

Product and Rate Guide

Dental Insurance



Mutual of Omaha

Dental insurance underwritten by
Mutual of Omaha Insurance Company

Dental Insurance

A Reason for You and Your Clients to Smile

Consumers shared what they want from their dental coverage and we listened. We designed our dental insurance policies to help pay for the dental services they need and to give them the confidence of knowing what their out-of-pocket costs will be.



Dental Insurance Features

- **Issue Ages 19-99**
- **Guaranteed Issue**
- **Community Rated**
- **Guaranteed Renewable**

Provider Network

Mutual of Omaha dental insurance is offered in association with the DenteMax Plus dental network arrangement. A national network of about 375,000 dental provider locations, it includes participating dentists from the DenteMax, United Concordia Dental and Connection Dental networks. Network listings are updated weekly.

Find a dentist on dentistsforme.com/mutualofomaha.

Anyone can nominate a dentist to the DenteMax Plus network by calling its customer service center at 855-218-1466.

Using Out-of-Network Providers

Mutual Dental PreferredSM charges are paid at the 80th percentile of the average cost of service in the customer's area. Customer then pays the difference to the dental provider.

Mutual Dental Protection.SM The amount Mutual of Omaha pays is limited to the in-network discounted fee schedule meaning a dentist can balance-bill the difference to the customer.

Vision Benefit Optional Rider

Clients must own the dental insurance policy to purchase this rider. It provides a reimbursement benefit that pays:

- Up to \$50 every calendar year for one eye exam (no waiting period)
- Up to \$150 every two calendar years for eyeglasses or contact lenses (after a six-month waiting period)

Dental Insurance Benefits

Two competitively priced dental options that help your clients select the coverage that's best for them.

	MUTUAL DENTAL PREFERRED SM INSURANCE POLICY (DNT2)	MUTUAL DENTAL PROTECTION SM INSURANCE POLICY (DNT5)
ISSUE AGES	19 – 99	19 – 99
CALENDAR YEAR DEDUCTIBLE	\$0 for preventive services \$50 for basic and major services	\$100 for all services combined
PREVENTIVE SERVICES The percentage the plan pays for: <ul style="list-style-type: none"> • Two Cleanings per year • X-rays 	100% Insured pays nothing	100% Insured pays nothing
BASIC SERVICES The percentage the plan pays for: <ul style="list-style-type: none"> • Fillings • Extractions • Emergency Treatment 	80% Insured pays 20%	50% Insured pays 50%
MAJOR SERVICES After a 12-month waiting period, the percentage the plan pays for: <ul style="list-style-type: none"> • Crowns • Dentures • Bridges • Root Canals • Periodontics • Oral Surgery 	50% Insured pays 50%	50% Insured pays 50%
CALENDAR YEAR BENEFIT The maximum amount the policy pays each calendar year for all covered services.	\$1,500	\$1,000
LIFETIME MAXIMUM BENEFIT FOR IMPLANTS The maximum amount the policy pays for dental implants.	\$3,000	\$2,000

Dental Insurance Rates

Use our mobile quote app for fast, convenient rates. Download from Google Play or the App Store, search “Quotes for Sales Professionals.”

Mutual Dental Monthly Rates* (Issue Ages 19-99)

State	ZIP Codes beginning with	Mutual Dental Preferred DNT2	Mutual Dental Protection DNT5	Vision Rider OPD1M
Alabama	350-367	\$39.74	\$22.72	\$8.28
Alabama	368, 369	\$40.23	\$23.00	\$8.28
Alaska	998	\$64.76		\$8.28
Alaska	995-997, 999	\$67.21		\$8.28
Arizona	855	\$46.61	\$26.65	\$8.28
Arizona	856, 859-863	\$50.53	\$28.89	\$8.28
Arizona	850-854, 857, 864, 865	\$51.51	\$29.45	\$8.28
Arkansas	717, 718	\$42.19	\$24.12	\$8.28
Arkansas	716, 719-729	\$44.15	\$25.25	\$8.28
California	922-924, 932, 933, 936, 937, 952, 953	\$56.91	\$32.54	\$8.28
California	925, 934, 935, 954, 955, 959-961	\$59.36	\$33.94	\$8.28
California	900-903, 905-921, 926-931, 939, 940, 945-951, 956-958	\$61.82	\$35.34	\$8.28
California	904, 938, 941-944	\$64.27	\$36.75	\$8.28
Colorado	811-814	\$48.57	\$27.77	\$8.28
Colorado	806, 807, 810, 815, 816	\$53.48	\$30.57	\$8.28
Colorado	800-805, 808, 809	\$57.40	\$32.82	\$8.28
Connecticut	063	\$77.02	\$44.04	\$8.28
Connecticut	060-062 064-067	\$59.85	\$34.22	\$8.28
Connecticut	068, 069	\$62.31	\$35.62	\$8.28
Delaware	197-199	\$57.40	\$32.82	\$8.28
District of Columbia	200, 202-205	\$59.85	\$34.22	\$8.28
Florida	320, 321, 324-328, 338	\$45.14	\$25.81	\$8.28
Florida	322, 323, 329, 335-337, 344-349	\$47.59	\$27.21	\$8.28
Florida	330, 339-342	\$52.99	\$30.29	\$8.28
Florida	331-334	\$54.95	\$31.42	\$8.28

*Rates are subject to change. Rates as of 03/16/18.

State	ZIP Codes beginning with	Mutual Dental Preferred DNT2	Mutual Dental Protection DNT5	Vision Rider OPD1M
Georgia	304-319	\$44.15	\$25.25	\$8.28
Georgia	300-303, 398-399	\$49.06	\$28.05	\$8.28
Hawaii	967, 968	\$55.93	\$31.98	\$8.28
Idaho	832-834	\$49.06	\$28.05	\$8.28
Idaho	835-838	\$52.00	\$29.73	\$8.28
Illinois	613-615, 623-625, 628, 629	\$44.65	\$25.53	\$8.28
Illinois	609-612, 616-622, 626, 627	\$48.08	\$27.49	\$8.28
Illinois	600-608	\$55.44	\$31.70	\$8.28
Indiana	465-469, 472-479	\$46.12	\$26.37	\$8.28
Indiana	460-464, 470, 471	\$50.04	\$28.61	\$8.28
Iowa	504-510, 512, 516, 525, 526	\$46.12	\$26.37	\$8.28
Iowa	500-503, 511, 514, 515, 520-524, 527	\$48.57	\$27.77	\$8.28
Iowa	513, 528	\$50.04	\$28.61	\$8.28
Kansas	667, 668, 673-676	\$44.65	\$25.53	\$8.28
Kansas	660, 661, 664-666, 669-672, 677-679	\$50.04	\$28.61	\$8.28
Kansas	662	\$50.53	\$28.89	\$8.28
Kentucky	404, 406-409, 411-420, 425-427	\$40.72	\$23.28	\$8.28
Kentucky	400, 401, 403, 421-424	\$43.66	\$24.96	\$8.28
Kentucky	402, 405, 410	\$47.59	\$27.21	\$8.28
Louisiana	700, 703-714	\$44.65	\$25.53	\$8.28
Louisiana	701, 702	\$46.61	\$26.65	\$8.28
Maine	042-049	\$50.04	\$28.61	\$8.28
Maine	039-041	\$53.97	\$30.86	\$8.28
Michigan	482, 484-492, 497-499	\$49.06	\$28.05	\$8.28
Michigan	481, 493-496	\$51.02	\$29.17	\$8.28
Michigan	480, 483	\$50.04	\$28.61	\$8.28
Minnesota	557-566	\$49.06	\$28.05	\$8.28
Minnesota	550-556, 567	\$58.87	\$33.66	\$8.28
Mississippi	386-397	\$42.68	\$24.40	\$8.28

State	ZIP Codes beginning with	Mutual Dental Preferred DNT2	Mutual Dental Protection DNT5	Vision Rider OPD1M
Missouri	638, 639, 653-657	\$42.68	\$24.40	\$8.28
Missouri	634-637, 644, 646-648, 650	\$44.65	\$25.53	\$8.28
Missouri	630-633, 640-641, 645, 649, 651, 652, 658	\$48.08	\$27.49	\$8.28
Montana	591, 592, 595-598	\$51.02	\$29.17	\$8.28
Montana	590, 593, 594, 599	\$52.99	\$30.29	\$8.28
Nebraska	693	\$42.19	\$24.12	\$8.28
Nebraska	680-684, 686-688, 691	\$47.10	\$26.93	\$8.28
Nebraska	685, 689, 690, 692	\$52.00	\$29.73	\$8.28
Nevada	890-894, 898	\$43.17	\$24.68	\$7.73
Nevada	889, 895-897	\$46.61	\$26.65	\$7.73
New Hampshire	030-038	\$54.95	\$31.42	\$8.28
New Jersey	078, 080-087	\$55.44	\$31.70	\$8.28
New Jersey	070-073, 075-077, 088, 089	\$60.34	\$34.50	\$8.28
New Jersey	074, 079	\$61.82	\$35.34	\$8.28
North Dakota	580, 582-588	\$48.08	\$27.49	\$8.28
North Dakota	581	\$50.53	\$28.89	\$8.28
Ohio	433-439, 443-449, 453-458	\$44.65	\$25.53	\$8.28
Ohio	430-432, 440-442, 450-452, 459	\$48.08	\$27.49	\$8.28
Oklahoma	739	\$36.30	\$20.76	\$8.28
Oklahoma	734-738, 740, 741, 743-749	\$45.63	\$26.09	\$8.28
Oklahoma	730, 731, 742	\$47.59	\$27.21	\$8.28
Oregon	978	\$53.97	\$30.86	\$8.28
Oregon	974-977, 979	\$56.91	\$32.54	\$8.28
Oregon	970-973	\$59.36	\$33.94	\$8.28
Pennsylvania	155, 157-159, 179	\$42.68	\$24.40	\$8.28
Pennsylvania	153, 154, 161-169, 173-178, 184-188	\$45.14	\$25.81	\$8.28
Pennsylvania	150-152, 156, 160, 170-172, 195, 196	\$47.59	\$27.21	\$8.28

State	ZIP Codes beginning with	Mutual Dental Preferred DNT2	Mutual Dental Protection DNT5	Vision Rider OPD1M
Pennsylvania	180-183, 190-191	\$52.49	\$30.01	\$8.28
Pennsylvania	189, 192-194	\$52.99	\$30.29	\$8.28
Rhode Island	028, 029	\$51.17	\$29.25	\$8.28
South Carolina	290-293	\$47.10	\$26.93	\$8.28
South Carolina	294-299	\$48.08	\$27.49	\$8.28
South Dakota	570-577	\$48.57	\$27.77	\$8.28
Tennessee	382-385	\$40.72	\$23.28	\$8.28
Tennessee	370-381	\$45.14	\$25.81	\$8.28
Texas	754-759, 764, 768, 776-781, 783-785, 790, 791, 793-799	\$43.66	\$24.96	\$8.28
Texas	760-763, 765-767, 769, 770, 774, 775, 782, 788, 789, 792	\$49.06	\$28.05	\$8.28
Texas	733, 750-753, 771-773, 786, 787, 885	\$50.53	\$28.89	\$8.28
Utah	843, 845	\$46.51	\$26.59	\$8.28
Utah	840, 841, 842, 844, 846, 847	\$50.78	\$29.03	\$8.28
Vermont	050-059	\$52.99	\$30.29	\$8.28
West Virginia	248-252, 261-266, 268	\$40.72	\$23.28	\$8.28
West Virginia	247, 253-260, 267	\$41.70	\$23.84	\$8.28
Wisconsin	539, 541, 542, 545, 546	\$48.57	\$27.77	\$8.28
Wisconsin	530, 535, 538, 540, 544, 547-549	\$52.99	\$30.29	\$8.28
Wisconsin	531-534, 537, 543	\$56.42	\$32.26	\$8.28
Wyoming	820-831	\$48.57	\$27.77	\$8.28

Sales Tools

Find all the current tools and much more on Sales Professional Access, product tab, dental insurance pages.

Application Options

You may submit a dental insurance application in any of three ways so you can use the method that's right for every situation.

1. On the Medicare supplement e-App (has multiple signature options)
2. e-App (has multiple signature options)
3. Paper application

Go to Sales Professional Access for e-App training materials.

Marketing Material

Consumer point-of-sale and lead-generating pieces are available through normal channels.

Contact Numbers

Fax applications to: 866-799-9076

Underwriting: 800-995-9324

Customer service: 800-775-6000

Dental pretreatment estimate: 800-775-1000, dental claims option

Nominate a dentist to the network: 855-218-1466

Vision expense reimbursement: 800-775-1000, vision claims option

FAQs

Do you offer pretreatment estimates?

Yes. To request a pretreatment estimate for services \$200 and more, call 800-775-1000 and select the dental claims option. Your clients will know in advance whether the policy covers the service or procedure their dentist recommends and what they can expect their policy to pay.

Does Mutual of Omaha accept credible coverage?

At this time, we're not accepting proof of credible coverage to waive part of the waiting period for major services.

Is there a dental family plan available?

Not at this time. All policies are individual plans.

How do clients request reimbursement for vision expenses?

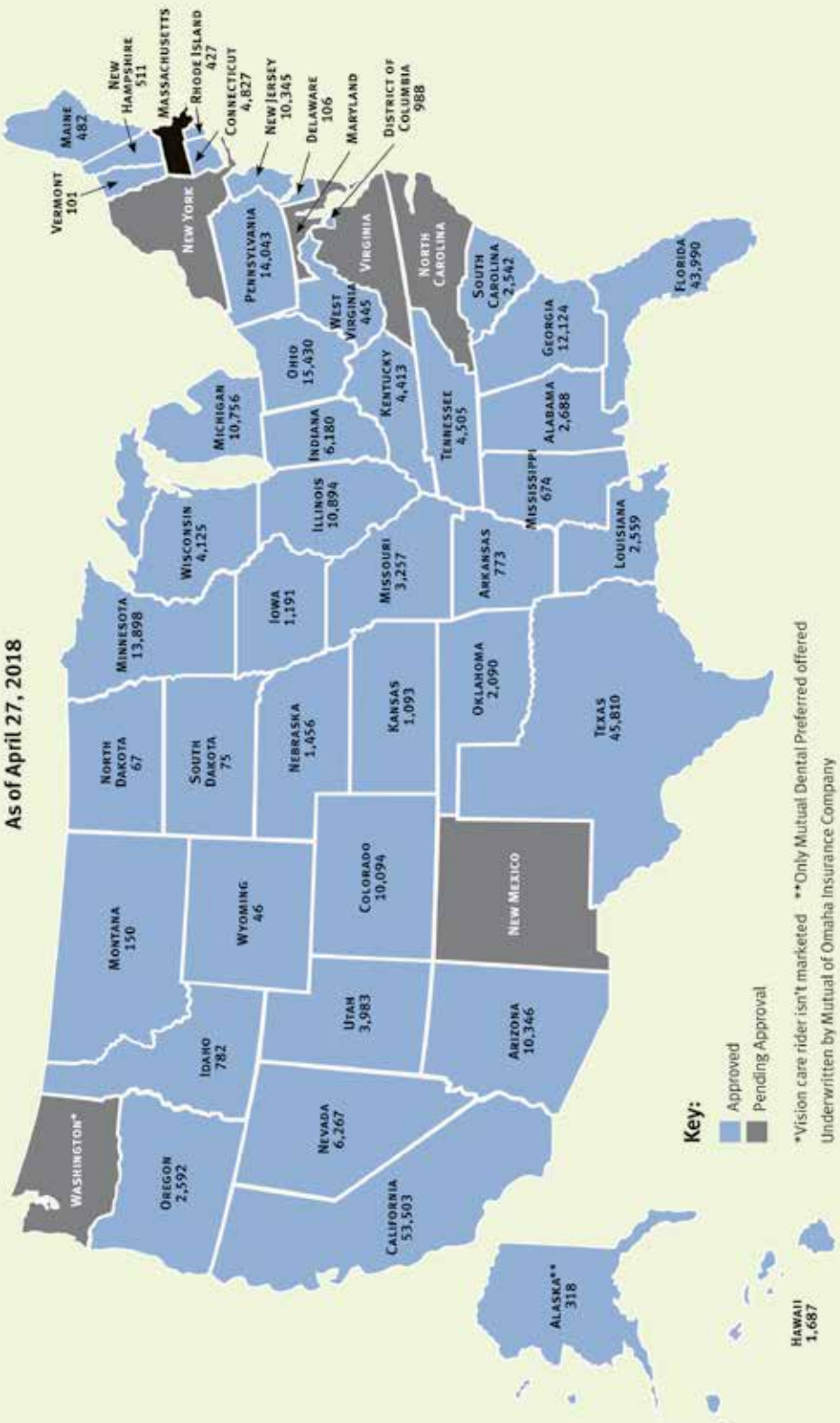
After paying for their eye exam, eyeglasses or contact lenses, clients will be reimbursed up to the maximum benefit amount. To request reimbursement, call 800-775-1000 and select the vision benefits claims option.

Note: Reimbursement for eyeglasses or contact lenses requires a qualified proof of the expense (itemized receipt, explanation of benefits or other document that records the expense).

INDIVIDUAL DENTAL INSURANCE AND VISION CARE RIDER

Mutual Dental PreferredSM and Mutual Dental ProtectionSM Policy Availability

As of April 27, 2018



Key:
■ Approved
■ Pending Approval

*Vision care rider isn't marketed **Only Mutual Dental Preferred offered
 Underwritten by Mutual of Omaha Insurance Company
 Numbers indicate the dental provider locations in the state.

Dental policy forms DNT2 and DNT5. In OR, DNT2-25283 and DNT5-25286. This policy provides DENTAL insurance only. Vision benefits rider form 0PD1M. Coverage may not be available in all states and may vary by state. New York: The expected benefit ratio for the policies is 65 percent. This ratio is the portion of future premiums that the company expects to return as benefits when averaged over all people with this policy.



Dental insurance underwritten by:
Mutual of Omaha Insurance Company
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 mutualofomaha.com