The Standard (Ameritas) Dental Insurance

Dental

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of treatment and routine care, dental disease and accidents to your teeth.



Clipart of: Happy tooth with paste and brush

Provider Name: The Standard

Network: Ameritas - Classic (PPO)

Phone Number: 1-800-547-9515

Customer Number: #648015 Group Number: #648015

Web Address: www.standard.com/dental

Agent Info: Crook Milligan Group, Inc. @ 972-288-3700

Your Dental ID: Personal certificate # assigned to you



Take Note!

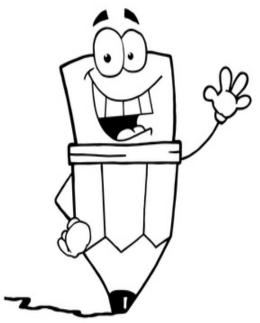
1. Go to an in-network dentist/provider to get the most value from your plan.

Your network is = Ameritas Dental Network

To find a dentist, click on the "Find A

Dentist" link @ www.standard.com/dental.

- 2. Benefits are calculated on a calendar year, not plan year.
- 3. Take advantage of the Max Builder program. Qualifying plan participants can carry over part of their unused annual maximum by meeting certain conditions. See dental highlight sheet in this section for more information.



Clipart of: Animated Pencil

- 4. Get a <u>Pretreatment Authorization</u> for any dental work you consider expensive. See <u>dental highlight sheet</u> in this section for more information.
- 5. Orthodontia services may be covered up to a lifetime maximum benefit of \$1,000 per member. What does this mean? If you are currently receiving orthodontia treatment and were banded prior to becoming covered under this plan, this plan will not cover an orthodontia program that was already in progress.

Both ADULT* and CHILDREN are eligible for orthodontia services.

(*If you ever had braces before, you are not eligible.)



Dental Highlight Sheet



P	lan	1:	Dental	Plan	Summary	y
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Plan Benefit	
Type 1	85%
Type 2	50%
Type 3	30%
Deductible	\$10/visit Type 1
	\$50 Calendar Year Type 2,3
	No Family Maximum
Maximum (per person)	\$1,250 per calendar year
Allowance	Discounted Fee
Max Builder SM	Included
Waiting Period	None
Annual Eye Exam	None
LASIK Assist SM	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	None

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

Type 1	Type 2	Type 3
Routine Exam	 Sealants (age 15 and under) 	 Onlays
(2 per benefit period)	Space Maintainers	• Crowns
Bitewing X-rays	Restorative Amalgams	(1 in 10 years per tooth)
(2 per benefit period)	Restorative Composites	Crown Repair
Full Mouth/Panoramic X-rays	Denture Repair	 Endodontics (nonsurgical)
(1 in 5 years)		 Endodontics (surgical)
Periapical X-rays		 Periodontics (nonsurgical)
Cleaning		 Periodontics (surgical)
(2 per benefit period)		 Implants
Fluoride		 Prosthodontics (fixed bridge; removable
(1 per benefit period)		complete/partial dentures)
		(1 in 10 years)
		Simple Extractions
		Complex Extractions
		Anesthesia
		Bleaching (cosmetic)

Monthly Rates

Employee Only (EE)	\$19.68
EE + Spouse	\$40.44
EE + Children	\$44.20
EE + Spouse & Children	\$71.60

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 26,167 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Dental Highlight Sheet



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

Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

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 Builder^{sм}

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 contracted provider 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	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a Contracted Provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

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."

Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

Dental Highlight Sheet



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 September 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.

Please note: Cosmetic benefits in an insurance policy may have income tax implications for both employer groups and plan participants. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult your legal or tax adviser.

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.

Dental Highlight Sheet



Plan 2:	Dental	Plan	Summar	y
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Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$10/visit Type 1
	\$50 Calendar Year Type 2,3
	No Family Maximum
Maximum (per person)	\$1,250 per calendar year
Allowance	Discounted Fee
Max Builder SM	Included
Waiting Period	None
Annual Eye Exam	None
LASIK Assist SM	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	None

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

	Type 1		Type 2		Type 3
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	(2 per benefit period)	•	Space Maintainers	•	Crowns
•	Bitewing X-rays	•	Restorative Amalgams		(1 in 10 years per tooth)
	(2 per benefit period)	•	Restorative Composites	•	Crown Repair
•	Full Mouth/Panoramic X-rays	•	Denture Repair	•	Endodontics (nonsurgical)
	(1 in 5 years)			•	Endodontics (surgical)
•	Periapical X-rays			•	Periodontics (nonsurgical)
•	Cleaning			•	Periodontics (surgical)
	(2 per benefit period)			•	Implants
•	Fluoride			•	Prosthodontics (fixed bridge; removable
	(1 per benefit period)				complete/partial dentures)
					(1 in 10 years)
				•	Simple Extractions
				•	Complex Extractions
				•	Anesthesia
				•	Bleaching (cosmetic)

Monthly Rates

Employee Only (EE)	\$36.28
EE + Spouse	\$71.52
EE + Children	\$72.40
EE + Spouse & Children	\$104.92

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