

DENTAL
INSURANCE

PRODUCT AND RATE GUIDE



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There's a Lot to Like About our Dental Plans

Mutual of Omaha's dental insurance plans are better than ever. There's no waiting period for your clients to get dental coverage, and they can choose an annual maximum benefit amount, up to \$5,000, that meets their needs and budget. With a dental insurance plan from Mutual of Omaha, your clients clearly know what their out-of-pocket costs will be. And you earn competitive compensation each time you help your clients meet their dental needs, which puts more money in your pocket.



New Dental Plan Enhancements

- Option of a \$1,500, \$3,000 or \$5,000 annual maximum benefit
- No waiting period for coverage to begin
- 20% coinsurance benefit for major services on day one then 50% after year one

Note: New enhancements not available in all states. See pages 4-14 for plan details and rates.

Provider Network

Mutual of Omaha dental insurance is offered in association with the DenteMax Plus dental network arrangement. A national network of more than 400,000 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.

*Only the DenteMax and Connections Dental networks are available in North Carolina.

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 ProtectionSM 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)

Not available in Maryland and Washington

*Every calendar year in New Mexico

Multi-Policy Dental Discount

Mutual of Omaha dental policy and Mutual of Omaha or affiliate Medicare supplement policyholders receive a 15% discount on their dental premium when:

- The dental application is signed on or after the Med supp application sign date, and
- Within 30 days after the Med supp issue date

Note: The multi-policy discount is not available in Washington.

Enhanced Dental Insurance Plans*

Dental Insurance Benefits

Compare the benefits of our two competitively priced dental insurance plans.

	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 Preventive services include: - Two cleanings per year - X-rays See the columns to the right for the percentage the plan pays once the deductible is met.	100% insured pays nothing	100% insured pays nothing
Basic Services Basic services include: - Fillings - Simple extractions - Emergency treatment See the columns to the right for the percentage the plan pays once the deductible is met.	80% insured pays 20%	50% insured pays 50%
Major Services Major services include: - Crowns - Dentures - Bridges - Implants - Root canals - Periodontics - Surgical extraction There's no waiting period to be covered for these services. See the columns to the right for the percentage the plan pays once the deductible is met.	20% on day one insured pays 80% 50% after year one insured pays 50%	20% on day one insured pays 80% 50% after year one insured pays 50%
Calendar Year Benefit The maximum amount the policy pays each calendar year for all covered services. Choose from one of these options.	\$1,500 \$3,000 \$5,000	\$1,500 \$3,000 \$5,000
Lifetime Maximum Benefit for Implants The maximum amount the policy pays for dental implants.	\$3,000	\$2,000

*Enhanced benefits are not available in all states

**Not available in Alaska

Enhanced Dental Insurance Benefits & Rates

Use our mobile quote app to find our latest rates. Download the e-App from Google Play or the App Store, by searching “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
		Annual Benefit Maximum			Annual Benefit Maximum			
		\$1,500	\$3,000	\$5,000	\$1,500	\$3,000	\$5,000	
Alabama	350-367	\$42.92	\$49.14	\$51.29	\$23.52	\$24.18	\$24.63	\$8.28
Alabama	368, 369	\$43.45	\$49.75	\$51.92	\$23.82	\$24.49	\$24.94	\$8.28
Arizona	855	\$50.34	\$57.64	\$60.15	\$27.59	\$28.37	\$28.89	\$8.28
Arizona	856, 859-863	\$54.57	\$62.49	\$65.21	\$29.92	\$30.76	\$31.32	\$8.28
Arizona	850-854, 857, 864, 865	\$55.63	\$63.70	\$66.48	\$30.49	\$31.35	\$31.92	\$8.28
Arkansas	717, 718	\$45.57	\$52.17	\$54.45	\$24.98	\$25.69	\$26.16	\$8.28
Arkansas	716, 719-729	\$47.68	\$54.60	\$56.98	\$26.14	\$26.88	\$27.37	\$8.28
California	922-924, 932, 933, 936, 937, 952, 953	\$61.46	\$70.37	\$73.45	\$33.69	\$34.64	\$35.27	\$8.28
California	925, 934, 935, 954, 955, 959-961	\$64.11	\$73.40	\$76.61	\$35.14	\$36.13	\$36.79	\$8.28
California	900-903, 905- 921, 926-931, 939, 940, 945- 951, 956-958	\$66.77	\$76.45	\$79.78	\$36.60	\$37.63	\$38.32	\$8.28
California	904, 938, 941-944	\$69.41	\$79.48	\$82.95	\$38.05	\$39.12	\$39.83	\$8.28
Florida	320, 321, 324-328, 338	\$48.75	\$55.82	\$58.26	\$26.72	\$27.47	\$27.97	\$8.28
Florida	322, 323, 329, 335-337, 344-349	\$51.40	\$58.85	\$61.42	\$28.17	\$28.96	\$29.49	\$8.28
Florida	330, 339-342	\$57.23	\$65.53	\$68.39	\$31.37	\$32.25	\$32.84	\$8.28
Florida	331-334	\$59.35	\$67.95	\$70.92	\$32.53	\$33.44	\$34.05	\$8.28
Georgia	304-319	\$47.68	\$54.60	\$56.98	\$26.14	\$26.88	\$27.37	\$8.28
Georgia	300-303, 398-399	\$52.98	\$60.67	\$63.32	\$29.04	\$29.86	\$30.41	\$8.28
Idaho	832-834	\$52.98	\$60.67	\$63.32	\$29.04	\$29.86	\$30.41	\$8.28
Idaho	835-838	\$56.16	\$64.30	\$67.11	\$30.79	\$31.66	\$32.24	\$8.28
Illinois	613-615, 623-625, 628, 629	\$48.22	\$55.21	\$57.63	\$26.43	\$27.18	\$27.67	\$8.28
Illinois	609-612, 616-622, 626, 627	\$51.93	\$59.46	\$62.05	\$28.47	\$29.27	\$29.80	\$8.28
Illinois	600-608	\$59.88	\$68.56	\$71.55	\$32.82	\$33.74	\$34.36	\$8.28
Indiana	465-469, 472-479	\$49.81	\$57.03	\$59.52	\$27.31	\$28.07	\$28.59	\$8.28
Indiana	460-464, 470, 471	\$54.04	\$61.88	\$64.58	\$29.63	\$30.46	\$31.02	\$8.28

State	ZIP Codes beginning with	Mutual Dental Preferred DNT2			Mutual Dental Protection DNT5			Vision Rider OPD1M
		Annual Benefit Maximum			Annual Benefit Maximum			
		\$1,500	\$3,000	\$5,000	\$1,500	\$3,000	\$5,000	
Iowa	504-510, 512, 516,525, 526	\$49.81	\$57.03	\$59.52	\$27.31	\$28.07	\$28.59	\$8.28
Iowa	500-503, 511, 514, 515, 520-524, 527	\$52.46	\$60.06	\$62.68	\$28.76	\$29.57	\$30.11	\$8.28
Iowa	513, 528	\$54.04	\$61.88	\$64.58	\$29.63	\$30.46	\$31.02	\$8.28
Kansas	667, 668, 673-676	\$48.22	\$55.21	\$57.63	\$26.43	\$27.18	\$27.67	\$8.28
Kansas	660, 661, 664-666, 669-672, 677-679	\$54.04	\$61.88	\$64.58	\$29.63	\$30.46	\$31.02	\$8.28
Kansas	662	\$54.57	\$62.49	\$65.21	\$29.92	\$30.76	\$31.32	\$8.28
Kentucky	404, 406-409, 411-420, 425-427	\$43.98	\$50.35	\$52.55	\$21.69	\$22.31	\$22.71	\$8.28
Kentucky	400, 401, 403, 421-424	\$47.15	\$53.99	\$56.35	\$23.26	\$23.92	\$24.36	\$8.28
Kentucky	402, 405, 410	\$51.40	\$58.85	\$61.42	\$25.35	\$26.07	\$26.54	\$8.28
Louisiana	700, 703-714	\$48.22	\$55.21	\$57.63	\$26.43	\$27.18	\$27.67	\$8.28
Louisiana	701	\$50.34	\$57.64	\$60.15	\$27.59	\$28.37	\$28.89	\$8.28
Michigan	482, 484-492, 497-499	\$52.98	\$60.67	\$63.32	\$29.04	\$29.86	\$30.41	\$8.28
Michigan	481, 493-496	\$55.10	\$63.09	\$65.85	\$30.20	\$31.06	\$31.62	\$8.28
Michigan	480, 483	\$54.04	\$61.88	\$64.58	\$29.63	\$30.46	\$31.02	\$8.28
Mississippi	386-397	\$46.09	\$52.78	\$55.08	\$25.27	\$25.98	\$26.46	\$8.28
Missouri	638, 639, 653-657	\$46.09	\$52.78	\$55.08	\$25.27	\$25.98	\$26.46	\$8.28
Missouri	634-637, 644, 646-648, 650	\$48.22	\$55.21	\$57.63	\$26.43	\$27.18	\$27.67	\$8.28
Missouri	630-633, 640-641, 645, 649, 651, 652, 658	\$51.93	\$59.46	\$62.05	\$28.47	\$29.27	\$29.80	\$8.28
Nebraska	693	\$45.57	\$52.17	\$54.45	\$24.98	\$25.69	\$26.16	\$8.28
Nebraska	680-684, 686-688, 691	\$50.87	\$58.24	\$60.79	\$27.88	\$28.67	\$29.19	\$8.28
Nebraska	685, 689, 690, 692	\$56.16	\$64.30	\$67.11	\$30.79	\$31.66	\$32.24	\$8.28
Nevada	890-894, 898	\$46.62	\$53.38	\$55.72	\$25.56	\$26.28	\$26.76	\$7.73
Nevada	889, 895-897	\$50.34	\$57.64	\$60.15	\$27.59	\$28.37	\$28.89	\$7.73
New Jersey	078, 080-087	\$59.88	\$68.56	\$71.55	\$32.82	\$33.74	\$34.36	\$8.28
New Jersey	070-073, 075-077, 088, 089	\$65.17	\$74.62	\$77.87	\$35.73	\$36.73	\$37.40	\$8.28
New Jersey	074, 079	\$66.77	\$76.45	\$79.78	\$36.60	\$37.63	\$38.32	\$8.28
North Carolina	"270, 278, 279, 284-289	\$53.51	\$61.27	\$63.95	\$26.41	\$27.15	\$27.65	\$8.28
North Carolina	271-274, 280-283	\$57.76	\$66.13	\$69.02	\$28.50	\$29.30	\$29.84	\$8.28
North Carolina	275-277	\$62.52	\$71.59	\$74.71	\$30.85	\$31.72	\$32.30	\$8.28

State	ZIP Codes beginning with	Mutual Dental Preferred DNT2			Mutual Dental Protection DNT5			Vision Rider OPD1M
		Annual Benefit Maximum			Annual Benefit Maximum			
		\$1,500	\$3,000	\$5,000	\$1,500	\$3,000	\$5,000	
Ohio	433-439, 443-449, 453-458	\$48.22	\$55.21	\$57.63	\$26.43	\$27.18	\$27.67	\$8.28
Ohio	430-432, 440-442, 450- 452, 459	\$51.93	\$59.46	\$62.05	\$28.47	\$29.27	\$29.80	\$8.28
Oklahoma	739	\$39.20	\$44.89	\$46.85	\$21.50	\$22.10	\$22.51	\$8.28
Oklahoma	"734-738, 740, 741, 743-749"	\$49.28	\$56.43	\$58.89	\$27.01	\$27.77	\$28.27	\$8.28
Oklahoma	730, 731, 742	\$51.40	\$58.85	\$61.42	\$28.17	\$28.96	\$29.49	\$8.28
Oregon	978	\$58.29	\$66.74	\$69.65	\$31.95	\$32.85	\$33.45	\$8.28
Oregon	974-977, 979	\$61.46	\$70.37	\$73.45	\$33.69	\$34.64	\$35.27	\$8.28
Oregon	970-973	\$64.11	\$73.40	\$76.61	\$35.14	\$36.13	\$36.79	\$8.28
Pennsylvania	155, 157-159, 179	\$46.09	\$52.78	\$55.08	\$25.27	\$25.98	\$26.46	\$8.28
Pennsylvania	153, 154, 161-169, 173-178, 184-188	\$48.75	\$55.82	\$58.26	\$26.72	\$27.47	\$27.97	\$8.28
Pennsylvania	150-152, 156, 160, 170-172, 195, 196	\$51.40	\$58.85	\$61.42	\$28.17	\$28.96	\$29.49	\$8.28
Pennsylvania	180-183, 190-191	\$56.69	\$64.91	\$67.74	\$31.08	\$31.95	\$32.54	\$8.28
Pennsylvania	189, 192-194	\$57.23	\$65.53	\$68.39	\$31.37	\$32.25	\$32.84	\$8.28
South Carolina	290-293	\$50.87	\$58.24	\$60.79	\$27.88	\$28.67	\$29.19	\$8.28
South Carolina	294-299	\$51.93	\$59.46	\$62.05	\$28.47	\$29.27	\$29.80	\$8.28
Tennessee	382-385	\$43.98	\$50.35	\$52.55	\$24.11	\$24.79	\$25.24	\$8.28
Tennessee	370-381	\$48.75	\$55.82	\$58.26	\$26.72	\$27.47	\$27.97	\$8.28
Texas	754-759, 764, 768, 776- 781, 783-785, 790, 791, 793-799	\$47.15	\$53.99	\$56.35	\$25.84	\$26.57	\$27.06	\$8.28
Texas	760-763, 765-767, 769, 770, 774, 775, 782, 788, 789, 792	\$52.98	\$60.67	\$63.32	\$29.04	\$29.86	\$30.41	\$8.28
Texas	733, 750-753, 771-773, 786, 787, 885	\$54.57	\$62.49	\$65.21	\$29.92	\$30.76	\$31.32	\$8.28
West Virginia	248-252, 261-266, 268	\$43.98	\$50.35	\$52.55	\$24.11	\$24.79	\$25.24	\$8.28
West Virginia	247, 253-260, 267	\$45.04	\$51.57	\$53.82	\$24.68	\$25.38	\$25.84	\$8.28
Wisconsin	539, 541, 542, 545, 546	\$52.46	\$60.06	\$62.68	\$28.76	\$29.57	\$30.11	\$8.28
Wisconsin	530, 535, 538, 540, 544, 547-549	\$57.23	\$65.53	\$68.39	\$31.37	\$32.25	\$32.84	\$8.28
Wisconsin	531-534, 537, 543	\$60.93	\$69.77	\$72.82	\$33.40	\$34.34	\$34.97	\$8.28
Wyoming	820-831, 834	\$52.46	\$60.06	\$62.68	\$28.76	\$29.57	\$30.11	\$8.28

Standard Dental Insurance Plans

Dental Insurance Benefits

	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 once the deductible is met: ▪ Two cleanings per year ▪ X-rays See the columns to the right for the percentage the plan pays once the deductible is met.	100% insured pays nothing	100% insured pays nothing
Basic Services The percentage the plan pays for once the deductible is met: ▪ Fillings ▪ Simple 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 once the deductible is met: ▪ Crowns ▪ Dentures ▪ Bridges ▪ Implants ▪ Root canals ▪ Periodontics ▪ Surgical extractions	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

*Not available in Alaska

**Six-month waiting period in New Mexico for major services

Standard Dental Insurance Rates

Mutual Dental Monthly Rates (Issue Ages 19-99)

State	ZIP Codes beginning with	Mutual Dental Preferred DNT2	Mutual Dental Protection DNT5	Vision Rider OPD1M
Alaska	998	\$64.76	-	\$8.28
Alaska	995-997,999	\$67.21	-	\$8.28
Colorado	811-814	\$47.35	\$24.30	\$8.07
Colorado	806, 807, 810, 815, 816	\$52.14	\$26.75	\$8.07
Colorado	800-805, 808, 809	\$55.96	\$28.71	\$8.07
Connecticut	063	\$77.02	\$39.64	\$8.28
Connecticut	060-062, 064-067	\$59.85	\$30.81	\$8.28
Connecticut	068, 069	\$62.31	\$32.07	\$8.28
Delaware	197-199	\$57.40	\$29.54	\$8.28
District of Columbia	200, 202-205	\$59.85	\$30.81	\$8.28
Hawaii	967, 968	\$55.93	\$28.79	\$8.28
Maine	042-049	\$50.04	\$25.76	\$8.28
Maine	039-041	\$53.97	\$27.78	\$8.28
Maryland	218, 219	\$50.04	\$25.76	-
Maryland	215, 216	\$50.53	\$26.01	-
Maryland	206, 207, 210-212, 217	\$51.02	\$26.26	-
Maryland	213, 214	\$54.46	\$28.03	-
Maryland	208, 209	\$56.42	\$29.04	-
Minnesota	557-566	\$49.06	\$25.25	\$8.28
Minnesota	550-556, 567	\$58.87	\$30.30	\$8.28
Montana	591, 592, 595-598	\$51.02	\$26.26	\$8.28
Montana	590, 593, 594, 599	\$52.99	\$27.27	\$8.28
New Hampshire	030-038	\$54.95	\$28.28	\$8.28
New Mexico	877-885	\$47.39	\$24.65	\$13.76
New Mexico	870-875	\$49.94	\$25.97	\$13.76
North Dakota	580, 582-588	\$48.08	\$24.75	\$8.28
North Dakota	581	\$50.53	\$26.01	\$8.28
Rhode Island	028, 029	\$51.17	\$26.33	\$8.28
South Dakota	570-577	\$48.57	\$25.00	\$8.28
Utah	843, 845	\$46.51	\$23.93	\$8.28
Utah	840, 841, 842, 844, 846, 847	\$50.78	\$26.13	\$8.28
Vermont	050-059	\$52.99	\$27.27	\$8.28
Virginia	242, 243, 246	\$44.65	\$22.98	\$8.28
Virginia	239-241, 244, 245	\$50.53	\$26.01	\$8.28
Virginia	226-238	\$53.97	\$27.78	\$8.28
Virginia	220-225	\$56.91	\$29.29	\$8.28
Virginia	201	\$57.40	\$29.54	\$8.28
Washington	983-985, 988-994	\$54.57	\$31.21	-
Washington	982, 986	\$54.57	\$31.21	-
Washington	980, 981	\$57.73	\$33.01	-

Sales Tools

Find current sales tools on Sales Professional Access. On the top of the home page, select the Products link and look for the Sales Tools link under the Dental Solutions heading.

Application Options

To make it convenient for you to do business, you can choose how you'd like to submit a dental insurance application.

1. Dental e-App is available, along with the Medicare supplement e-App, in the e-App storefront. Having both e-Apps one place makes it easy to cross-sell the two solutions and saves you time
2. Paper application

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

Marketing Materials

Order prospecting and point-of-sale materials through your normal channels.

Contact Numbers

Fax applications to: 866-799-9076

Underwriting: 855-845-1849

Customer service: 800-775-6000

Dental pretreatment estimate: 855-218-1466, for provider use only

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

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

FAQs

Does Mutual of Omaha offer pretreatment estimates?

Yes. The provider may request a pretreatment estimate for services \$200 and more, call 855-218-1466 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.

Is there a dental family plan available?

Not at this time. All policies are individual plans.

How do clients request reimbursement for vision expenses?

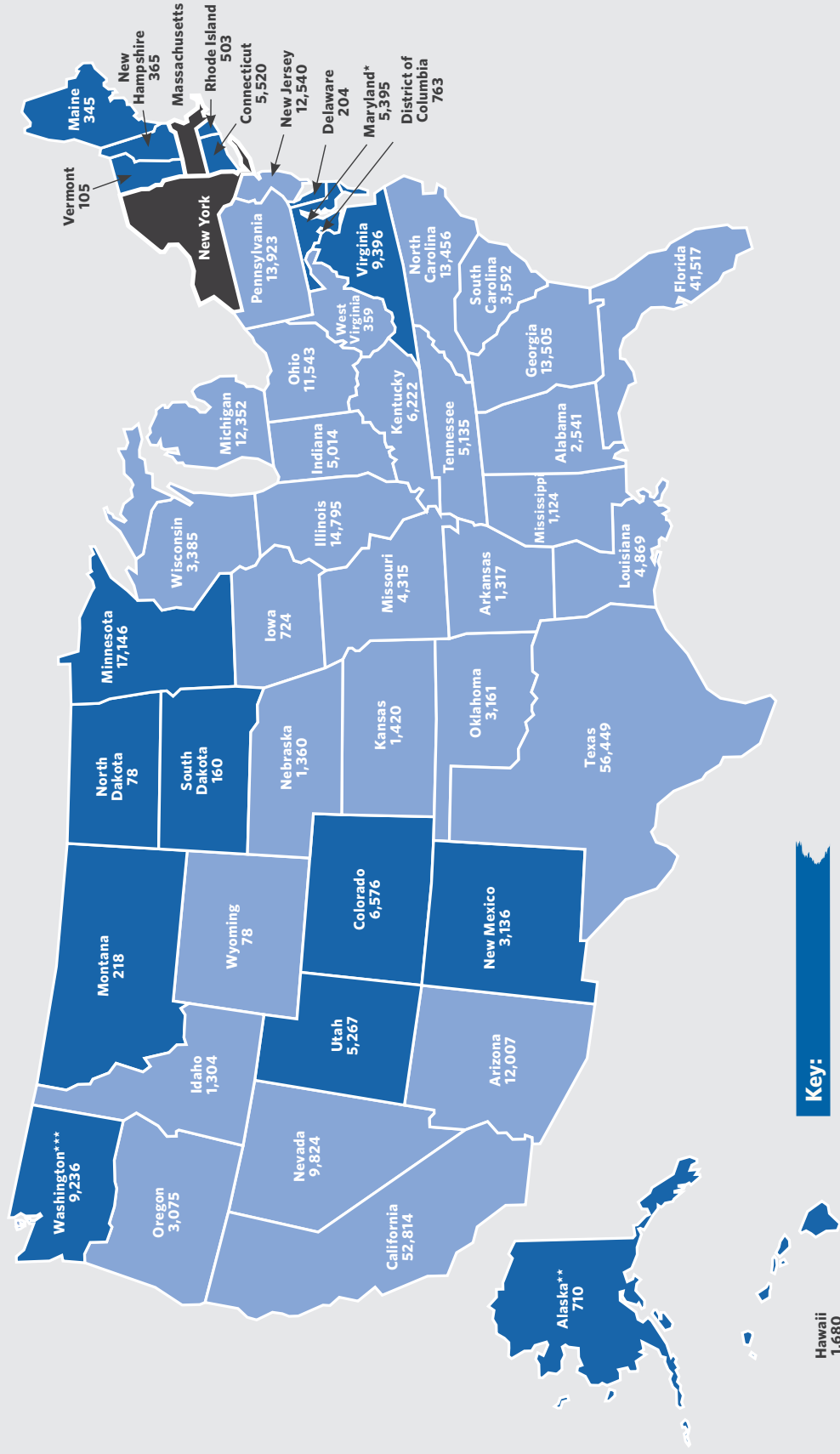
After paying for their eye exam, eyeglasses or contact lenses, clients will be reimbursed up to the maximum benefit amount. To request reimbursement, call 800-775-1000 and select the vision benefits claims option.

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).

Enhanced and Standard Dental Insurance Plans

With Vision Care Rider and Multi-Policy Discount Availability

As of June 2023



*Vision care rider isn't marketed
 **Only Mutual Dental PreferredSM offered
 ***Without Multi-Policy Discount and Vision Care Rider

