



Low Plan 1: Dental Plan Summary

Effective Date: 5/1/2018

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$750 per calendar year
Allowance	90th U&C
Max BuilderSM	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months New Enrollees Only

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 14 and under (2 per benefit period) Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 3 years) Sealants (age 14 and under) Space Maintainers Restorative Amalgams Restorative Composites (anterior and posterior teeth) Crown Repair Denture Repair Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Complex Extractions Anesthesia

About The Standard

As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 27,100 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Founded in Portland, Oregon, in 1906, The Standard has built a national reputation for delivering quality insurance products, personalized service and strong financial performance. The Standard wrote its first group insurance policy in 1951, and it remains in force today as a testament to the company's commitment to building successful long-term relationships.

Customer Service

We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.



Max BuilderSM

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$250	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$125	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$50	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$500	Maximum possible accumulation for Max Builder and PPO Bonus combined

Groups with a program similar to Max Builder on their previous plan are eligible for Max Builder Credits. To qualify for Max Builder Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to The Standard.

The Standard will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

Orthodontia Waiting Period - new enrollees only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit: <http://www.standard.com/dental> and click on "Find a Dentist."

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.



Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on May 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.



High Plan 1: Dental Plan Summary

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Type 2	80%
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Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,250 per calendar year
Allowance	90th U&C
Max BuilderSM	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
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Waiting Period	12 months New Enrollees Only

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

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