Group Dental and Vision Insurance

Help protect your health care budget with flexible Dental and Vision insurance benefits.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental and vision care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Dental Plan Summary (subject to PolicyLink Dental + Vision plan design listed below) Effective Date: 3/1/2021

|  |  |
| --- | --- |
| Plan Benefit |  |
| Type 1 (Preventive) | 100% |
| Type 2 (Basic) | 80% |
| Type 3 (Major) | 50% |
| Waiting Period | 12 months - Type 3 applies if there are less than 25 plan participants enrolled |
| Deductible | $50/Calendar Year Type 2 & 3 |
|  | Waived Type 1 |
|  | $150/family |
| Maximum (per person) | $1,500 per calendar year |
| Allowance | 90% usual and customary |
| Annual Eye Exam | None |
| Annual Open Enrollment | Included |

Vision Summary (subject to PolicyLink Dental + Vision plan design listed below)

|  |  |  |  |
| --- | --- | --- | --- |
| Plan Benefit | Allowance | Frequencies (based on date of service) | |
| Exam | Subject to maximum | Exam | None |
| Lenses (per pair) |  | Lenses | None |
| Single Vision | Subject to maximum | Frames | None |
| Bifocal | Subject to maximum |  |  |
| Trifocal | Subject to maximum |  |  |
| Lenticular | Subject to maximum | Maximum  per benefit period | $150 |
| Progressive | Subject to maximum | Deductibles  (None) | $0 |
| Contacts |  |  |  |
| Elective/Medically Necessary | Subject to maximum |  |  |
| Frames | Subject to maximum |  |  |

\*Deductible applies to the first service received

PolicyLink Dental + Vision Plan Design

|  |  |  |  |
| --- | --- | --- | --- |
|  | Dental | Vision | Combined |
| Maximum | $1,500 | $150 | No more than $1,500 |

PolicyLink Dental + Vision combines dental and vision benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans. Total benefits paid between the two coverages will not exceed the PolicyLink maximum of $1,500. Participants can visit the vision provider of their choice.

|  |  |
| --- | --- |
| Weekly Employee Rates |  |
| Employee Only (EE) | $4.51 |
| EE + Spouse | $9.00 |
| EE + Children | $10.64 |
| EE + Spouse & Children | $15.14 |

Dental Procedure Summary (Current Dental Terminology © American Dental Association.)

|  |  |  |
| --- | --- | --- |
| Type 1 | Type 2 | Type 3 |
| * Routine Exam   (1 in 6 months)   * Bitewing X-rays   (1 in 12 months)   * Full Mouth/Panoramic X-rays   (1 in 5 years)   * Periapical X-rays * Cleaning   (1 in 6 months)   * Fluoride for Children 13 and under   (1 in 12 months)   * Sealants (age 13 and under) * Space Maintainers | * Restorative Amalgams * Restorative Composites * Endodontics (nonsurgical) * Endodontics (surgical) * Periodontics (nonsurgical) * Periodontics (surgical) * Denture Repair * Simple Extractions * Complex Extractions * Anesthesia | * Onlays * Crowns   (1 in 10 years per tooth)   * Crown Repair * Prosthodontics (fixed bridge; removable complete/partial dentures)   (1 in 10 years) |

eCard

Once you are enrolled in the plan, your plan participant ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. Go to standard.com, click on log in (at top right). Enrolled participants may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.

Type 3 Waiting Period - all plan participants

Plan participants become eligible for benefits after a 12-month waiting period from the date they are enrolled in the plan.

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 provider 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/services and click on "Find a Dentist."

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 March 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Submitting a claim

Your policy requires all claims be received by The Standard within 90 days of the date of service. You may submit a claim, or your Dentist can file your claim on your behalf and you can assign payment to your Dentist. If the 90 day deadline is missed, you will be responsible for covering the cost of the service. \*Requirements for claims submission vary by state, please consult your group certificate for details.

Prior Extraction Limitation

Your policy has a prior extraction limitation, also known as the "missing tooth clause". This means that if you had a tooth extracted prior to enrolling in your plan with The Standard, we may or may not pay for any benefits towards replacing that tooth. Please review your policy or contact Customer Service for details.

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.

Customer Service

Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to locate the nearest network provider, view plan benefit information and more.

Call Center: 800.547.9515

* Service representative hours:

5 a.m. to 10 p.m. Pacific Monday through Thursday

5 a.m. to 4:30 p.m. Pacific Friday

* Interactive Voice Response available 24/7

View plan benefit information at:

www.standard.com/services.

About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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.