Dental Certificate

WMI Mutual Insurance Company

PO Box 572450
Salt Lake City, UT 84157
(801) 263-8000 & (800) 748-5340
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DECLARATIONS PAGE

Name of Insurer
WMI Mutual Insurance Company
P.O. Box 572450
Salt Lake City, UT 84157

Name of Policyholder
[ABC Company]

Named Insured and Mailing Address
[John Doe]
[123 Helena Avenue]
[Helena, MT 59601]

Coverage Period
From: [1/1/2019] to [12/31/2019] beginning at 12:01 A.M. Mountain Standard Time.
This coverage period is subject to the eligibility requirements as stated in the Certificate.

Premium
Your premium amount for this coverage is [$0.00]. This premium is subject to change if dependents are added to or terminated from the coverage.

DENTAL CERTIFICATE

Upon a request from the insured or the agent of the insured, the Company will provide a written or an electronic summary of the coverage for a specific health care service or a course of treatment. This will be provided when the actual charge or the estimate of charges from the provider is more than $500.

A. Schedule of Benefits:

Annual Maximum Dental Benefit Per Person $1,200

Diagnostic and Preventative Services	Restorative, Endodontic, and Periodontic Services	Prosthodontic Services
No Deductible	Calendar Year Deductible: $50 Per Person	
Plan Pays 100%	Plan Pays 80%	Plan Pays 50%

Orthodontic Services (No coverage during the first year)
Deductible $100 Per Person Plan Pays 50% Lifetime Orthodontic Maximum $1,000

B. Covered Services:

The following services are covered under this policy. They are subject to the exclusions and limitations that are set forth herein.

1. Routine oral examinations include x-rays and prophylaxis (cleaning, scaling, and polishing), but not more frequently than every 180 days per insured.

2. Sealants for permanent molars for children that are age sixteen (16) or younger once per tooth every five (5) years.

3. Topical application of fluoride to the natural teeth is limited to children that are age eighteen (18) years or younger once each Calendar Year.

4. Extractions; fillings (using silver amalgam, silicate, or plastic); crowns (as limited in the Exclusion section of this dental policy); endodontic treatment (including root canal therapy); periodontal treatment; oral surgery; general anesthesia (if it is deemed to be medically necessary); and oral drugs that require a prescription by a Dentist or by a Physician.

5. The initial installation of, or addition to, dentures or fixed bridgework. This Benefit is available if: (i) such installation or addition is required due to the

extraction after the effective date of the Dental Expense Benefit of the Insured of one or more natural teeth due to Accidental Injury or disease; and (ii) such denture or bridgework includes the replacement of the extracted tooth and is completed within twelve (12) months of the date of the extraction except as listed under the Exclusion section of this policy.

6. Replacement or alteration of dentures or of fixed bridgework. This Benefit is available if the change is (a) required due to an Accidental Injury that requires oral surgery or oral surgical treatment that involves the removal of a tumor, cyst, or redundant tissue; (b) such event occurred after the effective date of the Dental Expense Benefits of the Insured; and (c) the replacement or the alteration is completed within twelve (12) months after such event.

7. Replacement or alteration of a denture, a bridge, or a crown. This Benefit is available if the service is required as the result of structural change within the mouth and if made more than five (5) years after the installation of the denture, bridge, or crown. This benefit is not available until the Insured Person has been insured under the Dental Expense Benefit for a period of two (2) years.

8. Repair of dentures or bridgework (this does not include replacement, alteration, or relining).

9. Emergency palliative treatment.

10. Fixed or removable space maintainers for missing primary teeth if they are used to maintain the present position of the tooth but not to move the tooth (which may be covered under orthodontic benefits).

11. Charges that are incurred for the treatment of a diagnosed Illness of the jaw or the joints (other than a fracture, a tumor, or a cyst) and associated myofacial pain or equilibrium. These charges are eligible for benefits when covered orthodontic treatment is rendered.

12. Osseous implants, subject to the exclusions and limitations set forth herein.

IMPORTANT NOTICE: The Company requires pre-treatment x-rays for crowns, for bridges, for prosthetics, for gold work, for impacted extractions, for implants, and for periodontal surgery. For those services that require pre-treatment x-rays, the Company suggests that a pre-treatment plan be sent to the home office.

C. Definitions:

1. Accidental Injury: Physical damage that is sustained as the result of an unexpected occurrence that is caused by an external force, a foreign body, or a corrosive chemical. Such damage must be independent of disease or bodily infirmity and for which the insured is not entitled to receive any benefits under any workman's compensation or occupational disease law. Physical damage that results from normal movement of the mouth, including chewing, is not considered an Accidental Injury.

2. Diagnostic: Procedures to assist the dentist in the evaluation of the existing conditions to determine the required dental treatment.

3. Endodontics: Procedures for pulpal therapy and for root canal filling.

4. Oral surgery: Procedures for extractions and for other oral surgery. This includes pre-operative care.

5. Orthodontics: Procedures for treatment of development of, for prevention of, and for correction of irregularities of the teeth and malocclusion. This includes associated facial abnormalities.

6. Periodontics: Procedures for treatment of the tissues that support the teeth.

7. Preventive: Prophylaxis, the topical application of fluoride solutions, and space maintainers.

8. Prosthodontics: Procedures for construction of bridges, for partial and complete dentures, for crowns, for jackets, for onlays and for inlays. These procedures will be covered under the prosthodontic benefit, subject to the exclusions and limitations herein, when teeth cannot be restored with conventional filling materials.

9. Restorative: This Benefit provides amalgam, synthetic porcelain, and plastic restorations for treatment of carious lesions. Crowns and jackets will be provided as a "Prosthodontics Benefit" when teeth cannot be restored with the above materials.

10. Reasonable or Prevailing: The charge that is associated with a dental or with a surgical supply, with a service, or with a procedure which represents the normal charge level for that procedure in the geographic area of service. The normal charge level that is used to calculate the eligible allowance is the 70^{th} percentile. Reasonable or prevailing allowances are derived from a national database. This database is updated at least annually. The geographic area of service is determined by the number of similar providers in a zip code range.

11. Medically Necessary: Any services for health care, for supplies, or for accommodations that are provided to the Insured for treatment of an Illness or an Injury, which meet all of the following.

    (a) They are consistent with the symptom(s) or with the diagnosis.

    (b) They are received in the most appropriate and cost effective setting that can be used safely.

    (c) They are not only for the convenience of the Insured, the Provider or for any other person.

(d) They are appropriate with regard to the standards of good dental practice in the state.

(e) They could not be omitted without adversely affecting the condition of the Insured or the quality of the medical care received.

Determinations of whether the services, the supplies or the accommodations are Medically Necessary may made by an independent health care professional. This professional will not be affiliated with the Company. This professional will have the appropriate training and the expertise in the field of medicine that is involved in the medical judgment.

D. Exclusions and Limitations: Covered dental charges shall not include expenses for services, for supplies, or for treatment for the following.

1. Services, supplies, or treatment which were not prescribed as necessary by a dentist or a physician in connection with dental disease, a defect, or an Accidental Injury to teeth.

2. Crowns, fixed bridges, partial dentures, full dentures, and osseous implants are **ineligible for benefits during the first six (6) months of coverage** under the Dental Plan. This exclusion includes preparatory dental work that is in conjunction with these services.

3. Charges for local anesthesia or analgesic that is used for treatment. This exclusion does not apply for the removal of bone-impacted teeth, cysts, or tumors.

4. A condition or an injury which resulted from an Accidental Injury or disease that arose out of or in the course of employment.

5. Installation, replacement, alteration of, or additions to dentures or fixed bridgework except as provided in "Covered Services."

6. Replacement of osseous implants and crowns (unless the existing implant or crown was placed at least five (5) years previously). Osseous implant replacements and crown replacements are limited to a maximum of two (2) per lifetime.

7. Loss or theft of dentures or bridgework.

8. Orthodontic services during the first year of coverage.

9. Dentistry for cosmetic purposes. This exclusion includes, but is not limited to, treatment for the alteration or extraction and replacement of sound teeth to change appearance. This exclusion includes procedures to affect the color of the teeth.

10. Services for temporary fillings, for temporary crowns, or for temporary bridges that are billed in addition to the permanent filling, crown, or bridges.

11. Preexisting conditions **are ineligible for benefits during the first twelve (12) months of coverage (eighteen (18) months for a late enrollee)**. A treatment or procedure which was started or was recommended within six (6) months immediately prior to the Enrollment Date is considered to be a preexisting condition. There is no credit for Creditable Coverage towards the satisfaction of the preexisting condition limitation period.

12. Fees that exceed the reasonable or prevailing rate that is customarily used in the area of service.

13. Fluoride treatment of a patient who is over 18 years of age.

14. Services which were not actually rendered.

15. Oral hygiene; dietary or plaque control programs; or other education programs.

16. Mouth guards.

17. Myofunctional therapy.

E. Major Medical Plan Provisions: Except as specifically modified herein, all provisions of the Major Medical Plan, except the benefits provisions, apply to this Supplemental Dental Benefit Plan.

F. General Provisions:

1. The dental benefits as described in this supplement will be in addition to any benefits provided by the WMI Mutual Insurance Company Major Medical Plan. Should any conflict manifest itself between the medical base plan on which enrollees are covered and the Supplemental Dental Plan, the benefit that provides the maximum coverage will apply.

2. Plan Year: This plan is based on a calendar year (*i.e.*, January 1 through December 31).

3. Enrollment in the Dental Plan is accomplished by submitting a properly completed enrollment card. The Insured must submit the card at the time of the initial enrollment of the Employer. The Insured may also submit the card in any subsequent Open Enrollment Period.

4. Any newborn Child of any covered person is automatically covered, with no waiting or elimination period, from the moment of birth for a period of thirty-one (31) days. Coverage for a newborn Child includes immediate accident and sickness coverage, from and after the moment of birth. An adopted Child of any covered person is automatically covered from the date the Child is placed for the purpose of adoption and will continue unless the placement is disrupted prior to legal adoption. Coverage at the time of placement includes the necessary care and treatment of medical conditions existing prior to the date of placement. If the payment of a specific premium is required to provide coverage for a newborn or

adopted Child, the Insured Employee must enroll the eligible Child within thirty-one (31) days from the date of birth or placement for adoption and must pay all applicable premium within the thirty-one (31) day period, in order for the coverage of a newborn Child or a Child placed for the purpose of adoption to extend beyond the thirty-one (31) day period.

5. Special Enrollees: The following individuals are eligible to enroll in the Plan outside of the Open Enrollment Period. An enrollment card that has been completed properly must be submitted to the Company. This enrollment card must be submitted within thirty-one (31) days of becoming eligible. Coverage will be effective on the first day of the first calendar month that follows the date that the enrollment materials are received by the Company.

   (a) Employees and Dependents who declined participation in the Plan when they were first eligible because they maintained other health insurance and they have since involuntarily lost the other coverage. If the other coverage is provided under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), the Employee or Dependent may only enroll after the COBRA coverage has been involuntarily exhausted. If the other coverage was not provided under a COBRA continuation provision, the Employee or Dependent may only enroll if the coverage was terminated as a result of a loss of eligibility for the coverage or because employer contributions toward the coverage were terminated.

   (b) Employees who marry or who acquire a Child through birth, through adoption, or through placement for the purpose of adoption.

   (c) Eligible Dependents of Insured Employees who are acquired due to marriage, to birth, to adoption, or to placement for the purpose of adoption. A spouse may enroll in the Plan at the time of marriage or when a Child is born, adopted or placed for the purpose of adoption.

6. Conformity with Montana Statutes: The provisions of this Policy conform to the minimum requirements of Montana law. These provisions take control over any conflicting statutes of any state in which the insured resides on or after the Effective Date of this Policy.

7. Grace Period: A grace period of thirty-one (31) days will be allowed for the payment of any premium that is due. The grace period does not apply if the Policyholder gives a written notice of discontinuance prior to the premium due date. The Company will provide a notice of cancellation for non-payment of premium to the Policyholder. This notice will be provided at least fifteen (15) days in advance. The notice will specify the date of the cancellation. If the Policyholder fails to pay any premium within the grace period, this Plan shall automatically terminate on the last day of such grace period. The Policyholder shall be liable to the Company for the payment of all premiums that are then due and that are unpaid. Notice will also be mailed to all certificate holders when coverage is actually cancelled.

8. Termination of Policy: This Plan is guaranteed renewable at the option of the Employer as long as premiums are paid and participation requirements are met. WMI Mutual Insurance reserves the right to amend the Policy, upon sixty (60) days written notice to the Policyholder, or by mutual consent of the parties. This Plan may be non-renewed or it may be discontinued if any of the following apply.

   (a) The Employer fails to pay the premiums.

   (b) The Employer has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact under the terms of the coverage.

   (c) The Employer has failed to comply with the contribution or the participation rules of the Plan.

   (d) The Company ceases to offer coverage in accordance with applicable state law.

9. All statements that are made by the Policyholder or by the Insured Employees and Dependents shall, in the absence of fraud, be deemed representations and not warranties. A statement made for the purpose of effecting the insurance may not avoid the insurance or be used to reduce Benefits unless contained in a written instrument signed by the Policyholder or the Insured person and a copy of such statement is furnished to the Policyholder or to the Insured person or to his beneficiary.

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