

DENTAL INSURANCE

Dental plans AB, ABC, and ABCD

Coverage A: Preventative & Diagnostic

- 100% of allowable charges / no deductible / no annual maximum
- Two oral examinations per calendar year
- Two treatments including cleaning, scaling, and polishing per calendar year
- X-rays
- Topical fluoride applications to age 18
- Application of sealants for persons to age 16 every three years

Coverage B: Maintenance & Simple Restorative

- \$50 calendar year deductible / 80% of allowable charges / \$1,000 annual maximum per person
- Oral surgery: including but not limited to simple and impacted extractions, removal of dental cysts or tumors, and the surgical incision and drainage of dental abscesses
- Periodontic services: treatment of diseases of gums and supporting tooth structure
- Endodontic services: treatment of diseases and injuries of tooth pulp chambers, root canals, and periapical tissue
- Silver amalgam restorations
- Composite fillings on molars

Coverage C: Complex Restorative

- \$50 calendar year deductible / 50% of allowable charges / \$1,000 annual maximum per person
- Crowns and inlays
- Implants
- Permanent fixed and removable bridges
- Dentures; full and partial
- One denture relining each 36 consecutive month period
- Adjustments of dentures 6 months after installation

AB plan provides enhanced coverage for crowns, implants, dentures, and bridges up to the Maximum Covered Expense Allowance.

\$50 deductible and \$1,000 annual maximum apply per person for coverages B and/or C only (aggregate).

Coverage D: Orthodontics

- 60% maximum benefit amount
- \$1,500 lifetime maximum per individual
- Required 2-Year enrollment
- X-rays, casts, and models
- Extractions
- Initial and subsequent installations of orthodontic appliances
- Orthodontic treatments

(continued)

Enrollment information

- Employees are eligible to enroll in dental coverage at the time of hire or during open enrollment in January.
- For new employees enrolling mid-year, dental must continue for one year from the effective date.
- Tier changes to membership can be made during open enrollment in January only.
- Exceptions will be made for tier changes **only when** an employee or family status change occurs due to loss of coverage, marriage, birth, death, or divorce (confirmation of prior coverage required).
- Drop coverage changes are allowed mid-year after the one-year waiting period is satisfied.
- If dental coverage is voluntarily dropped or terminated, the employee and eligible dependents may not re-enroll for two years from the first of the month following the date of cancellation.
- Enrollment in the ABCD plan must continue for 2 years under the single or family membership selected at time of enrollment. Exceptions will be made only for family status changes.

Max Builder and PPO Bonus Program

Employees can increase their \$1,000 annual maximum for Coverage B and/or Coverage C services, up to \$2,000, with the Max Builder and PPO Bonus Program

- \$250 will be added to the following year's annual benefit maximum with at least one annual exam and charges do not exceed \$500 for the year.
- If a PPO dentist is utilized, an additional \$100 will be added to the \$1,000 annual maximum.

Eligibility requirements

- Active employees working a minimum of 17.5 hours per week or the number of hours weekly required by the employer.
- All active employees will be eligible on the first day of the month following their eligibility period.
- Spouses and/or children, including natural born, step, and legally adopted, to age 26 are eligible.
- Seasonal or temporary employees are not eligible.

This is intended to provide a brief overview of benefits. For a complete summary of covered services, limitations, and exclusions, please refer to your schedule of benefits and certificate of coverage provided by The Standard. For more information, call 1-888-419-8322 or (402) 475-8322 in Lincoln.