

dentalNOW!sm

There's no better time than

NOW!

for voluntary, affordable, quality
dental coverage.

To Our **DentalNOW!** Family

Now ...

You've got GREAT news to tell ALL your employees about a new dental coverage.

Yes ...

“You can go to your own dentist!”

“You and your family can be covered for Preventive & Diagnostic Services without any waiting periods!”

“You can afford this dental insurance!”

No ...

excessive restrictions and plan design hurdles that limit access to routine care.

DentalNOW! ...

- *Affordable, Quality Dental Insurance*
- *Completely Voluntary - No Employer Premium Contribution Required*
- *Freedom to Choose any Dentist*
- *Family Coverage Available*
- *Easy Enrollment*
- *Easy Administration*

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First things first ... It's Your Choice

You know your employees better than anyone else.

So it's up to you to decide the best plan to offer your employees. Your employee profile will determine which plan coverage and affordability is most appropriate.

Here are some guidelines that may help you make the best choice.

Remember,

- All plans provide coverage in all of the three Service Types:
 - Preventive & Diagnostic Services
 - Basic Services
 - Major Services
- No matter which plan you decide to offer, **your employees can still use their own dentist.**
- There are three primary **DentalNOW!** plans ... **Executive Plan, Deluxe Plan and Secure Plan.**

The **Executive Plan** is top of the line, designed for Professional and Management Employees in white collar industries who are predominantly college educated and high salaried.

Examples: accounting firms, architectural firms, computer programming/consulting firms and engineering firms.

The **Deluxe Plan** is the best alternative for an employee base composed of a mixture of white, gray and blue collar full-time workers. An excellent alternative to the Executive Plan if it is too rich a plan.

Examples: general office settings, mechanics, nurses, sales concerns, construction firms, manufacturing companies and delivery companies.

The **Secure Plan** is a 'plain vanilla' dental plan for employers who want to offer quality, meaningful benefits to their employees at affordable, group rates. It's the right choice for the employer with a high concentration of blue and gray collar employees, and a minimum number of management employees.

Examples: printers, transportation companies, low-skilled industries, and manufacturing plants.

PLUS DentalNOW! has a 4th design option ... our BASIC Plan.

It's the plan of choice for employees who usually have NO access to voluntary dental coverage -- **available only to employees who are part-time, irregularly-scheduled, high turnover, and/or sometimes seasonal or temporary.**

It's a great way to keep your employees. And to keep them happy!

While the other three plans can be offered to the entire employee group, this plan is limited to: *unarmed security guards; home healthcare workers; hotel, restaurant and cafeteria workers; retail and convenience store workers; customer service and telemarketing workers; janitorial and cleaning workers; temporary employment agency workers specializing in multi-functional employment services; agricultural, farm, landscaping, and ranch workers; seasonal construction workers; supermarket workers; and movie theater personnel.*

NOTE: The BASIC Plan is not available to any employees other than those described above.

This chart presents the benefit designs offered by **DentalNOW!**
Executive, Deluxe, Secure, and Basic

All plans provide coverage in all three Service Types: Preventive & Diagnostic Services, Basic Services, and Major Services. The plans vary by the amount of benefit payable, annual maximums and deductibles, and waiting periods.

No matter which plan is chosen, all these features are available ...

- Voluntary Enrollment
- Affordable Coverage
- Freedom to Choose Any Dentist
- Three-Tier Pricing: Employee Only; Employee Plus One; and Family
- No Pre-Existing Penalties

Service Type I – Preventive & Diagnostic Services	Service Type II – Basic Services	Service Type III – Major Services
Routine Exams Bitewing X-Rays Routine Cleaning Emergency Palliative Treatment Sealants (for children) Fluoride Treatments (for children) Space Maintainers (for children)	Fillings Crown and Bridge Repair Denture Repair Oral Surgery	Periodontics (treatment of gums) Endodontics (root canal and pulpal therapy) Crowns and Bridges Dentures

EXECUTIVE Plan

Plan Year Deductible:

- Service Type I ... NONE
- Service Type II ... \$ 50*
- Service Type III ... \$ 50*

*for both these services combined

Plan Year Benefit Maximum: \$1200.00

Plan Benefit:

- Service Type I ... 100% of Usual and Customary Charges
- Service Type II ... 80% of Usual and Customary Charges
- Service Type III ... 50% of Usual and Customary Charges

Waiting Periods:

- Service Type I ... None
- Service Type II ... None
- Service Type III ... 12 Months

DELUXE Plan

Plan Year Deductible:*

- Service Type I ... \$ 50
- Service Type II ... \$ 50
- Service Type III ... \$ 50

*for all services combined

Plan Year Benefit Maximum: \$750.00

Plan Benefit:

- Service Type I ... 100% of Usual and Customary Charges
- Service Type II ... 80% of Usual and Customary Charges
- Service Type III ... 50% of Usual and Customary Charges

Waiting Periods:

- Service Type I ... None
- Service Type II ... 3 Months
- Service Type III ... 12 Months

SECURE Plan

Plan Year Deductible:*

- Service Type I ... \$ 50
- Service Type II ... \$ 50
- Service Type III ... \$ 50

*for all services combined

Plan Year Benefit Maximum: \$500.00

Plan Benefit:

- Service Type I ... 80% of Usual and Customary Charges
- Service Type II ... 80% of Usual and Customary Charges
- Service Type III ... 50% of Usual and Customary Charges

Waiting Periods:

- Service Type I ... None
- Service Type II ... 3 Months
- Service Type III ... 12 Months

BASIC Plan

Plan Year Deductible:*

- Service Type I ... \$ 50
- Service Type II ... \$ 50
- Service Type III ... \$ 50

*for all services combined

Plan Year Benefit Maximum: \$500.00

Plan Benefit:

- Service Type I ... 80% of Usual and Customary Charges
- Service Type II ... 60% of Usual and Customary Charges
- Service Type III ... 50% of Usual and Customary Charges

Waiting Periods:

- Service Type I ... None
- Service Type II ... 3 Months
- Service Type III ... 12 Months

ELIGIBILITY

Employee

- Coverage is effective on the first of the month after the month in which the enrollment is processed, provided the employee is eligible and the required premium is paid.

Dependents

- Eligible dependents means the insured employee's spouse and unmarried children (living with the insured employee in a regular parent-child relationship and chiefly relying on the insured employee for support, and who are less than 19 years of age) including step-children, legally adopted children and foster children.
- However, a spouse is not eligible for coverage if:
 - 1) He/She is eligible for insurance under a DentalNOW! Plan on his/her own account, unless he/she waives his/her employee status; or
 - 2) He/She is on active duty with the Armed Forces of any country.

Unmarried children who are 19 but less than 25 years of age will also be considered eligible dependents if they are enrolled on a full-time basis in an accredited school or college and are dependent upon the Insured employee for more than half of their maintenance and support. If a husband and wife are both eligible under a **DentalNOW!** Plan as an employee, only one is eligible for dependent coverage for any dependent child(ren).

- Eligible dependents will be covered on the later of:
 - 1) The date dependent coverage is first purchased by the employee; or
 - 2) The date the person first qualifies as an eligible dependent.

Late Entrants and Re-Enrollees -- Non-Cafeteria (Section 125) Plans:

Unlike your medical plan, dental insurance is not subject to mandated qualifying events that make coverage automatically available. Any employee or dependent enrolling more than 31 days after they become eligible to enroll in the **DentalNOW!** Plan is considered a late entrant and coverage will be limited to Service Type I procedures for two years. An employee or dependent who was covered under the Policy, terminated his/her coverage, and then subsequently re-enrolled for coverage at a later date is considered a Re-Enrollee. Re-enrollees are treated the same as Late Entrants.

LIMITATIONS AND EXCLUSIONS

- procedures begun or appliances installed before coverage begins;
- procedures due to acts of war (declared or undeclared);
- services provided by an immediate family member;
- elective or cosmetic treatment;
- correction of congenital malformations;
- replacement of lost or stolen appliances;
- initial placement of prosthesis or fixed bridge;
- replacement of serviceable bridges;
- replacement of serviceable dentures less than 5 years old;
- replacement of crowns, inlays, and onlays less than 7 years old;
- procedures involving vertical dimension, correction of attrition or abrasion, occlusion, splinting, or bite analysis;
- services in any way related to TMJ or myofascial pain;
- orthognathic surgery;
- prescribed drugs, analgesics, or pre-medication;
- instruction for diet, plaque control, and oral hygiene;
- charges for implants or their removal and other customized services or attachments;
- cast restorations and crowns for healthy teeth that can be restored by other means;
- treatment of malignancies, cysts, and neoplasms;

- orthodontic treatment;
- charges for forms or missed appointments;
- treatment that is unnecessary, experimental, or does not offer a favorable prognosis;
- expenses covered under another group plan or coverage required by law;
- charges in excess of usual and customary fee levels, based on the 80th percentile of the Medicode MDR tables;
- expenses which the person covered is not legally obligated to pay; and,
- any procedures begun after coverage ends or any prosthetic dental appliance finally installed more than 30 days after coverage ends.

Many procedures covered under the plans have waiting periods and limitations on how often the plans will pay for them within a certain time frame. The plans will pay only for the procedures specified on the Schedule of Covered Procedures in the Group Policy.

Benefits payable under the **DentalNOW! Plans** will be coordinated with any other dental plan so that the total benefits paid by all plans do not exceed 100% of the covered charge.

PARTICIPATION REQUIREMENTS

DentalNOW! offers easy access plans, but there are minimum participation requirements. Participation is based on the number of eligible employees: for 5- 9 eligible employees ... 100%; 10+ eligible employees ... the greater of 10 lives or 20%.

If your group falls below minimum participation requirements after your effective date, the requirement must be met within 3 months. If this is not done, coverage will be terminated with 31 days' notice of such action.

Employees who waive this coverage opportunity because they are already covered under their spouse's plan are counted toward satisfying the participation requirements. However, there is a minimum requirement of 5 covered employees (10 employees for the Basic Plan).

There are no participation requirements for dependents.

NOTE: Participation requirements waived if 75 or more employees enroll for the BASIC Plan.

TAKEOVER CREDIT for time served on the waiting periods will be given to groups who have had a group dental insurance plan in force for more than one year at the time of application, at no additional cost. Talk with your agent/broker for more details.

TERMINATION of COVERAGE

An employee's coverage will automatically terminate on the earliest of the following dates:

- 1) the date the Group Policy terminates;
- 2) the date that the employee is no longer an eligible employee, unless premiums are paid in advance, in which case coverage will terminate at the end of the period for which premium has been paid;
- 3) the date that the employee dies;
- 4) on any premium due date, if the full required payment for the employee's insurance is not made within 31 days following the premium due date.

An eligible's Dependent's coverage will terminate on the earliest of the following dates:

- 1) when the employees' insurance terminates;
- 2) on any premium due date, if the full required payment for the dependent's insurance is not made within 31 days following the premium due date;
- 3) the date that the dependent is no longer an eligible dependent, unless premiums are paid in advance, in which case coverage will terminate at the end of the period for which premium has been paid.

MORE IMPORTANT INFORMATION

- **DentalNOW!** is a completely voluntary program. It does not require you to pay for any of its cost.
- After your Request for Group Dental Insurance is processed, **DentalNOW!** will provide you with a Group Policy and a Certificate of Insurance. These materials fully describe covered services, limitations and exclusions.

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BCS Insurance Company