

## Three Star Plan Summary



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| <b>Deductible Waived</b>   | <b>Calendar Year Deductible</b><br>Choose \$25, \$50 or \$100 per person – 3 x Family  |  | <b>No Deductible</b>   |
| <b>Type 1 Preventive</b>   | <b>Type 2 Basic</b>  | <b>Type 3 Major</b>  | <b>Orthodontia Option</b>  |
| <b>Traditional/MAC Plan</b><br>100%  | <b>Traditional/MAC Plan</b><br>80%   | <b>Traditional/MAC Plan</b><br>50%   | <b>Traditional/MAC Plan</b><br>50%   |
| <b>Enhanced Plan</b><br>100% In-network<br>100% Out-of-network   | <b>Enhanced Plan</b><br>90% In-network<br>80% Out-of-network   | <b>Enhanced Plan</b><br>60% In-network<br>50% Out-of-network   | <b>Enhanced Plan</b><br>50%  |
| <ul style="list-style-type: none"> <li>• Periodic routine exam</li> <li>• Diagnostic services such as full-mouth series, bitewings, panoramic X-rays</li> <li>• Prophylaxis (cleaning)</li> <li>• Fluoride to age 19</li> <li>• Space maintainers</li> <li>• Sealants</li> </ul> | <ul style="list-style-type: none"> <li>• Exams other than routine</li> <li>• Periapical X-rays</li> <li>• Minor restorative services such as amalgam and composite fillings, recementation</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontic repairs</li> <li>• Oral surgery biopsy</li> <li>• General anesthesia</li> </ul> | <ul style="list-style-type: none"> <li>• Restorative services such as inlays/onlays, crowns, posts</li> <li>• Prosthodontic services such as fixed and removable bridges, full and partial dentures</li> </ul> | <ul style="list-style-type: none"> <li>• Child-Only Ortho 5+ lives</li> <li>• Adult Ortho 10+ lives</li> </ul> |
| Calendar Year Maximum<br>Choose \$750, \$1000, \$1500 or \$2000<br>(\$2000 max only available for groups of 10+)<br>Out-of-network claim allowance is 80 <sup>th</sup> U&C for Traditional and Enhanced Plans.<br>(90 <sup>th</sup> U&C is available.)                           |  |  | Lifetime Maximum \$1000<br>\$1500 available for<br>Groups of 10+   |

## Waiting Period for Virgin Coverage

|  | <35 enrolled     | >35+ enrolled |
|--|------------------|---------------|
| <b>Type 1 &amp; 2<br/>(Preventive &amp; Basic)</b> | <b>None</b>      | <b>None</b>   |
| <b>Type 3 (Major)</b>                              | <b>12 months</b> | <b>None</b>   |
| <b>Orthodontia</b>                                 | <b>24 months</b> | <b>None</b>   |

## Waiting Periods for Takeover Plans

- To qualify as a takeover, a group must have had prior coverage with the same dental carrier for 12 full months including coverage for Major services.
- To qualify for orthodontia takeover, a group must have had prior coverage with the same carrier with orthodontia for 24 months.
- A group that qualifies for takeover will have no waiting periods for current and future employees however all future employees must enroll within 31 days of eligibility or Late Entrant Rules will apply.

## Evidence of Prior Coverage

- Certificate with Schedule of Benefits and list of waiting (or elimination) periods, or a Dental HMO plan summary and fee schedule.
- The most current prior carrier's bill. Prior insurance must be continuous with no gap in coverage.
- Documentation showing the effective date of the prior plan, i.e., copy of original Master Application, or dated Insurance Certificate.