



Preferred Dentists

You are free to see any licensed dentist you wish. However, if you see a preferred dentist on our panel, your out-of-pocket costs can be reduced. To locate our preferred dentists, go to www.standard.com, click on *Insurance*, click on *Dental* and then click on *Find a Dentist*.

Schedule of Benefits

Any licensed dentist

Preventive Services	100% of UCR
Basic Services	80% of UCR
Major Services	50% of UCR

Deductible

There is a \$50 calendar year deductible per person on Basic and Major Services. The family deductible maximum is \$150. There is no deductible on Preventive Services.

Maximum Benefit

The annual maximum dental benefit is \$2,500 per person per calendar year (see the “Max Builder” section on the back of this page for ways to receive additional benefits in the future).

Dental Expenses

Preferred Dentists (PPO) agree to accept our contracted fees. Coverage is subject to your plan’s deductible, maximum benefit, usual, customary and reasonable (UCR) and other provisions.

Types of covered Preventive, Basic and Major dental expenses, **subject to limitations and exclusions**, include the following:

<u>Preventive</u>	<u>Basic</u>	<u>Major</u>
Routine Exam (Allowed twice in a benefit period)	Endodontics (nonsurgical & surgical)	Onlays
Cleanings (Allowed twice in a benefit period)	Periodontics (nonsurgical & surgical)	Crowns (1 in 5 years per tooth)
Fluoride for Children (Age 22 and under)	Restorative Amalgams & Composites	Crown Repair
Bitewing X-rays (Allowed twice in a benefit period)	Simple & Complex Extractions	Prosthetics (Fixed Bridge; removable complete/partial dentures- 1 in 5 years)
Full Mouth/Panoramic X-rays	Space Maintainers	Implants
Sealants (Age 16 and under)	Denture Repair	Occlusal Guards
Periapical X-rays	Anesthesia	

Please turn this page over for additional information



Here is how “Max Builder” works

MAX BUILDER: Your employer has chosen a unique dental enhancement –You can actually earn credit towards increasing next year’s Annual Maximum benefit.

Parameters:

Annual maximum for Preventive, Basic, Major.....	\$2,500
Annual threshold (if you use this amount or less during the benefit year).....	\$750
Annual reward toward next benefit year.....	\$400
PPO Bonus reward toward next benefit year	\$200
Next year’s annual maximum plus reward.....	\$3,100

If you have a \$2,500 annual maximum benefit, go to the dentist at least once and use a total benefit not exceeding \$750 (threshold) during the benefit year, you will be rewarded the following benefit year with \$400 to use in addition to your \$2,500 annual maximum! If at least one dental appointment is with a *Preferred Provider Dentist* you can also receive a \$200 PPO Bonus in addition to the annual Max Builder reward. (Insured must qualify for the Max Builder reward in order to qualify for the PPO bonus.)

Follow the same guidelines, and the next benefit year you are rewarded with another \$400 and \$200 respectively. Keep building to a maximum reward of \$1,200 to add to your \$2,500 annual maximum.

Please note if you don’t file a claim in a benefit year, the rewards are lost and your annual maximum is reset to \$2,500. But you can start to build again!

Example John Doe	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Calendar Year Maximum	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500
Dental Benefits Paid	\$ 700	\$ 675	\$ 3,500	\$ 725	\$ 3,000	\$ 500	\$ 3,100
Visited PPO Dentist	Yes	Yes	No	Yes	Yes*	No	No
Annual Carryover Amount	\$ 400	\$ 400	\$ 0	\$ 400	\$ 0	\$ 400	\$ 0
PPO Bonus Amount	\$ 200	\$ 200	\$ 0	\$ 200	\$ 0	\$ 0	\$ 0
Total Cumulative Carryover Amount	\$ 600	\$ 1,200	\$ 200	\$ 800	\$ 300	\$ 700	\$ 100

Benefits received during a calendar year that exceed the \$2,500 Annual Maximum Benefit Amount are deducted from a person’s carryover accrual, for purposes of determining the following years carryover amount (see Year 5 above). The Max Builder applies to each insured member individually.

* Did not qualify for Max Builder, therefore, not eligible for the PPO Bonus.
Total Cumulative Carryover Amount can not exceed \$1,200.

This benefit summary is for illustrative purposes only. Please refer to your Group Insurance Certificate and Master policy for complete plan details. The master contract contains controlling provisions.