



DENTAL PLAN DESIGN SUMMARY

Effective Date: 8/1/2019

Plan Benefit	Rescue Plan 1	Apparatus Plan 2	Overhaul Plan 3
Type 1	100%	100%	SmartDollar SM
Type 2	90%	90%	See summary below
Type 3	60%	60%	
Deductible	\$50/Calendar Year	\$50/Calendar Year	N/A
	Waived Type 1	Waived Type 1	
	\$150/family	\$150/family	
Maximum (per person)	\$1,500/Calendar Year	\$1,500/Calendar Year	\$3,000/Calendar Year
PPO	Passive PPO	Passive PPO	Passive PPO
Allowance Type 1	90 th U&C	90 th U&C	N/A
Type 2	90 th U&C	90 th U&C	N/A
Type 3	90 th U&C	90 th U&C	N/A
Waiting Period	None	None	None
Annual Open Enrollment	Included	Included	Included
SmartDollarSM Eligible Expenses (Plan Pays)			
Benefit Level 1	No SmartDollar SM	No SmartDollar SM	0% of first \$250
Benefit Level 2			80% of remaining eligible expenses
Allowance	N/A	N/A	Discounted Fee
Orthodontia Summary Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.			
Plan Benefit	No Ortho	50%	No Ortho
Coverage for Adults		Yes	
Lifetime Maximum (per person)		\$1,500	
Waiting Period		Enrollees	
Monthly Rates			
Member Only	\$66.89	\$67.05	\$34.31
Member +1 Dependent	\$149.05	\$164.73	\$66.47
Member +2 More Dependents	\$190.01	\$233.88	\$97.47
<p>Reliance Standard Life Insurance Company has contracted with Ameritas to provide members access to a nationwide dental network as part of this dental plan. Networks are one way to help curb rising benefit costs while reducing out-of-pocket dollars.</p> <ul style="list-style-type: none"> Plan members have the freedom to select any dentist With a network provider, out-of-pocket expenses are generally lower, because network providers agree to charge no more than the discounted fees established for covered procedures. Out-of-network dentist charges are usually higher than our discounted fees, so out-of-pocket expenses are likely higher with non-network dentists. 			

If you have questions, please call 888.811.0811.



COVERED PROCEDURE SUMMARY

Plan Design Summary		
Rescue Plan 1	Apparatus Plan 2	Overhaul Plan 3
<p>100/90/60 \$50/Calendar Year Waived Type 1 \$150/family \$1,500</p> <p>Type 1 Procedure (Frequency)</p> <ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers <p>Type 2 Procedure (Frequency)</p> <ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia <p>Type 3 Procedure (Frequency)</p> <ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) 	<p>100/90/60 \$50/Calendar Year Waived Type 1 \$150/family \$1,500</p> <p>Type 1 Procedure (Frequency)</p> <ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers <p>Type 2 Procedure (Frequency)</p> <ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia <p>Type 3 Procedure (Frequency)</p> <ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) 	<p>0% of first \$250 80% of remaining eligible expenses \$3,000</p> <p>Sample Procedures all levels</p> <ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers Restorative Amalgams Restorative Composites Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Simple Extractions Complex Extractions Anesthesia

Current Dental Terminology © American Dental Association.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.