

Group Dental Insurance - Premier

Employee Dental Insurance

Monthly Premium	
Employee Only	\$31.32
Employee + 1 (Spouse or Child)	\$60.44
Employee + Family	\$103.72

Employees	Minimum Participation	Minimum Hours for Eligibility
380	60% of total eligible employees	30

Passive PPO Plan	In-Network	Out-of-Network
Benefit Year Maximum	Applies to Class A, B & C Services \$1,000 per person	Applies to Class A, 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	Applies to Class B & C Services \$50 per person

Covered Services	Details
Class A - Preventive No waiting period	<ul style="list-style-type: none"> • Oral evaluations (2 in 12 Months) • Prophylaxis (2 in 12 Months) • 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	<ul style="list-style-type: none">• Fillings• Posterior composite restorations• Simple extractions• Non surgical periodontics• Surgical periodontics• Periodontal maintenance (2 in 12 Months)• Oral surgery• Endodontics• Crown, denture and bridge repairs
Class C - Major No waiting period	<ul style="list-style-type: none">• Inlays and onlays• Surgical extractions• General anesthesia (Covered)• Crowns, Bridges, Dentures and Implants
Class D - Orthodontics No waiting period	<ul style="list-style-type: none">• Separate lifetime maximum: \$1,000• This benefit is available for adults and children• Orthodontic Refresh: Full lifetime maximum is available even if treatment is in progress at time of enrollment. Benefits will not be reduced if banded under prior insurance coverage.

Plan Benefits and Information

Rollover Benefit

The rollover benefit is determined at the beginning a new benefit year and may be used to pay for Class A, B and C services only. To qualify for the Rollover benefit, in the previous benefit year: benefits were paid and the member has at least one cleaning and benefits paid for Class A, B and C services did not exceed the rollover threshold. If there is a break in coverage for any reason, the rollover benefit amount accumulated will be lost. The rollover benefit may vary or be unavailable in some states.

- Rollover Threshold: \$500
- Rollover Amount: \$250
- Rollover Maximum: \$1,000

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.

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 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.

Dental Termination:

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.

Dental Policy Form Series PLADNPOL22 and PLADNCERT22. Form numbers, provisions, and availability may vary by state. The state-approved form is the governing document. Dental policy forms issued in Idaho include: PLADNPOL22 and PLADNCERT22.