



PO Box 10386
 Des Moines, IA 50306
 www.GoMedico.com
 Toll-Free 1-800-228-6080

Comparison

Dental - \$1,000 Policy Year Maximum Benefit Amount

COMPARISON STATEMENT

This form provides information on your present insurance. It also provides information on the insurance with Medico Insurance Company which has been proposed to you.

COMPARATIVE INFORMATION	PRESENT INSURANCE	PROPOSED INSURANCE
Insurance Company		MEDICO INSURANCE COMPANY
Policy Year Deductible	\$ _____	\$100
Policy Year Maximum Benefit Amount	\$ _____	\$1,000
Policy Benefits:		For any benefit to be payable under the benefits described below, the loss must be incurred while the policy is in force and not excluded from coverage. After the Policy Year Deductible is satisfied and subject to any Waiting Periods, We will pay Our Coinsurance amount for the following services up to the Policy Year Maximum Benefit Amount.
Diagnostic and Preventive Services		This benefit pays for evaluations, cleanings and bitewing x-rays.
Carrier's Coinsurance	_____ %	100%
Waiting Period		3 months
Basic Services		This benefit pays for restorations (fillings), x-rays, nonsurgical extractions and palliative care.
Carrier's Coinsurance	_____ %	50%
Waiting Period		6 months
Major Services		This benefit pays for crowns/inlays/onlays, prosthodontic services, endodontic services, periodontal services and oral surgery for an erupted tooth.
Carrier's Coinsurance	_____ %	50%
Waiting Period		12 months
Issue Age		
Effective Date		
Total Current Premium		
Renewability		This policy is renewable at Your option except for the following reasons: nonpayment of premium, fraud or misrepresentation or We choose to nonrenew all policies of this form in Your state of issue. If this occurs We will provide You advance notice and no refusal of renewal will affect an existing claim.

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ADVANTAGES OF THE PROPOSED REPLACEMENT OF THE EXISTING INSURANCE: _____

I hereby acknowledge that I received and reviewed the above completed "Comparison Statement" in conjunction with my application for this insurance.

X

Applicant's Signature

Date (MM/DD/YYYY)

X

Producer's Signature

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