DENTAL INSURANCE

A REASON TO SMILE

There's a lot to like about our dental insurance policies.

Mutual of Omaha
Protect Your Kingdom

Underwritten by
Mutual of Omaha Insurance Company

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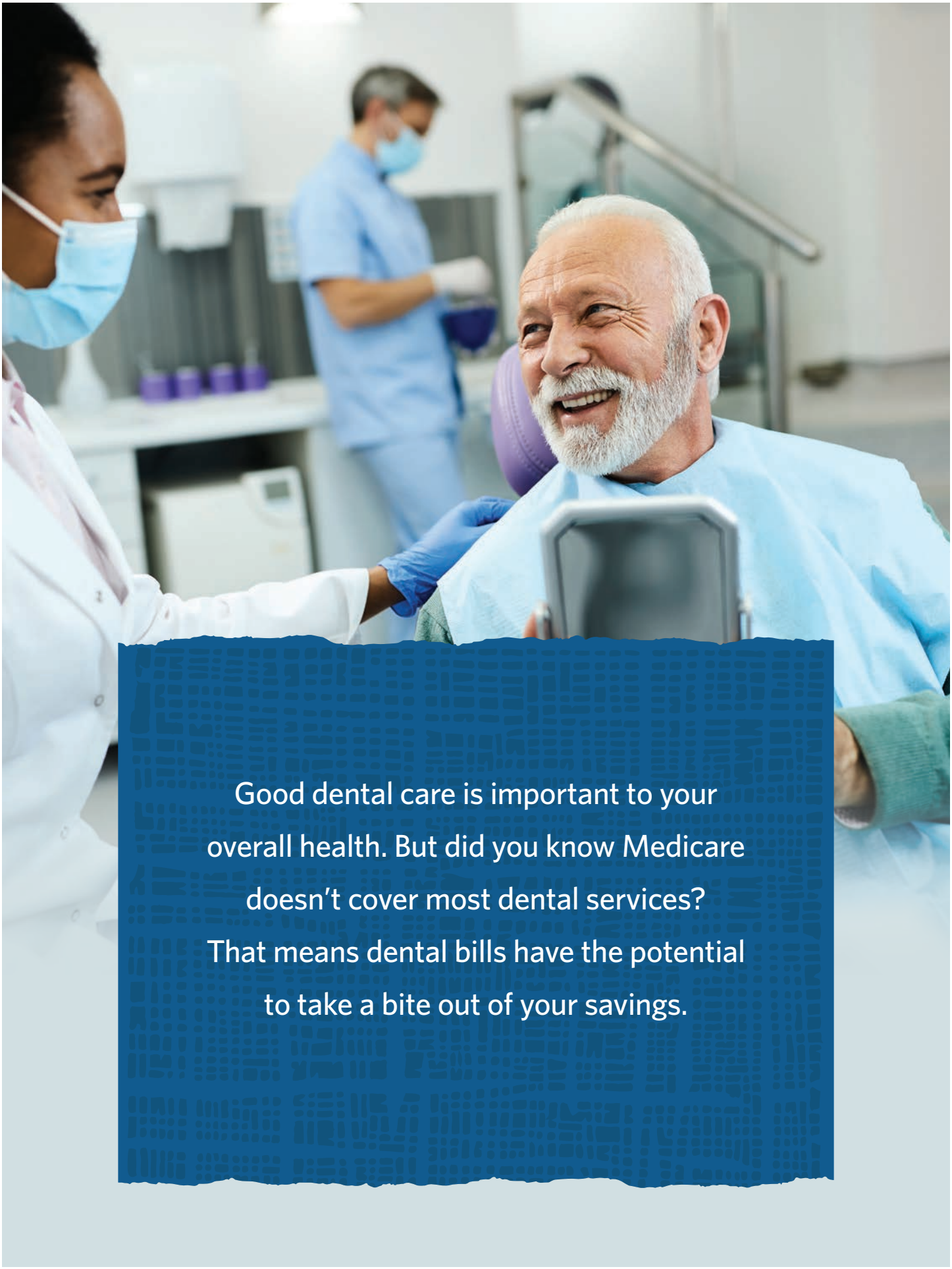
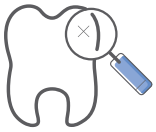
Revised July 2025



Good dental care is important to your overall health. But did you know Medicare doesn't cover most dental services? That means dental bills have the potential to take a bite out of your savings.

Help protect your dental health and better manage your health care budget with a dental insurance policy from Mutual of Omaha Insurance Company (Mutual of Omaha).

Our dental insurance policies can help you get the dental care you need with the confidence of knowing what your out-of-pocket costs will be.



You decide.

Choose a policy that fits your needs and budget.

Get the services you need.

You get full coverage for preventive care, plus savings on services like fillings, crowns and dentures.

Choose your dentist.

Your dentist may already be in the nationwide network.
If not, choose from more than 400,000 dental provider locations.

Select the policy that's right for you.

Determine your deductible.

Like your health insurance policy, dental insurance comes with a deductible. This is the amount you pay before your policy benefits begin.

	Mutual Dental Preferred℠ Insurance Policy	Mutual Dental Protection℠ Insurance Policy
Calendar Year Deductible	**$0 per year** for preventive services **$50 per year** for basic and major services	**$100 per year** for all services combined

Review what each policy pays for.

You want to know how your dental policy works. Here's what your policy pays after you pay your annual deductible.

	Mutual Dental Preferred℠ Insurance Policy	Mutual Dental Protection℠ Insurance Policy*
Preventive Services This is the percentage the policy pays for: • Two cleanings per year • X-rays	**100%**	**100%**
Basic Services This is the percentage the policy pays for: • Fillings • Simple extractions • Emergency treatment	**80%** You pay the remaining 20%	**50%** You pay the remaining 50%
Major Services You don't have a waiting period. This is the percentage the policy pays for: • Crowns • Periodontics • Dentures • Surgical extractions • Bridges • Implants • Root canals	**20%** on day one, then **50%** after year one You pay the remaining difference.	**20%** on day one, then **50%** after year one You pay the remaining difference.
Calendar Year Benefit This is the maximum amount the policy pays each calendar year for all covered services.	**$1,500** **$3,000** **$5,000**	**$1,500** **$3,000** **$5,000**
Lifetime Maximum Benefit for Implants This is the maximum amount the policy pays for dental implants.	**$3,000**	**$2,000**

*Mutual Dental Protection not available in Alaska

See the dentist you want.

With a Mutual of Omaha dental insurance policy, you always have the option to see the dentist of your choice.

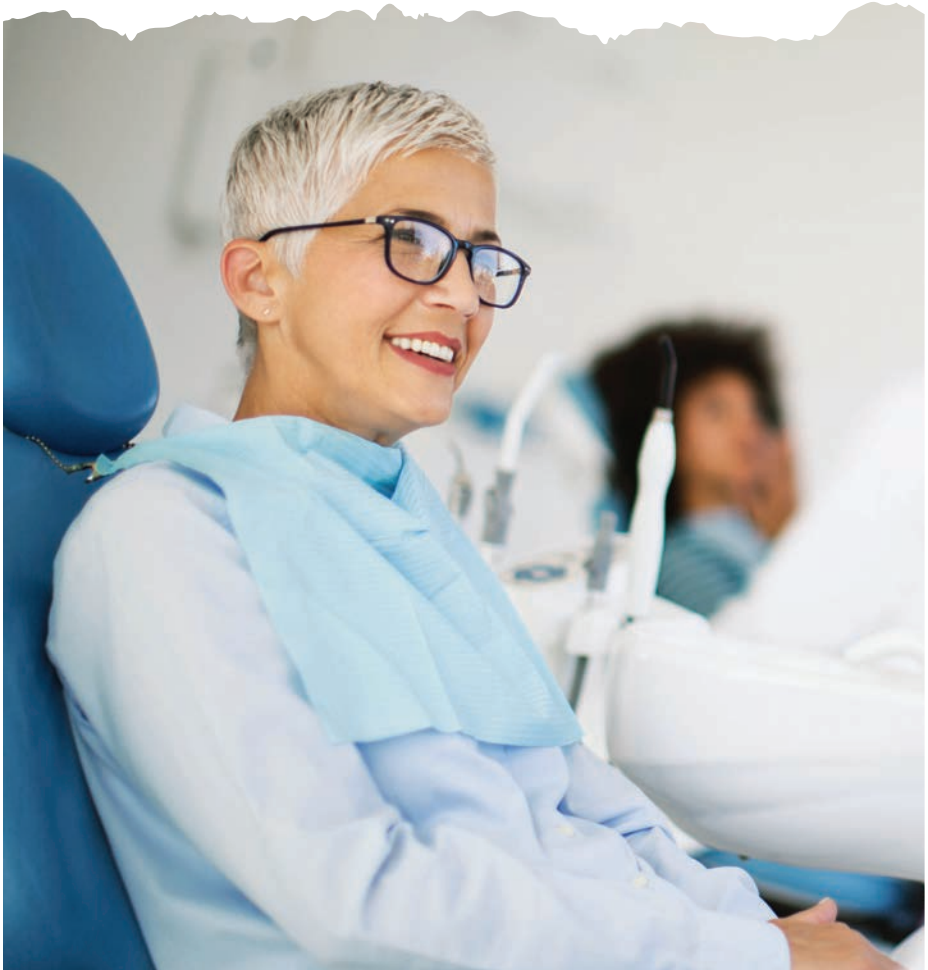
In-Network Dentists	Out-of-Network Dentists
Our national network of more than 400,000 dental provider locations offers dental services at negotiated rates. That means your out-of-pocket costs will be lower with an in-network dentist.	Dentists who don't participate in the network do not provide dental care at negotiated rates. That means your out-of-pocket costs may be greater when using an out-of-network dentist.

Find a dentist.

dentistsforme.com/mutualofomaha

You may qualify for a discount.

Get a 15% dental insurance discount when you buy a dental and Medicare supplement policy at the same time.



Knowing what a visit to the dentist will cost is challenging. With a dental insurance policy from Mutual of Omaha, you'll always know exactly what's covered and how much you can expect to pay for dental services. No surprises.

Add a vision benefit to your dental insurance policy.

Mutual of Omaha and its affiliates offers Medicare supplement insurance to help cover your health care needs and dental insurance to protect your pearly whites. Add an optional vision benefit (for an additional premium) to your dental insurance policy to help round out your coverage.

With the optional vision benefit, you'll be reimbursed for your vision care expenses, and your coverage will work in conjunction with any other vision care benefits you may have.

Eye Exams

Up to $50 every calendar years for one exam (no waiting period).

Eyeglasses or Contact Lenses

Up to $150 every two calendar years for eyeglasses or contact lenses (after a six-month waiting period).

Your eyesight is important, too. An optional vision benefit can keep you seeing clearly.

Want to know more?

Your Questions Answered

How can I learn the cost of dental services in advance?

We can help! With a pretreatment estimate, you'll know in advance if the service or procedure your dentist recommends is covered by your policy. You'll also know what you can expect your policy to pay. To request a pretreatment estimate for services $200 and over, your provider can call 855-218-1466.

Do I have to wait to see my dentist?

There's no waiting period to use your dental insurance benefits. Preventive services, such as two cleanings per year and X-rays, are covered at 100%. See the "Review what each policy pays for" section in this brochure to determine how much your policy covers for basic and major services. Your policy covers 20% of costs for major services on day one and 50% after year one.

What if I decide dental insurance isn't right for me?

You have 30 days from the date you receive your policy to determine if your Mutual of Omaha dental insurance policy meets your needs. During that time, you can return your policy, and we'll promptly refund all premiums you've paid.

How do I request reimbursement for vision expenses?

After paying for your eye exam, eyeglasses or contact lenses, you'll 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 qualified proof of the expense (itemized receipt, explanation of benefits or other document that records the expense).

Will my dental insurance policy and vision benefit renew automatically?

Yes. Your dental policy and vision benefit are guaranteed renewable for life as long as you pay the required premium.

Will my premium change?

Your premium won't increase due to any change in your health. However, it may change if we make the same change to all dental policies or vision benefit riders of the same form issued to all persons of the same class. Of course, we'll always let you know well in advance of any planned change.

Your Monthly Cost

Your cost for a dental insurance policy is based on where you live. You can add the optional vision benefit for just $8.28* per month.

	Mutual Dental Preferred℠ Insurance Policy	Mutual Dental Protection℠ Insurance Policy
Dental insurance	$_____	$_____
Optional vision benefit	$8.28*	$8.28*
Total monthly premium	$_____	$_____

*premium may vary by state

Dental Insurance Policy Exclusions and Limitations

Your dental insurance policy pays benefits only for covered dental services. The policy does not pay benefits for:

- First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to replace teeth all of which were lost while the person was not covered
- Adjustment of a denture or bridgework which is made within six months after installation by the same dentist who installed it
- Replacement of dentures that have been lost, stolen or misplaced
- Orthodontic services, treatment or supplies, including braces and retainers
- Repair of damaged orthodontic appliances
- Fluoride treatments, sealants, tooth whitening and internal bleaching
- Plaque control programs, oral hygiene instruction, and dietary instructions
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners
- Gold foil restorations
- Precision attachments, personalization
- Fabrication of athletic mouth guards
- Occlusal guards and space maintainers
- Replacement of lost or missing appliances
- Duplicate, provisional and temporary devices, appliances, and services
- Nitrous oxide and oral sedation
- Topical medicament carrier
- Bone grafts when done in connection with extractions, apicoectomies or noncovered/noneligible implants
- Services or treatments:
  - Not prescribed by or under the direct supervision of a dentist
  - Which are experimental or investigational
  - For any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation
  - Received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, Veterans Administration hospital or similar person or group
  - Performed prior to the policy effective date or incurred after the termination date of your coverage unless otherwise indicated
  - Which are not dentally necessary or which do not meet generally accepted standards of dental practice
  - Resulting from your failure to comply with professionally prescribed treatment
  - Considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
  - Provided as a result of intentionally self-inflicted injury or illness or as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection
  - Provided free of charge by any governmental unit, except where this exclusion is prohibited by law or for which you would have no obligation to pay in the absence of this or any similar insurance
  - Which are for specialized procedures and techniques
  - Performed by a dentist who is compensated by a facility for similar covered services performed for you on the same date
  - To alter vertical dimension and/or restore or maintain the occlusion, including but not limited to: equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth
  - For injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization
  - Received outside of the United States, its possessions or territories, Canada, or Mexico
  - Related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD, TMJD) and related disorders
- Telephone consultations
- Any charges for failure to keep a scheduled appointment
- Office infection control charges
- Charges for copies of your records, charts or X-rays, or any costs associated with forwarding/mailing copies of your records, charts or X-rays
- Charges by the provider for completing dental forms
- Charges submitted by a dentist, which are for the same services performed on the same date by another dentist
- Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient)
- State, federal, or territorial taxes on dental services performed

Dental policy forms DNT2 and DNT5. In OR, DNT2-25283 and DNT5-25286. This policy provides DENTAL insurance only. Vision benefits rider form OPD1M. Coverage may not be available in all states and may vary by state. Ohio: This policy has exclusions, limitations and reduction of benefits, terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact your agent or write to the company.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

Dental insurance underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175.

Mutual of Omaha