

Please take a moment to review this valuable dental insurance plan. You and your family can take advantage of this important protection and its features:

- Affordable Rates
- Payroll Deduction Convenience
- Freedom to Choose Any Dentist
- Family Coverage (3 deductible limit)
- No Pre-Existing Condition Penalties

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AT A GLANCE:

This summary provides a general overview of the Plan. The Certificate of Insurance will provide all the details of the Plan. The Certificate will become available once coverage is effective.

PLAN YEAR MAXIMUM BENEFIT: \$1,200.00

Service Type I – Preventive & Diagnostic Services

Waiting Period for Benefits: None
Payment Level: 100%*
Deductible: None

EXAMPLES:

Routine Exams	(1 per 6 months)
Bitewing X-Rays	(4 films per 12 months)
Routine Cleaning	(1 per 6 months)
Emergency Palliative Treatment	
Sealants	(to age 14; 1 per 12 months)
Fluoride Treatments	(to age 14; 1 per 12 month with Cleaning)
Space Maintainers	(to age 14; 1 per 12 months)

Service Type II – Basic Services

Waiting Period for Benefits: None
Payment Level: 80%*
Deductible: \$50**

EXAMPLES:

Fillings	
Crown and Bridge Repair	
Denture Repair	(1 per 12-36 months depending on procedure)
Oral Surgery	

Service Type III – Major Services

Waiting Period for Benefits: 12 months
Payment Level: 50%*
Deductible: \$50**

EXAMPLES:

Periodontics (treatment of gums) ...	(1 per 6 - 36 months depending on procedure)
Endodontics (root canal and pulpal therapy) ...	(1 per 12 months depending upon procedure)
Crowns and Bridges ...	(maximum of 4 procedures per 12 months)
Dentures ...	(maximum of 4 procedures per 12 months)

*The percentages shown are the amount of covered expenses that will be paid, based on usual and customary charges.

**For Type II and Type III services combined

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

Benefits payable under the **DentalNOW!** Plan 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.

Other Important Information:

Termination - Coverage terminates when: 1) the required premium is not paid; 2) the group policy ends; or, 3) you are no longer an eligible employee. Dependent coverage ends when yours does or when they are no longer eligible.

Eligible Dependents - include your lawful spouse and unmarried dependent children who are less than 19 years of age or, if a full time student, less than 25 years of age.

Effective Date - Coverage begins on the first of the month after your enrollment is processed, provided you are eligible and the required premium is paid.

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

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.

I.D. Cards

You will receive an Identification Card once your enrollment has been processed. This card will tell you how to contact the Administrator should you have any problems or questions.

Every effort has been made to ensure the accuracy of this Plan Description; however, it is not a legal document. In the event of a discrepancy, the Policy would be the determining factor. The terms and conditions of coverage described above apply to the residents of most states, although state laws do vary. The laws of the state in which you work may affect this benefit plan, but these differences in laws generally do not reduce your benefits.

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AT A GLANCE:

This summary provides a general overview of the Plan. The Certificate of Insurance will provide all the details of the Plan. The Certificate will become available once coverage is effective.

PLAN YEAR MAXIMUM BENEFIT: \$750.00

Service Type I – Preventive & Diagnostic Services

Waiting Period for Benefits: None
Payment Level: 100%*
Deductible: \$50**

EXAMPLES:

Routine Exams (1 per 6 months)
 Bitewing X-Rays (4 films per 12 months)
 Routine Cleaning (1 per 6 months)
 Emergency Palliative Treatment
 Sealants (to age 14; 1 per 12 months)
 Fluoride Treatments (to age 14; 1 per 12 month with Cleaning)
 Space Maintainers (to age 14; 1 per 12 months)

Service Type II – Basic Services

Waiting Period for Benefits: 3 Months
Payment Level: 80%*
Deductible: \$50**

EXAMPLES:

Fillings
 Crown and Bridge Repair
 Denture Repair (1 per 12-36 months depending on procedure)
 Oral Surgery

Service Type III – Major Services

Waiting Period for Benefits: 12 months
Payment Level: 50%*
Deductible: \$50**

EXAMPLES:

Periodontics (treatment of gums) ... (1 per 6 - 36 months depending on procedure)
 Endodontics (root canal and pulpal therapy) ... (1 per 12 months depending upon procedure)
 Crowns and Bridges ... (maximum of 4 procedures per 12 months)
 Dentures ... (maximum of 4 procedures per 12 months)

*The percentages shown are the amount of covered expenses that will be paid, based on usual and customary charges.

**For all services combined

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

Benefits payable under the DentalNOW! Plan 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.

Other Important Information:

Termination - Coverage terminates when: 1) the required premium is not paid; 2) the group policy ends; or, 3) you are no longer an eligible employee. Dependent coverage ends when yours does or when they are no longer eligible.

Eligible Dependents - include your lawful spouse and unmarried dependent children who are less than 19 years of age or, if a full time student, less than 25 years of age.

Effective Date - Coverage begins on the first of the month after your enrollment is processed, provided you are eligible and the required premium is paid.

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

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.

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PLAN YEAR MAXIMUM BENEFIT: \$500.00

Service Type I – Preventive & Diagnostic Services

Waiting Period for Benefits: None
Payment Level: 80%*
Deductible: \$50**

EXAMPLES:

Routine Exams	(1 per 6 months)
Bitewing X-Rays	(4 films per 12 months)
Routine Cleaning	(1 per 6 months)
Emergency Palliative Treatment	
Sealants	(to age 14; 1 per 12 months)
Fluoride Treatments	(to age 14; 1 per 12 month with Cleaning)
Space Maintainers	(to age 14; 1 per 12 months)

Service Type II – Basic Services

Waiting Period for Benefits: 3 Months
Payment Level: 80%*
Deductible: \$50**

EXAMPLES:

Fillings	
Crown and Bridge Repair	
Denture Repair	(1 per 12 - 36 months depending on procedure)
Oral Surgery	

Service Type III – Major Services

Waiting Period for Benefits: 12 months
Payment Level: 50%*
Deductible: \$50**

Periodontics (treatment of gums) ...	(1 per 6 - 36 months depending on procedure)
Endodontics (root canal and pulpal therapy) ...	(1 per 12 months depending upon procedure)
Crowns and Bridges ...	(maximum of 4 procedures per 12 months)
Dentures ...	(maximum of 4 procedures per 12 months)

*The percentages shown are the amount of covered expenses that will be paid, based on usual and customary charges.

**For all services combined

LIMITATIONS AND EXCLUSIONS:

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- 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;
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- treatment that is unnecessary, experimental, or does not offer a favorable prognosis;
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Payment Level: 80%*
Deductible: \$50**

EXAMPLES:

Routine Exams	(1 per 6 months)
Bitewing X-Rays	(4 films per 12 months)
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Space Maintainers	(to age 14; 1 per 12 months)

Service Type II – Basic Services

Waiting Period for Benefits: 3 Months
Payment Level: 60%*
Deductible: \$50**

EXAMPLES:

Fillings	
Crown and Bridge Repair	
Denture Repair	(1 per 12 - 36 months depending on procedure)
Oral Surgery	

Service Type III – Major Services

Waiting Period for Benefits: 12 months
Payment Level: 50%*
Deductible: \$50**

EXAMPLES:

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