

Mutual of Omaha Dental

The flexibility to choose the right plan



| | Options available | | Best practice recommendation | |
|--|---|----------------|--|----------------|
| | In-network | Out-of-network | In-network | Out-of-network |
| Deductible options Individual/Family x2, x3 | Choice of \$0 / \$25 / \$50 / \$75 / \$100 / \$150 / \$200 \$100 Lifetime | | Choice of \$25 / \$50 - Ind. \$50 / \$100 - x2 \$75 / \$150 - x3 | |
| Annual maximum options | Choice of \$500 / \$750 / \$1,000 / \$1,250 / \$1,500 / \$1,750 / \$2,000 / \$2,250 / \$2,500 | | \$1,500 | |
| Out-of-network reimbursement | Choice of 50% / 60% / 70% / 80% / 90% | | 90% | |
| Preventive – Type A Exams, cleanings, x-rays | Choice of 80% / 90% / 100% | | 100% | |
| Basic services – Type B Filings, endodontics, periodontics | Choice of 0% / 50% / 60% / 70% / 80% / 90% / 100% | | 80% | |
| Major services – Type C Crowns, bridges, dentures | Choice of 0% / 25% / 40% / 50% / 60% / 80% | | 50% | |
| Orthodontic services | 50% | | 50% | |
| Orthodontic lifetime maximum (must be equal or less than annual max) | Choice of \$500 / \$750 / \$1,000 / \$1,250 / \$1,500 / \$1,750 / \$2,000 / \$2,250 / \$2,500 | | \$1,000 | |
| Dependent age limitation | Dependents covered to age 19; full-time students covered to age 25 (or as mandated by the state) Orthodontic – full-time students covered to age 25 (or as mandated by the state) | | | |
| Plan options | <ul style="list-style-type: none"> • PreventiveEdgeSM • Benefit waiting periods | | <ul style="list-style-type: none"> • Maximum rollover • Late entrant waiting periods | |
| Service options | <ul style="list-style-type: none"> • Two additional routine cleanings for persons with diabetes, heart disease or currently pregnant • Brush biopsy/cancer screening • Harmful habit appliance • Tooth whitening (bleaching) • Bruxism appliance • TMD coverage | | | |
| Flexibility to move specific services between types | | | | |
| A or B | Cleanings, oral exams, fluoride, sealants, space maintainers, x-rays, brush biopsy/cancer screen, harmful habit appliance (if no orthodontic benefit) *Unless PreventiveEdge SM is selected | | | |
| A, B or C | Bruxism appliance, emergency pain, periodontal maintenance | | | |
| B or C | Simple extractions, oral surgery, endodontics, periodontics, crowns/inlays/onlays, crown/inlay/onlay repairs, bridges, bridge repairs, dentures, denture repairs and implants | | | |

Dental plans are available for both employer-based and employee-paid voluntary benefits.

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