

Dental scheduled PPO network benefit design

all members

	Calendar year deductible		Coinsurance (policy pays)		Calendar year maximum benefit	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
Preventive	\$0	\$0	100%	90%	\$2,000	\$2,000
Basic	\$50	\$50	80%	60%	\$2,000	\$2,000
Major	\$50	\$50	50%	50%	\$2,000	\$2,000

Family deductible = 3 x per person deductible.

Combined deductibles: deductibles for basic and major in-network and non-network services are combined.

Combined maximums: calendar year maximums for preventive, basic and major services are combined.

We process claims using prevailing fees at the negotiated fee schedule amount.

If a preferred provider cannot provide necessary covered services, a non-preferred provider may be used and will be reimbursed at the in-network deductible, coinsurance and maximum.

The maximum accumulation plan was elected. This allows for a portion of unused dollars to roll over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. A member can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.

Additional benefit riders

	Lifetime deductible		Coinsurance (policy pays)		Lifetime maximum	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
Orthodontia Child & Adult	\$0	\$0	50%	50%	\$1,500	\$1,500

Minimum 5 enrolled lives required for adult and child orthodontia.

Participation: 50% employee participation assumed

Covered services

Preventive	Exams (2 per calendar year) Second opinion consultation Cleanings (2 per calendar year) <ul style="list-style-type: none"> Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.
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	<p>X-rays</p> <ul style="list-style-type: none"> • Bitewing (1 per calendar year) • Occlusal (2 per calendar year) • Periapical (4 per calendar year) • Full mouth survey (1 per 60 months) • Extraoral (2 per 12 months) <p>Fluoride application (1 per calendar year); covered only for dependent children under age 14</p> <p>Sealants on first and second permanent molars for dependent children under age 14 (1 per 36 months)</p> <p>Space maintainers (covered only for dependent children under age 14; repairs not covered)</p>
Basic	<p>Emergency exams (subject to exam frequency)</p> <p>Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit)</p> <ul style="list-style-type: none"> • Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning. <p>Harmful habit appliance (covered only for dependent children under age 14)</p> <p>Fillings</p> <p>Stainless steel crowns</p> <p>Simple oral surgery</p> <p>Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Crowns (1 per tooth per 120 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 120 months)</p>
Major	<p>Complex oral surgery</p> <p>General anesthesia/IV sedation</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p> <p>Bridges - initial placement; replacement after 120 months</p> <p>Complete or partial dentures - initial placement; replacement after 60 months</p> <p>Repairs - partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)</p>
Orthodontia	<p>X-rays and other diagnostic procedures</p> <p>Fixed and removable appliances</p> <p>Lifetime maximum</p>

Highlights	
Coordination of benefits	As allowed by state law, we coordinate benefits with coverage provided by any other employer, trust, union, association, or educational institution - other than student accident policies, governmental program or state law. Total benefits from all sources cannot exceed 100% of covered charges.
Eligibility	<p>Employee: Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p>Dependent: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
Waiting periods	None
Prior dental coverage	This proposal assumes the group had no prior dental coverage.
Open enrollment period	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.
Limitations	<p>The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.</p> <p>The insurance does not pay for treatment or services above: unless specifically mentioned above, veneers, anterior $\frac{3}{4}$ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a covered charge / that exceed prevailing fee charges / unless specifically mentioned above, implants / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of insurance / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / unless specifically mentioned above, occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. The insurance also does not cover: drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control / bite registration or occlusal analysis orthodontic treatment, service, appliance or bands provided prior to Ortho Procedures effective date / temporomandibular joint (TMJ) disorders.</p>