

Summary of Benefits Dental Insurance - Dental Option 1

Employer Sponsored Dental				
Class Description	All Active Full Time Employees-electing high plan (30 Hours)		All Active Full Time Employees-electing low plan (30 Hours)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile	Negotiated Fee Schedule	Schedule Amount
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	80%	80%	80%	80%
Type C – Major	80%	80%	50%	50%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$50	\$50	\$50	\$50
▪ Family	\$100	\$100	\$100	\$100
	Aggregate	Aggregate	Aggregate	Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,500	\$1,500	\$1,000	\$1,000
Orthodontia	50%	50%	Not Covered	Not Covered
Orthodontia Lifetime Maximum	\$1,000	\$1,000	Not Covered	Not Covered

Buy up

Less rich option

Employer Sponsored Dental	Rate per Employee	Lives	Est Monthly Premium	Est Annual Premium			
All Active Full Time Employees- electing high plan							
▪ Employee Only	\$42.53						
▪ Employee + Spouse	\$88.36						
▪ Employee + Child(ren)	\$93.20						
▪ Employee + Family	\$148.41						
▪ Total							
All Active Full Time Employees- electing low plan							
▪ Employee Only	\$25.22						
▪ Employee + Spouse	\$51.91						
▪ Employee + Child(ren)	\$56.83						
▪ Employee + Family	\$89.38						
▪ Total							
Rates are guaranteed from April 1, 2021 - March 31, 2022 (12 months)							
2 nd year Rate Cap: The first year's renewal rates will not be increased by more than 6.0% above the current rates.							

Frequency & Allocations / Exclusions

(Custom Primary (Flex) - Custom Standard (Flex))

Class Description: All Active Full Time Employees- electing high plan	
TYPE A	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Examinations	▪ 2 times in 1 calendar year
▪ Examinations – Problem Focused	▪ Combined with Examinations Limit
▪ Prophylaxis: Cleanings	▪ 2 times in 1 calendar year
▪ Space Maintainers	▪ 1 per lifetime for a child under age 14
▪ Fluoride	▪ 1 time in 1 calendar year for a dependent child under age 15
▪ Full Mouth X-Rays	▪ Once in 3 calendar years
▪ Bitewing X-Rays	▪ For a child under 19: 2 times in 1 calendar year ▪ Adult: 2 times in 1 calendar year
▪ Emergency Palliative Treatment	
▪ Periapical X-Rays	
▪ Other X-Rays	
TYPE B	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Sealants	▪ 1 per molar in 60 months for a child under age 14
▪ Amalgam Fillings	▪ 1 replacement per surface in 24 Months
▪ Root Canal	▪ 1 per tooth per lifetime
▪ Periodontal Maintenance	▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)
▪ Periodontal Surgery	▪ 1 per quadrant in any 60 month period
▪ Scaling & Root Planing	▪ 1 per quadrant in any 60 month period
▪ Repairs	▪ 1 in 24 months
▪ Recementations	▪ 1 in 24 months
▪ Dentures – Rebases / Relines	▪ 1 in 60 months
▪ Denture Adjustments	▪ 1 in 12 months
▪ Tissue Conditioning	▪ 1 in 60 months
▪ General Anesthesia	
▪ Resin Composite Fillings(excludes coverage for composite fillings on molars)	
▪ Pulpotomy	
▪ Pulp Capping	
▪ Pulp Therapy	
▪ Apexification & Recalcification	
▪ Periodontal Surgery – Soft & Connective Tissue Grafts	
▪ Periodontics – Non-Surgical	
▪ Oral Surgery: Simple Extractions	
▪ Oral Surgery: Surgical Extractions	
▪ Other Oral Surgery	
TYPE C	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Consultations	▪ 1 in 12 months
▪ Prefabricated Crowns	▪ 1 per tooth in 10 calendar years

▪ Crown Buildups / Post Core	▪ 1 per tooth in 10 calendar years
▪ Dentures	▪ 1 in 10 calendar years
▪ Immediate Temporary Dentures – Complete / Partial	▪ 1 replacement in 12 months
▪ Fixed Bridges	▪ 1 in 10 calendar years
▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 10 calendar years
▪ Implant Services	▪ 1 per tooth position in 60 months
▪ Implant Repairs	▪ 1 per tooth in 60 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 10 calendar years
▪ Occlusal Adjustments	▪ 1 in 12 months
▪ Labs & Other Tests	
▪ General Services	
▪ Harmful Habit Appliances	
Orthodontics	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Exclusions
All Active Full Time Employees- electing high plan
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ For residents of North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' compensation Act. ▪ Services paid or payable under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances.

- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food.
- Caries susceptibility tests.
- Precision attachments associated with fixed and removable prostheses.
- Adjustment of a denture made within 6 months after installation by the same dentist who installed it.
- Duplicate prosthetic devices or appliances.
- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

Frequency & Allocations / Exclusions

(Custom Primary (Flex) - Custom Standard (Flex))

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- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
- Restorations or appliances used for the purpose of periodontal splinting.
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
- Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
- Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
- Decoration or inscription of any tooth, device, appliance, crown or other dental work.
- Missed appointments.
- Services covered under any workers' compensation or occupational disease law.
- For residents of North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' compensation Act.
- Services paid or payable under any employer liability law.
- Services for which the employer of the person receiving such services is not required to pay.
- Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital.
- Services covered under other coverage provided by the Policyholder.
- Temporary or provisional restorations.
- Temporary or provisional appliances.
- Prescription drugs.
- Services for which the submitted documentation indicates a poor prognosis.
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
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- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.
- Orthodontia services or appliances.
- Repair or a replacement of an orthodontic appliance.
- Implants supported prosthetics to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.

Highlights
Broker Commissions included in the rate: Standard Scale
Expected Participation: 97% and at least 10 covered lives.
Employee Contributions Employer Sponsored Dental All Active Full Time Employees- electing high plan: 50% All Active Full Time Employees- electing low plan: 25%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is NORTH CAROLINA
Only those residing in the United States are eligible for benefits
Dependent Child Definition: A Child is covered up to age 26, A student is covered up to age 26.
Ortho coverage applies to: Employer Sponsored Dental All Active Full Time Employees- electing high plan: Child Only. Children are covered to age 19. All Active Full Time Employees- electing low plan: No Coverage.
This quote assumes the plan is a Section 125 plan.
An Open Enrollment period occurring annually is included.