

Plan Summary

Godley ISD

Pacific Life Group Dental Insurance

Your **Pacific Life Group Dental** promotes good health by providing employees with high-quality dental benefits that offer coverage for routine exams and other services at reduced costs.

Premier

Effective Date: January 01

Rate Guarantee: 24 Months

Situs State: TX

Dental Plan

Insured	Monthly Premium
Employee Only	\$41.48
Employee + Spouse	\$89.98
Employee + Children	\$98.59
Employee + Family	\$138.13

Employees Eligible for Coverage	Minimum Participation Requirement	Minimum Hours for Eligibility
572	45% of total eligible lives	20

Plan Services

Passive PPO Plan	In-Network	Out-of-Network
Benefit Year Maximum	Applies to Class B & C Services \$1,000 per person	Applies to Class B & C Services \$1,000 per person
COINSURANCE		
Class A: Preventive	100%	100%
Class B: Basic	80%	80%
Class C: Major	50%	50%
Class D: Orthodontics	50%	50%
Deductible	Applies to Class B & C Services \$50 per person (Maximum 3 per family)	Applies to Class B & C Services \$50 per person (Maximum 3 per family)
Dental Covered Services		

Class A - Preventive No waiting period	• Oral evaluations (2 in 12 Months) • Prophylaxis (2 in 12 Months , additional cleaning for verified health conditions) • Bitewing x-rays (maximum of 4 films per 12 months) • Full mouth x-rays (1 per 36 months) • Emergency pain • Fluoride (children up to age 16) • Sealants (children up to age 16) • Space maintainers • Oral cancer screening for ages 40+
Class B - Basic No waiting period	• Fillings • Posterior composite restorations • Simple extractions • Surgical extractions • General anesthesia (in conjunction with complex oral surgery) • Non surgical periodontics • Surgical periodontics • Periodontal maintenance (in combination with prophylaxis) • Oral surgery • Endodontics • Crown, denture and bridge repairs
Class C - Major No waiting period	• Inlays and onlays • Crowns, Bridges, Dentures and Implants
Class D - Orthodontics No waiting period	• Separate lifetime maximum: \$1,000 • This benefit is available only for those dependent children under the age of 19

Plan Benefits and Information

Child Advantage Benefit

For children under age 13:

- 100% coinsurance for Class A, Class B and Class C services
- No deductibles
- No waiting periods

*When a child reaches 13, standard benefit provisions apply.

**Does not apply to orthodontic, TMJ or Teeth Whitening (Bleaching)

Takeover

Takeover applies if we are taking over a comparable Policy from another carrier. For takeover to apply, the member must be insured under the prior Policy on the day before the effective date of this Policy. Member will receive waiting period credit for covered procedures identified in the Takeover provision of the Certificate of Coverage.

Takeover is also available for new hires who enroll during open enrollment or due to a qualifying event if they had a comparable Policy, there has not been a lapse in coverage, and subject to proof.

Reimbursements

In-Network: The network providers negotiated PPO fee schedule.

Out-of-Network: 90th percentile.

Search for providers online: **[pacificlife.com/dental](https://www.pacificlife.com/dental)**

Log in for access to:

- Our large dental network
- Network discounts
- Provider ratings

Exclusions and Limitations

We encourage members to request a pre-treatment estimate for major services or services that are expected to exceed \$300.

The Policy contains exclusions and limitations, and unless identified in the Schedule of Covered Procedures, no benefits will be paid for the following:

- Any service that doesn't meet professionally recognized standards of dental practice or is considered to be experimental.
- Any service on a tooth with a guarded, questionable, or poor prognosis.
- Any service used solely to alter occlusal vertical dimensions, restore or maintain occlusion, treat a condition resulting from attrition, abrasion, erosion, or abfraction, or splint or stabilize teeth for periodontal reasons.
- Any service provided solely for cosmetic reasons, such as teeth whitening, characterization, or personalization of a dental prosthesis, or odontoplasty.
- Replacement of a lost, missing, or stolen appliance or dental prosthesis, or the fabrication of a spare appliance or dental prosthesis.
- Upgrading from one appliance or dental prosthesis to another appliance or dental prosthesis, such as replacing a bridge with a dental implant or replacing a denture with a bridge.
- A temporary or provisional appliance or dental prosthesis, unless it is an interim partial denture that replaces anterior teeth extracted while this coverage was in place. These are the incisor and cuspid teeth located in the front of the mouth.
- Overdentures and related services, including root canal therapy on teeth supporting the overdenture.
- Any educational or instructional service such as oral hygiene instruction, tobacco counseling or nutritional counseling.
- Bite registration, bite analysis or occlusion analysis - mounted case.
- Maxillofacial prosthetics to repair facial or skeletal anomalies, maxillofacial surgery, orthognathic surgery, or any oral surgery requiring the setting of a fracture or dislocation that results from or is incidental to a medical condition.
- Any service intended to treat or diagnose disorders of the temporomandibular joint (TMJ).
- Charges for implants unless specified in the Covered Procedures, and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures, and any associated surgery, or other customized services or attachments.
- Treatment of malignancies, cysts, and neoplasms.
- Replacement of 3rd molars.
- Restorations used to restore teeth with micro fractures or fracture lines, undermined cusps, or large existing restorations without over pathology.

Other exclusions may apply, refer to the Schedule of Covered Procedures for a complete list.

Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. During a single visit, multiple periapical and bitewing x-rays may be paid as a full-mouth x-ray.

Alternate Benefit:

There are multiple options for dental treatment, all of which provide acceptable results. An alternate benefit may be applied if there is a less expensive Covered Procedure appropriate for the course of treatment, capable of producing acceptable results. When an Alternate Benefit is applied, the less expensive Alternate Benefit is used to determine the amount payable under the certificate.

Additional Plan Information

Dependent children: Eligibility varies by state.

Benefit Annual Maximum

The maximum benefit amount available for services depends on the use of In-Network and Out-of-Network dentists. Benefits paid for services from an In-Network dentist will count toward the maximum amount available for services received from an Out-of-Network dentist. Benefits paid for services from an Out-of-Network dentist will also count toward the maximum amount available for services received from an In-Network dentist.

We can cancel or modify the Policy at any time, for any reason, if we provide 75 days written notice. We can also decline to renew the Policy on its anniversary for any reason. The policyholder may cancel the Policy at any time by submitting written request 45 days prior to the cancellation date. Cancellation will take effect the later of the date requested by the policyholder or the date we receive written request of cancellation. The policyholder is responsible for payment of premiums for any time the Policy was in place. Cancellation will not impact any claims that arise prior to the cancellation date.

Final rates are subject to home office underwriting verification. Pacific Life reserves the right to re-rate if final enrollment deviates by +/- 15% and/or if participation requirements are not satisfied.

Policy Form Series: PLICDNPOL22 and PLICDNCERT22 or PLADNPOL22 and PLADNCERT22

Producer Commission: Level 10%

The producer may be eligible to receive supplemental compensation. Supplemental compensation will not affect the rates included in this proposal.

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The information contained in this proposal is a summary of proposed coverage based on the information you have provided to Pacific Life. It is not a contract for insurance coverage or a part of coverage that may be issued by Pacific Life. Changes in assumptions, group demographics, policy design, and policy effective date may affect rates or issuance of coverage.

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The home office for Pacific Life & Annuity Company is located in Phoenix, Arizona. The home office for Pacific Life Insurance Company is located in Omaha, Nebraska.

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