



# Voluntary Dental Insurance

FOR EMPLOYEES OF ST. MARTIN PARISH SCHOOL BOARD

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 25 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	To be eligible for coverage, any child must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

PLAN YEAR DEDUCTIBLES AND MAXIMUMS	IN-NETWORK	OUT-NETWORK
<b>Type A</b>	Waived	Waived
<b>Type B &amp; C Deductible</b>		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
<b>Annual Maximum</b>	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum</b>	\$1,500	\$1,500

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

COVERED SERVICES	IN-NETWORK	OUT-NETWORK
<b>Type A Services</b>	100%	100%
<ul style="list-style-type: none"> <li>• Examinations/Evaluations</li> <li>• Bitewing X-rays</li> <li>• Full Mouth, Panoramic, and All Other X-rays</li> <li>• Fluoride Treatments</li> <li>• Cleaning/Prophylaxis</li> <li>• Sealants</li> <li>• Space Maintainers</li> <li>• Brush Biopsy/Cancer Screening</li> </ul>		

<b>COVERED SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-NETWORK</b>
<b>Type B Services</b> <ul style="list-style-type: none"> <li>• Emergency Palliative Treatment</li> <li>• Fillings</li> <li>• Stainless Steel Crowns</li> </ul>	80%	80%
<b>Type C Services</b> <ul style="list-style-type: none"> <li>• Periodontal Maintenance</li> <li>• Simple Extractions</li> <li>• Oral Surgery</li> <li>• General Anesthesia or I.V. Sedation</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Full or Partial Removable Dentures</li> <li>• Repair of Removable Dentures</li> <li>• Adjustments, Tissue Conditioning, Rebasing or Relining of Removable Dentures</li> <li>• Bridgework/Fixed Dentures</li> <li>• Repair/Recementation of Bridges</li> <li>• Crowns, Inlays, Onlays</li> <li>• Repair/Recementation of Cast Crowns/Inlays/Onlays</li> </ul>	50%	50%
<b>Child Orthodontia</b> <ul style="list-style-type: none"> <li>• Harmful Habit Appliances</li> </ul>	50%	50%

- 1) The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.
- 2) The plan pays the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.
- 3) The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

## **LIMITATIONS**

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – Two services in a 12-month period.
- Bitewing X-rays – Four films in a 12-month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 36-month period.
- Fluoride – For dependent children up to age 14. Two services in a 12-month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning – Two services in a 12-month period.
- Sealants – For dependent children up to age 14; one per permanent bicuspid or molar tooth in any 36-month period.
- Brush Biopsy/Cancer Screen – Two services in a 12-month period.
- Space Maintainers – For dependent children up to age 14, includes recementations and removal.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 12-month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – Two services in a 12-month period in addition to routine cleaning. Following active periodontal treatment only.
- Crowns, Inlays, Onlays, Bridges or Dentures – Replacement allowed once in 10 years.
- Orthodontia – Braces/Appliances must be placed prior to the dependent child turning age 19 for orthodontic benefits to be payable.

## SERVICES

### Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit [www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha) to learn more.

### VSP Vision Savings Pass

The VSP Vision Savings Pass is a discount vision program that provides you and your eligible dependents with immediate savings on eye care and eyewear. The Vision Savings Pass is not insurance and is not part of your dental insurance policy. Find a VSP doctor at [vsp.com](http://vsp.com) or call 800-877-7195.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 25 hours per week.

## When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

## When does my coverage begin for my dependents?

If dependent coverage is offered, the eligible dependents you enroll with your written enrollment request will become insured on the same day your coverage is effective. Dependents added at a later date will become insured as allowed by the Policy.

## If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During this Policy Year, you may only add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: 7000GM-U-EZ 2010 or state equivalent (In NC: 7000GM-U-EZ 2010 NC).

