

Voluntary dental PPO network benefit design

Benefit choice for all members electing the low dental plan

	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%	80%	\$1,000	\$1,000
Basic	\$50	\$50	80%	60%	\$1,000	\$1,000
Major	\$50	\$50	50%	50%	\$1,000	\$1,000

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 90th percentile.

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.

A minimum of 10 enrolled lives is required for a choice offering.

Participation:

- If the employer contributes less than 50% of the employee cost for both plans, combined participation of 20% or 10 lives, whichever is greater, is required between choice offerings.
- If the employer contributes 50-99% of the employee cost for either choice plan, 50% combined employee participation is required between choice offerings.
- If the employer contributes 100% of the employee cost for either choice plan, 100% combined employee participation is required between choice offerings.

Covered services

Preventive	<p>Exams (2 per calendar year)</p> <p>Second opinion consultation</p> <p>Cleanings (2 per calendar year)</p> <ul style="list-style-type: none"> • Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning. <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>
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<p>Basic</p>	<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>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> <p>Harmful habit appliance (covered only for dependent children under age 14)</p> <p>Fillings</p> <p>Composite fillings on molars</p> <p>Stainless steel crowns</p> <p>Simple oral surgery</p> <p>Complex oral surgery</p> <p>Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p>
<p>Major</p>	<p>General anesthesia/IV sedation</p> <p>Crowns (1 per tooth per 60 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 60 months)</p> <p>Implants (1 per tooth per 60 months)</p> <p>Bridges - initial placement; replacement after 60 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>

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Voluntary dental PPO network benefit design

Benefit choice for all members electing the high dental plan

	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%	80%	\$2,500	\$2,500
Basic	\$50	\$50	80%	60%	\$2,500	\$2,500
Major	\$50	\$50	50%	50%	\$2,500	\$2,500

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 90th percentile.

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.

A minimum of 10 enrolled lives is required for a choice offering.

Participation:

- If the employer contributes less than 50% of the employee cost for both plans, combined participation of 20% or 10 lives, whichever is greater, is required between choice offerings.
- If the employer contributes 50-99% of the employee cost for either choice plan, 50% combined employee participation is required between choice offerings.
- If the employer contributes 100% of the employee cost for either choice plan, 100% combined employee participation is required between choice offerings.

Covered services

Preventive	<p>Exams (2 per calendar year)</p> <p>Second opinion consultation</p> <p>Cleanings (2 per calendar year)</p> <ul style="list-style-type: none"> • Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning. <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)
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	Fluoride application (1 per calendar year); covered only for dependent children under age 14
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>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> <p>Harmful habit appliance (covered only for dependent children under age 14)</p> <p>Fillings</p> <p>Composite fillings on molars</p> <p>Stainless steel crowns</p> <p>Simple oral surgery</p> <p>Complex oral surgery</p> <p>Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p>
Major	<p>General anesthesia/IV sedation</p> <p>Crowns (1 per tooth per 60 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 60 months)</p> <p>Implants (1 per tooth per 60 months)</p> <p>Bridges - initial placement; replacement after 60 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>

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>
Future enrollees	<p>Late entrants (those enrolling more than 31 days after becoming eligible) will be subject to an individual benefit waiting period, as outlined below.</p> <ul style="list-style-type: none"> Coverage for preventive services begins on the individual's effective date. There is a 12 month waiting period for basic services, and a 24 month waiting period for major services (including riders).
Waiting periods	None
Prior dental coverage	This proposal assumes the group had prior dental coverage for preventive/basic/major services.
Annual enrollment	One month before the policy anniversary date, employees and dependents (who were not previously enrolled) can enroll.
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 / temporomandibular joint (TMJ) disorders.</p>