment of jaw fractures; orthognathic surgery; exams required by a third party other than Us, personal supplies (e.g., water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances; and,
40. Charges for travel time; transportation costs; or professional advice given on the phone; and,
41. Orthodontic treatment (unless the Policy includes the orthodontic expense rider); and,
42. Services that are a covered expense under any other plan that is provided by the Policyholder and for which You are eligible; and,
43. Services performed by a Dentist who is a member of the Insured Person's family. Insured Person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents; and,
44. Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility; and,
45. Any charges in excess of the Usual, Customary and Reasonable charge for any covered dental Service or procedure; and,
46. Any charges for appointments not kept; and,
47. Any charges for completion of claim forms; and,
48. Any charges for Services performed or started prior to the date the Insured Person became insured hereunder; or the charges incurred following termination of insurance; and,
49. Cost of Pharmaceuticals; and,
50. TMJ (Temporomandibular Joint) Treatment or Services or supplies rendered for full mouth reconstruction or vertical dimension correction unless the policy include the TMJ Expense Rider; and,
51. Dental treatment not approved by the American Dental Association or which is clearly experimental in nature; and,
52. Services or supplies rendered for dietary planning for the control of dental caries, plaque or for oral hygiene instruction; and,
53. Services or supplies provided by or paid for any government or government employed Dental Practitioner, unless the Covered Person is a recipient of Medicaid and/or is legally required to pay for such Services or supplies; and,
54. Any treatment not prescribed by a dentist or physician or not performed by a Dental Practitioner; and,
55. Congenitally missing teeth unless a retained deciduous tooth is extracted while the person is insured; and,
56. Local anesthetic as a separate fee; and,
57. Any charge for a Service performed outside of the United States other than for Emergency Treatment. Benefits for Emergency Treatment performed outside of the United States are limited to a maximum of \$100 per year; and,
58. 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; committing or attempting to commit a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane; and,
59. Any charge for a Service for which benefits are available under Workers' Compensation or an Occupational Disease Act or Law, if the Insured Person did not purchase the coverage that is available to Him/Her; and,
60. Any Service for which the Insured Person is not required to pay unless the payment of benefits is mandated by law and then only to the extent required by law; and,
61. Any treatment plan which involves full-mouth reconstruction by the removal and reestablishment of occlusal contacts of 10 or more teeth with restorations, crowns, onlays, inlays, fixed partial dentures, dentures or any combination of these services.