



# MI MEDICAL BENEFITS



**MICHIGAN  
PLANNERS**

**Renewal Plan 1/1/2023**

Group #: 00101312-0001-0001

BCN HMO HSA \$1,400*	
In-Network	
Deductible	Current: \$1,400 / \$2,800      Renewal: \$1,500 / \$3,000
Coinsurance	80% / 20%
Coinsurance maximum	N / A
Out-of-pocket maximum	\$2,350 / \$4,700
Benefit Description	
PCP / Specialist	80% / 20% after deductible
Telemedicine	80% / 20% after deductible
ER / Urgent care	80% / 20% after deductible
High-tech imaging	80% / 20% after deductible
Prescription drugs	\$4 / \$15 / \$40 / \$80 / 20% (\$200 max) / 20% (\$300 max) after deductible
Additional Information	
Plan riders	Aggregate deductible; Custom formulary
Provider network	BCN HMO
Rate guarantee	1 year

		Current	Current Including Renewal Credit	Renewal (Billed Rates)	Renewal Adjusted for Renewal Credit
One Person	6	\$407.13	\$379.29	\$365.06	\$354.66
Two Person	6	\$977.11	\$910.28	\$876.15	\$851.20
Family	25	\$1,221.39	\$1,137.86	\$1,095.18	\$1,063.99
Monthly Premium		\$38,840.19	\$36,183.92	\$34,826.76	\$33,834.90
Annual Premium		\$466,082.28	\$434,207.04	\$417,921.12	\$406,018.78
<b>Annual Difference</b>				<b>-\$48,161.16</b>	<b>-\$60,063.50</b>
<b>Percent Change</b>				<b>-10.33%</b>	<b>-12.89%</b>

\*The IRS is changing the minimum deductible for health plans attached to health savings accounts (HSAs) effective January 1, 2023 from \$1,400 single / \$2,800 family to \$1,500 single / \$3,000 family. Therefore, the existing SBPPO HSA \$1,400 plan will automatically change to SBPPO HSA \$1,500 at renewal.





# MI MEDICAL BENEFITS



MICHIGAN  
PLANNERS

(terminate plan eff. 1/1/2023)

**Sold Plan Eff. 1/1/2023**

Group #: 007045008-0000

	Simply Blue PPO HSA \$1,400*	BCN POS HSA \$1,500 - 20%
	In-Network	In-Network
Deductible	Current: \$1,400 / \$2,800    Renewal: \$1,500 / \$3,000	\$1,500 / \$3,000
Coinsurance	80% / 20%	80% / 20%
Coinsurance maximum	N / A	N / A
Out-of-pocket maximum	\$2,250 / \$4,500	\$4,000 / \$8,000
	Benefit Description	Benefit Description
PCP / Specialist	80% / 20% after deductible	80% / 20% after deductible
Telemedicine	80% / 20% after deductible	80% / 20% after deductible
ER / Urgent care	80% / 20% after deductible	80% / 20% after deductible
High-tech imaging	80% / 20% after deductible	80% / 20% after deductible
Prescription drugs	\$15 / \$30 / \$60 after deductible	\$10 / \$30 / \$60 / \$80 / 20% (\$200 max) / 20% (\$300 max) after deductible
	Additional Information	Additional Information
Plan riders	Aggregate deductible; Custom formulary	Aggregate deductible; Custom formulary
Provider network	BCBSM PPO	BCN POS
Rate guarantee	1 year	1 year

		Current	Current Including Renewal Credit	Proposed (Billed Rates)	Proposed Adjusted for Renewal Credit
One Person	3	\$588.63	\$548.37	\$340.60	\$330.90
Two Person	1	\$1,412.72	\$1,316.10	\$817.45	\$794.17
Family	4	\$1,765.89	\$1,645.12	\$1,021.82	\$992.72
Monthly Premium		\$10,242.17	\$9,541.69	\$5,926.53	\$5,757.72
Annual Premium		\$122,906.04	\$114,500.28	\$71,118.36	\$69,092.68
<b>Annual Difference</b>				<b>-\$51,787.68</b>	<b>-\$53,813.36</b>
<b>Percent Change</b>				<b>-42.14%</b>	<b>-43.78%</b>

\*The IRS is changing the minimum deductible for health plans attached to health savings accounts (HSAs) effective January 1, 2023 from \$1,400 single / \$2,800 family to \$1,500 single / \$3,000 family. Therefore, the existing SBPPO HSA \$1,400 plan will automatically change to SBPPO HSA \$1,500 at renewal.

Please refer to benefit summaries for Out-of-Network benefits





Renewal Plan 1/1/2023

Simply Blue PPO HSA \$2,000	
Group #: 007045008-0001	In-Network
Deductible	\$2,000 / \$4,000
Coinsurance	100%
Coinsurance maximum	N / A
Out-of-pocket maximum	\$3,000 / \$6,000
Benefit Description	
PCP / Specialist	100% after deductible
Telemedicine	100% after deductible
ER / Urgent care	100% after deductible
High-tech imaging	100% after deductible
Prescription drugs	\$15 / \$30 / \$60 after deductible
Additional Information	
Plan riders	Aggregate deductible; Custom formulary
Provider network	BCBSM PPO
Rate guarantee	1 year

		Current	Current Including Renewal Credit	Renewal (Billed Rates)	Renewal Adjusted for Renewal Credit
One Person	3	\$580.29	\$540.60	\$522.27	\$507.48
Two Person	1	\$1,392.70	\$1,297.45	\$1,253.45	\$1,217.96
Family	19	\$1,740.88	\$1,621.82	\$1,566.83	\$1,522.47
Monthly Premium		\$36,210.29	\$33,733.83	\$32,590.03	\$31,667.37
Annual Premium		\$434,523.48	\$404,805.96	\$391,080.36	\$380,008.38
Annual Difference				<b>-\$43,443.12</b>	<b>-\$54,515.10</b>
Percent Change				<b>-10.00%</b>	<b>-12.55%</b>

Please refer to benefit summaries for Out-of-Network benefits



## **Benefit and Cost Summary Proposal**

An Employee Benefits Proposal for:

**ALMONT COMMUNITY SCHOOLS**

Presented By:

**MICHIGAN PLANNERS INC**

Standard Insurance Company

October 13, 2022



# ALMONT COMMUNITY SCHOOLS

## Company Information

### Count on The Standard

Over the course of a century, Standard Insurance Company has earned a reputation for personal service, financial strength and high quality insurance products. From our home office staff to the sales and service representatives in our local offices across the country, everyone at The Standard is dedicated to helping you by providing creative and effective solutions to meet your employee benefit needs.

### Simple: Making it easy for you

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Whether you have two eligible employees or thousands, we put all our strengths to work to help you create a cost-effective benefits package - for you and for them.

**Find the benefits you want and need.** We offer understandable, comprehensive products configured to meet your needs. You'll find a full range of disability, life, dental and vision insurance, individual and voluntary insurance products, and retirement plans.

**Comprehensive contract pricing and no surprises.** We strive to offer the best value, going beyond the formulas, using a long-term pricing philosophy.

**Dedicated contacts — no outsourced call centers.** Our experienced employees deliver strong, empathetic and personalized service. We pride ourselves on our expert claims-handling, accurate, fair and prompt payments, and clear, accessible appeals process.

**Account support tailored for you.** You'll enjoy customized administration, implementation and enrollment services. And you'll benefit from insightful reporting, industry benchmarking and program recommendations.

### Local: Supporting you where you do business

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We have over 40 offices across the nation to serve our customers. Our representatives are committed to their communities and have an insider's understanding of local needs.

### Dependable: A track record you can trust

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- **More than 100 years** of history and **five decades** of employee benefits experience
- More than **25,740** unique group insurance contracts in force with over **\$2.8 billion** in force premium as of December 31, 2021 based on internal data (excludes reinsurance data and certain statistics are unaudited)
- Over **91%** of our business is employee benefits, letting us focus on what our customers really need
- Our **first group insurance customer** is still with us - after 67 years

# ALMONT COMMUNITY SCHOOLS

## Plan Design Summary

### Dental Summary

Proposed Effective Date: 1/1/2023

		Plan 1
Plan Benefit	Type 1	100%
	Type 2	80%
	Type 3	80%
Deductible		\$0/Calendar Year Waived Type 1
Maximum (per person)		No Family Maximum
PPO		\$1,000/Calendar Year
Allowance	Type 1	Passive PPO
	Type 2	90th U&C
	Type 3	90th U&C
Max Builder <sup>SM</sup>		90th U&C
Waiting Period		Included
Annual Open Enrollment		None

### Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.	
Plan Benefit	65%
Coverage for Adults	No
Lifetime Maximum (per person)	\$1,500
Waiting Period	None

### Monthly Rates

Employee (EE)	\$33.71
EE + Family	\$101.93

Rates are guaranteed for 24 months following the effective date listed above and include Orthodontia if part of plan design.

Rates include: home address mailing.

This benefit and cost summary expires on 1/1/2023 unless replaced, withdrawn or amended by The Standard.

### Employee Participation Requirements

Eligible Employees: 100

	All eligible employees
	Non-Contributory



# ALMONT COMMUNITY SCHOOLS

## Covered Procedure Summary

The following is a sample list of dental procedures payable under the plan. A complete list of procedures is available from your Sales Representative.

Plan 1	
<b>Plan Design Summary</b>	100/80/80 \$0/Calendar Year Waived Type 1 No Family Maximum \$1,000
<b>Type 1</b> Procedure (Frequency)	<ul style="list-style-type: none"> <li>• Routine Exam (2 in 12 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (4 in 12 months)</li> <li>• Fluoride for Children 18 and under (2 in 12 months)</li> <li>• Sealants (age 15 and under)</li> <li>• Space Maintainers</li> </ul>
<b>Type 2</b> Procedure (Frequency)	<ul style="list-style-type: none"> <li>• Fillings for Cavities</li> <li>• Restorative Composites</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>
<b>Type 3</b> Procedure (Frequency)	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

Current Dental Terminology © American Dental Association.

## ALMONT COMMUNITY SCHOOLS

### Features/Benefits

#### Max Builder<sup>SM</sup>

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

#### The Standard's Preferred Care Dental Products

- Employers achieve a balance between cost efficiency and employee choice.
- Plan participants are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using network providers, who have agreed to provide dental care at discounted fees.
- Our plans give participants across the nation over 580,000 provider access points for dental care.
- Network providers must meet credentialing and quality assurance requirements.

#### Usual and Customary (U&C)

The Usual and Customary (U&C) allowance listed on the plan summary page is determined using information including data from a nationally recognized independent data source. Plan participants are reimbursed based on the appropriate charges in the dentist's ZIP Code area. U&C allowances are reviewed annually.

- 90th U&C means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.



# ALMONT COMMUNITY SCHOOLS

## Plan Design Summary

### Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 1/1/2023

	VSP Choice Network + Affiliates	Plan 1: Balanced Care Vision I Out of Network
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Frame Allowance	\$150**	Up to \$70
Frequencies		
Exam/Lens/Frames	12/12/12 Based on date of service	12/12/12 Based on date of service

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

### Deductible, Maximum

Deductibles	\$0 Exam \$0 Eye Glass Lenses or Frames*	\$0 Exam \$0 Eye Glass Lenses or Frames
Maximum per benefit period	None	None

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

### Contact Lenses

Fit & Follow Up Exams	Participant cost up to \$60	No benefit
Contacts		
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210

### Monthly Rates

Employee (EE)	\$6.51
EE + 1 Dependent	\$12.95
EE + 2 or more	\$19.55
Dependents	
Rates are guaranteed for 24 months following the effective date listed above.	
Rates include: home address mailing.	
This benefit and cost summary expires on 1/1/2023 unless replaced, withdrawn or amended by The Standard.	

### Employee Participation Requirements

Eligible Employees: 100

All eligible employees Non-Contributory
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# ALMONT COMMUNITY SCHOOLS

## Features/Benefits

### Lens Options (participant cost)\*

	VSP Choice Network + Affiliates (Other than Costco) Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Plan 1: Balanced Care Vision I Out of Network Up to Lined Bifocal allowance.
<b>Progressive Lenses</b>		
<b>Standard</b>	NA	NA
<b>Premium</b>		
Tier 1	NA	NA
Tier 2	NA	NA
Tier 3	NA	NA
Tier 4	NA	NA
<b>Std. Polycarbonate</b>	Covered in full for dependent children \$33 adults	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Standard</b>	NA	NA
<b>Premium</b>		
Tier 1	NA	NA
Tier 2	NA	NA
Tier 3	NA	NA
<b>Ultraviolet Coating</b>	\$16	No benefit
<b>LASIK or PRK</b>	NA	NA

\*Lens Option participant costs vary by prescription, option chosen and retail locations.

### Additional Balanced Care Vision I Choice Network Features (In Network)

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Lens Options (Participant Cost)*</b>	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare<sup>SM</sup></b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.



# ALMONT COMMUNITY SCHOOLS

## Features/Benefits

### Balanced Care Vision I Eye Care

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Balanced Care Vision I eye care plans from The Standard will help your employees receive and pay for the eye care they need. Balanced Care Vision I plans emphasize eye health and preventive care, and feature the money-saving eye care provider network of VSP. VSP's belief statement is "Passion for People, Vision for Life." VSP provides claims processing and plan participant customer service, as well as the VSP network of independent full-service providers, to Balanced Care Vision I eye care plan participants.

#### Balanced Care Vision I Plan Participants Use The VSP Network

VSP's network emphasizes experienced, independent private-practice eye doctors. VSP's network philosophy also includes one-stop care. Every doctor in the network provides exam and eyewear services, so there's no need for Balanced Care Vision I plan participants to have a comprehensive exam in one location and then travel to another for their lenses and frames. VSP's statistics indicate 90% of the U.S. population has access to a network doctor within 10 miles, and the average distance to a choice of five doctors is only 7.5 miles.

Policyholders can select the VSP Choice Network, offering 29,000 doctors and 50,000 access points, plus reduced rates. Participants will still save out-of-pocket for typical eye care services, including an average savings of 20-25% on lens options.

Participants may visit any eye doctor. When Balanced Care Vision I plan participants see non-VSP doctors, benefits are reimbursed according to the plan schedule.

#### No Claim Forms

Making an appointment and receiving claims payment through VSP will be easy for your employees. There is no paperwork or claim to file. The Balanced Care Vision I plan participant simply makes an appointment with a VSP doctor, states that they have coverage that includes the VSP network, and visits the doctor. VSP handles the rest.

# ALMONT COMMUNITY SCHOOLS

## Assumptions/Requirements

### All Plans

- If you purchase group insurance through The Standard, your producer will receive compensation from The Standard. This compensation may include one or more of the following:
  - Commission or override commission based on customary or negotiated scales.
  - Subject to participation and eligibility requirements, contingent compensation based on performance factors, for example volume and persistency.
  - Fees for administrative or consulting services.

If you have any questions about the amount or type of compensation, please contact your producer.

- At The Standard, we believe our performance guarantee\* should be simple and straightforward. We either meet your expectations, or we don't. It's that simple. The Standard guarantees we will meet your overall service expectations during the plan year. If we don't, we will refund 5% of your previous fiscal quarter's expenses, excluding commissions and premium tax, subject to our internal review.  
*\*applies to dental only*
- Some states require that producers be appointed with The Standard before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- The rates are based on North American Industry Classification System Code 6111113.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If ALMONT COMMUNITY SCHOOLS wishes to apply for group insurance based upon this proposal, ALMONT COMMUNITY SCHOOLS may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of The Standard. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Michigan.
- For residents of New Mexico, coverage will be administered in accordance with the minimum benefit standards required by New Mexico law. Please consult your sales representative with questions regarding these requirements.



# ALMONT COMMUNITY SCHOOLS

## Assumptions/Requirements

### Dental

- Our proposal assumes that The Standard's dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid.
- The policyholder must contribute the entire premium cost for all eligible employees who are not covered by another dental plan. (Employees who are covered by another dental plan may enroll if the appropriate premium is paid by employee.) The policyholder may or may not choose to pay part of the dependent premium; however, the policyholder must contribute at least 25% of the total employee and dependent premium.
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Standard Insurance Company reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change.

### Eye Care

- The policyholder must contribute the entire premium cost for all eligible employees who are not covered by another eye care plan. (Employees who are covered by another eye care plan may enroll if the appropriate premium is paid by employee.) The policyholder may or may not choose to pay part of the dependent premium; however, the policyholder must contribute at least 25% of the total employee and dependent premium. (Plan(s): 1, 2)
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Standard Insurance Company reserves the right to revise the rates retroactive to the effective date of the vision benefits to accommodate this change. (Plan(s): 1, 2)
- No benefits are payable for a service which is not listed under the list of eye care services.

## ALMONT COMMUNITY SCHOOLS

### Dental and (if applicable) Orthodontia Exclusions

*Covered Expenses will not include and no benefits will be payable for expenses incurred:*

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan participant is covered under the dental expense benefit, it will be a Covered Expense.
- for any procedure begun before the plan participant was covered under the dental expense benefit.
- for any procedure begun after the participant's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the participant's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
  - alter vertical dimension;
  - restore or maintain occlusion;
  - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan participant is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan participant is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- for a Program which was begun on or after the participant's 19th birthday.
- in any quarter of a Program if the participant was not covered under the orthodontic expense benefits for the entire quarter.
- after the participant's insurance under the orthodontic expense benefits terminates.



# ALMONT COMMUNITY SCHOOLS

## Eye Care Exclusions

### *This plan has the following limitation: (Plan 1)*

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Participants may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

### *This plan does not cover: (Plan 1)*

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.

*Covered Expenses will not include and no benefits will be payable for expenses incurred for:*

#### **Exclusions for Plan(s) 2**

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
  - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - High Ametropia exceeding -10D or +10D in meridian powers.
  - anisometropia of 3 D or more.
  - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.If the participant is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the participant will be covered for medically necessary contact lenses up to the plan allowance. Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.
- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.

## TABLE OF DENTAL PROCEDURES

### **PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR YOUR PROCEDURE FREQUENCIES AND PROVISIONS.**

The attached is a list of dental procedures for which benefits are payable under this section is based upon the *Current Dental Terminology* © American Dental Association. **No benefits are payable for a procedure that is not listed.**

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through December 31 of that year.
- Covered Procedures are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.
- Reference to "traumatic injury" under this plan is defined as injury caused by external forces (ie. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).
- Benefits for replacement dental prosthesis or prosthetic crown will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service.
- X-ray images, periodontal charting and supporting diagnostic data may be requested for our review.
- We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured.
- A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed.



**TYPE 1 PROCEDURES**  
Plan 1  
BENEFIT PERIOD - Calendar Year  
**For Additional Limitations - See Limitations**

D0120 Periodic oral evaluation - established patient.  
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.  
D0150 Comprehensive oral evaluation - new or established patient.  
D0180 Comprehensive periodontal evaluation - new or established patient.  
COMPREHENSIVE EVALUATION: D0150, D0180

- Coverage is limited to 1 of each of these procedures per provider.

ROUTINE EVALUATION: D0120, D0145

- Coverage is limited to 2 of any of these procedures per 12 month(s).
- D0150, D0180 also contribute(s) to this limitation.

COMPREHENSIVE EVALUATION: D0150, D0180

- In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per benefit period.
- D0120, D0145 also contribute(s) to this limitation.
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

ROUTINE EVALUATION: D0120, D0145

- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.

D0140 Limited oral evaluation - problem focused.  
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).

LIMITED ORAL EVALUATION: D0140, D0170

- Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

D0210 Intraoral - complete series of radiographic images.

D0330 Panoramic radiographic image.

COMPLETE SERIES/PANORAMIC: D0210, D0330

- Coverage is limited to 1 of any of these procedures per 36 month(s).

D0220 Intraoral - periapical first radiographic image.

D0230 Intraoral - periapical each additional radiographic image.

D0240 Intraoral - occlusal radiographic image.

D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.

D0251 Extra-oral posterior dental radiographic image.

PERIAPICAL: D0220, D0230

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

D0270 Bitewing - single radiographic image.

D0272 Bitewings - two radiographic images.

D0273 Bitewings - three radiographic images.

D0274 Bitewings - four radiographic images.

D0277 Vertical bitewings - 7 to 8 radiographic images.

BITEWINGS: D0270, D0272, D0273, D0274

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- D0277 also contribute(s) to this limitation.

VERTICAL BITEWINGS: D0277

## TYPE 1 PROCEDURES

- Coverage is limited to 1 of any of these procedures per 3 year(s).

BITEWINGS: D0270, D0272, D0273, D0274

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

VERTICAL BITEWINGS: D0277

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

D1110 Prophylaxis - adult.

D1120 Prophylaxis - child.

D1206 Topical application of fluoride varnish.

D1208 Topical application of fluoride-excluding varnish.

D9932 Cleaning and inspection of removable complete denture, maxillary.

D9933 Cleaning and inspection of removable complete denture, mandibular.

D9934 Cleaning and inspection of removable partial denture, maxillary.

D9935 Cleaning and inspection of removable partial denture, mandibular.

FLUORIDE: D1206, D1208

- Coverage is limited to 2 of any of these procedures per 12 month(s).

PROPHYLAXIS: D1110, D1120

- Coverage is limited to 4 of any of these procedures per 12 month(s).
- D4346, D4910 also contribute(s) to this limitation.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Coverage is limited to 2 of any of these procedures per benefit period.

FLUORIDE: D1206, D1208

- Benefits are considered for persons age 18 and under.

PROPHYLAXIS: D1110, D1120

- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

D1351 Sealant - per tooth.

D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.

D1353 Sealant repair - per tooth.

D1354 Application of caries arresting medicament-per tooth.

D1355 Caries preventive medicament application - per tooth.

SEALANT: D1351, D1352, D1353

- Coverage is limited to 1 of any of these procedures per 36 month(s).
- D1354, D1355 also contribute(s) to this limitation.
- Benefits are considered for persons age 15 and under.
- Benefits are considered on permanent molars only.
- Coverage is allowed on the occlusal surface only.

D1510 Space maintainer-fixed, unilateral-per quadrant.

D1516 Space maintainer - fixed - bilateral, maxillary.

D1517 Space maintainer - fixed - bilateral, mandibular.

D1520 Space maintainer-removable, unilateral-per quadrant.

D1526 Space maintainer - removable - bilateral, maxillary.

D1527 Space maintainer - removable - bilateral, mandibular.

D1551 Re-cement or re-bond bilateral space maintainer-maxillary.

D1552 Re-cement or re-bond bilateral space maintainer-mandibular.

D1553 Re-cement or re-bond unilateral space maintainer-per quadrant.



## TYPE 1 PROCEDURES

D1556 Removal of fixed unilateral space maintainer-per quadrant.

D1557 Removal of fixed bilateral space maintainer-maxillary.

D1558 Removal of fixed bilateral space maintainer-mandibular.

D1575 Distal shoe space maintainer - fixed, unilateral-per quadrant.

SPACE MAINTAINER: D1510, D1516, D1517, D1520, D1526, D1527, D1575

- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

D8210 Removable appliance therapy.

D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

D9110 Palliative (emergency) treatment of dental pain - minor procedure.

PALLIATIVE TREATMENT: D9110

- Not covered in conjunction with other procedures, except diagnostic x-ray radiographic images.

**TYPE 2 PROCEDURES**  
Plan 1  
**BENEFIT PERIOD - Calendar Year**  
**For Additional Limitations - See Limitations**

- D0472 Accession of tissue, gross examination, preparation and transmission of written report.  
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.  
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.

**ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474**

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Coverage is limited to 1 examination per biopsy/excision.

- D2140 Amalgam - one surface, primary or permanent.  
D2150 Amalgam - two surfaces, primary or permanent.  
D2160 Amalgam - three surfaces, primary or permanent.  
D2161 Amalgam - four or more surfaces, primary or permanent.

**AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161**

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, D9911 also contribute(s) to this limitation.

- D2330 Resin-based composite - one surface, anterior.  
D2331 Resin-based composite - two surfaces, anterior.  
D2332 Resin-based composite - three surfaces, anterior.  
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior).  
D2391 Resin-based composite - one surface, posterior.  
D2392 Resin-based composite - two surfaces, posterior.  
D2393 Resin-based composite - three surfaces, posterior.  
D2394 Resin-based composite - four or more surfaces, posterior.  
D2410 Gold foil - one surface.  
D2420 Gold foil - two surfaces.  
D2430 Gold foil - three surfaces.  
D2990 Resin infiltration of incipient smooth surface lesions.

**COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990**

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D9911 also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

**GOLD FOIL RESTORATIONS: D2410, D2420, D2430**

- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

- D2390 Resin-based composite crown, anterior.  
D2928 Prefabricated porcelain/ceramic crown - permanent tooth.  
D2929 Prefabricated porcelain/ceramic crown - primary tooth.  
D2930 Prefabricated stainless steel crown - primary tooth.  
D2931 Prefabricated stainless steel crown - permanent tooth.  
D2932 Prefabricated resin crown.  
D2933 Prefabricated stainless steel crown with resin window.  
D2934 Prefabricated esthetic coated stainless steel crown - primary tooth.  
**STAINLESS STEEL CROWN: D2390, D2928, D2929, D2930, D2931, D2932, D2933, D2934**

- Replacement is limited to 1 of any of these procedures per 12 month(s).
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.



## TYPE 2 PROCEDURES

D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.  
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core.  
D2920 Re-cement or re-bond crown.  
D2921 Reattachment of tooth fragment, incisal edge or cusp.  
D6092 Re-cement or re-bond implant/abutment supported crown.  
D6093 Re-cement or re-bond implant/abutment supported fixed partial denture.  
D6930 Re-cement or re-bond fixed partial denture.

D2940 Protective restoration.  
D2941 Interim therapeutic restoration - primary dentition.

D2980 Crown repair necessitated by restorative material failure.  
D2981 Inlay repair necessitated by restorative material failure.  
D2982 Onlay repair necessitated by restorative material failure.  
D2983 Veneer repair necessitated by restorative material failure.  
D6980 Fixed partial denture repair necessitated by restorative material failure.  
D9120 Fixed partial denture sectioning.

D3110 Pulp cap - direct (excluding final restoration).

D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.  
D3221 Pulpal debridement, primary and permanent teeth.  
D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.  
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).  
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).  
D3333 Internal root repair of perforation defects.  
D3351 Apexification/recalcification - initial visit (apical closure/calccific repair of perforations, root resorption, etc.).  
D3352 Apexification/recalcification - interim medication replacement (apical closure/calccific repair of perforations, root resorption, pulp space disinfection, etc.).  
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calccific repair of perforations, root resorption, etc.).  
D3357 Pulpal regeneration - completion of treatment.  
D3430 Retrograde filling - per root.  
D3450 Root amputation - per root.  
D3920 Hemisection (including any root removal), not including root canal therapy.  
D3921 Decoronation or submergence of an erupted tooth.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920, D3921

- Procedure D3333 is limited to permanent teeth only.

D3310 Endodontic therapy, anterior tooth.  
D3320 Endodontic therapy, premolar tooth (excluding final restorations).  
D3330 Endodontic therapy, molar tooth (excluding final restorations).  
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.  
D3346 Retreatment of previous root canal therapy - anterior.  
D3347 Retreatment of previous root canal therapy - premolar.  
D3348 Retreatment of previous root canal therapy - molar.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- D3310, D3320, D3330 also contribute(s) to this limitation.

ROOT CANALS: D3310, D3320, D3330, D3332

## TYPE 2 PROCEDURES

- Benefits are considered on permanent teeth only.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Benefits are considered on permanent teeth only.

ROOT CANALS: D3310, D3320, D3330, D3332

- Allowances include intraoperative radiographic images and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.

D3355 Pulpal regeneration - initial visit.

D3356 Pulpal regeneration - interim medication replacement.

D3410 Apicoectomy - anterior.

D3421 Apicoectomy - premolar (first root).

D3425 Apicoectomy - molar (first root).

D3426 Apicoectomy (each additional root).

D3471 Surgical repair of root resorption - anterior.

D3472 Surgical repair of root resorption - premolar.

D3473 Surgical repair of root resorption - molar.

D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.

D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.

D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.

D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.

D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.

D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.

D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.

D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.

D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.

D4263 Bone replacement graft - retained natural tooth - first site in quadrant.

D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant.

D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site.

D4270 Pedicle soft tissue graft procedure.

D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.

D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).

D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.

D4276 Combined connective tissue and pedicle graft, per tooth.

D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.

D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.

D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.

D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).



## TYPE 2 PROCEDURES

### GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

### OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

### TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).

### BONE GRAFTS: D4263, D4264, D4265

- Coverage is limited to treatment of periodontal disease.

### GINGIVECTOMY: D4210, D4211

- Coverage is limited to treatment of periodontal disease.

### OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Coverage is limited to treatment of periodontal disease.

### TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Coverage is limited to treatment of periodontal disease.

D4341 Periodontal scaling and root planing - four or more teeth per quadrant.

D4342 Periodontal scaling and root planing - one to three teeth, per quadrant.

D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.

### ANTIMICROBIAL AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

### PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

D4355 Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit.

### FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.

D4910 Periodontal maintenance.

### PERIODONTAL MAINTENANCE: D4346, D4910

- Coverage is limited to 4 of any of these procedures per 12 month(s).
- D1110, D1120 also contribute(s) to this limitation.
- Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.

D5410 Adjust complete denture - maxillary.

D5411 Adjust complete denture - mandibular.

D5421 Adjust partial denture - maxillary.

D5422 Adjust partial denture - mandibular.

### DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

- Coverage is limited to dates of service more than 6 months after placement date.

D5511 Repair broken complete denture base, mandibular.

D5512 Repair broken complete denture base, maxillary.

D5520 Replace missing or broken teeth - complete denture (each tooth).

D5611 Repair resin partial denture base, mandibular.

D5612 Repair resin partial denture base, maxillary.

D5621 Repair cast partial framework, mandibular.

D5622 Repair cast partial framework, maxillary.

## TYPE 2 PROCEDURES

- D5630 Repair or replace broken retentive/clasping materials per tooth.  
D5640 Replace broken teeth - per tooth.
- D5710 Rebase complete maxillary denture.  
D5711 Rebase complete mandibular denture.  
D5720 Rebase maxillary partial denture.  
D5721 Rebase mandibular partial denture.  
D5725 Rebase hybrid prosthesis.
- D5730 Reline complete maxillary denture (direct).  
D5731 Reline complete mandibular denture (direct).  
D5740 Reline maxillary partial denture (direct).  
D5741 Reline mandibular partial denture (direct).  
D5750 Reline complete maxillary denture (indirect).  
D5751 Reline complete mandibular denture (indirect).  
D5760 Reline maxillary partial denture (indirect).  
D5761 Reline mandibular partial denture (indirect).  
D5765 Soft liner for complete or partial removable denture-indirect.  
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765
- Coverage is limited to service dates more than 6 months after placement date.
- D5850 Tissue conditioning, maxillary.  
D5851 Tissue conditioning, mandibular.
- D7111 Extraction, coronal remnants - primary tooth.  
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).
- D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.  
D7220 Removal of impacted tooth - soft tissue.  
D7230 Removal of impacted tooth - partially bony.  
D7240 Removal of impacted tooth - completely bony.  
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications.  
D7250 Removal of residual tooth roots (cutting procedure).  
D7251 Coronectomy-intentional partial tooth removal.
- D7260 Oroantral fistula closure.  
D7261 Primary closure of a sinus perforation.  
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.  
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).  
D7280 Exposure of an unerupted tooth.  
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.  
D7283 Placement of device to facilitate eruption of impacted tooth.  
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.  
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.  
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.  
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.  
D7340 Vestibuloplasty - ridge extension (secondary epithelialization).



## TYPE 2 PROCEDURES

- D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).
- D7410 Excision of benign lesion up to 1.25 cm.
- D7411 Excision of benign lesion greater than 1.25 cm.
- D7412 Excision of benign lesion, complicated.
- D7413 Excision of malignant lesion up to 1.25 cm.
- D7414 Excision of malignant lesion greater than 1.25 cm.
- D7415 Excision of malignant lesion, complicated.
- D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.
- D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.
- D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.
- D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
- D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.
- D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.
- D7465 Destruction of lesion(s) by physical or chemical method, by report.
- D7471 Removal of lateral exostosis (maxilla or mandible).
- D7472 Removal of torus palatinus.
- D7473 Removal of torus mandibularis.
- D7485 Reduction of osseous tuberosity.
- D7490 Radical resection of maxilla or mandible.
- D7510 Incision and drainage of abscess - intraoral soft tissue.
- D7520 Incision and drainage of abscess - extraoral soft tissue.
- D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
- D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
- D7910 Suture of recent small wounds up to 5 cm.
- D7911 Complicated suture - up to 5 cm.
- D7912 Complicated suture - greater than 5 cm.
- D7961 Buccal/labial frenectomy (frenulectomy).
- D7962 Lingual frenectomy (frenulectomy).
- D7963 Frenuloplasty.
- D7970 Excision of hyperplastic tissue - per arch.
- D7972 Surgical reduction of fibrous tuberosity.
- D7979 Non-surgical sialolithotomy.
- D7980 Surgical sialolithotomy.
- D7983 Closure of salivary fistula.

### REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per lifetime.

- D7285 Incisional biopsy of oral tissue - hard (bone, tooth).
- D7286 Incisional biopsy of oral tissue - soft.
- D7287 Exfoliative cytological sample collection.
- D7288 Brush biopsy - transepithelial sample collection.

- D9215 Local anesthesia in conjunction with operative or surgical procedures.
- D9230 Inhalation of nitrous oxide/analgesia, anxiolysis.

- D9219 Evaluation for moderate sedation, deep sedation or general anesthesia.
- D9222 Deep sedation/general anesthesia - first 15 minutes.
- D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.
- D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.
- D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.

### GENERAL ANESTHESIA: D9222, D9223, D9239, D9243

- Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

## TYPE 2 PROCEDURES

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.

D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.

D9440 Office visit - after regularly scheduled hours.

D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.

CONSULTATION: D9310

- Coverage is limited to 1 of any of these procedures per provider.

OFFICE VISIT: D9430, D9440

- Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

D9944 Occlusal guard - hard appliance, full arch.

D9945 Occlusal guard - soft appliance, full arch.

D9946 Occlusal guard - hard appliance, partial arch.

OCCLUSAL GUARD: D9944, D9945, D9946

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- Benefits will not be available if performed for athletic purposes.

D9951 Occlusal adjustment - limited.

D9952 Occlusal adjustment - complete.

OCCLUSAL ADJUSTMENT: D9951, D9952

- Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

D0486 Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.

D2951 Pin retention - per tooth, in addition to restoration.

D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.

DESENSITIZATION: D9911

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990 also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.



**TYPE 3 PROCEDURES**  
Plan 1  
**BENEFIT PERIOD - Calendar Year**  
**For Additional Limitations - See Limitations**

D2510 Inlay - metallic - one surface.  
D2520 Inlay - metallic - two surfaces.  
D2530 Inlay - metallic - three or more surfaces.  
D2610 Inlay - porcelain/ceramic - one surface.  
D2620 Inlay - porcelain/ceramic - two surfaces.  
D2630 Inlay - porcelain/ceramic - three or more surfaces.  
D2650 Inlay - resin-based composite - one surface.  
D2651 Inlay - resin-based composite - two surfaces.  
D2652 Inlay - resin-based composite - three or more surfaces.

INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

D2542 Onlay - metallic - two surfaces.  
D2543 Onlay - metallic - three surfaces.  
D2544 Onlay - metallic - four or more surfaces.  
D2642 Onlay - porcelain/ceramic - two surfaces.  
D2643 Onlay - porcelain/ceramic - three surfaces.  
D2644 Onlay - porcelain/ceramic - four or more surfaces.  
D2662 Onlay - resin-based composite - two surfaces.  
D2663 Onlay - resin-based composite - three surfaces.  
D2664 Onlay - resin-based composite - four or more surfaces.

ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2710 Crown - resin-based composite (indirect).  
D2712 Crown - 3/4 resin-based composite (indirect).  
D2720 Crown - resin with high noble metal.  
D2721 Crown - resin with predominantly base metal.  
D2722 Crown - resin with noble metal.  
D2740 Crown - porcelain/ceramic.  
D2750 Crown - porcelain fused to high noble metal.  
D2751 Crown - porcelain fused to predominantly base metal.  
D2752 Crown - porcelain fused to noble metal.  
D2753 Crown-porcelain fused to titanium and titanium alloys.  
D2780 Crown - 3/4 cast high noble metal.  
D2781 Crown - 3/4 cast predominantly base metal.  
D2782 Crown - 3/4 cast noble metal.  
D2783 Crown - 3/4 porcelain/ceramic.

### TYPE 3 PROCEDURES

D2790 Crown - full cast high noble metal.

D2791 Crown - full cast predominantly base metal.

D2792 Crown - full cast noble metal.

D2794 Crown - titanium and titanium alloys.

CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2950 Core buildup, including any pins when required.

CORE BUILDUP: D2950

- A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.

D2952 Post and core in addition to crown, indirectly fabricated.

D2954 Prefabricated post and core in addition to crown.

D2960 Labial veneer (resin laminate) - direct.

D2961 Labial veneer (resin laminate) - indirect.

D2962 Labial veneer (porcelain laminate) - indirect.

LABIAL VENEERS: D2960, D2961, D2962

- Replacement is limited to 1 of any of these procedures per 5 year(s).
- Frequency is waived for accidental injury.
- Benefits are considered on anterior teeth only.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.

D4249 Clinical crown lengthening - hard tissue.

D5110 Complete denture - maxillary.

D5120 Complete denture - mandibular.

D5130 Immediate denture - maxillary.

D5140 Immediate denture - mandibular.

D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).

D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).



### TYPE 3 PROCEDURES

- D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).
- D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).
- D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5225 Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
- D5226 Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
- D5227 Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth).
- D5228 Immediate mandibular partial denture-flexible base (including any clasps, rests and teeth).
- D5282 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary.
- D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.
- D5284 Removable unilateral partial denture-one piece flexible base (including retentive/clasping materials, rests, and teeth)-per quadrant.
- D5286 Removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests, and teeth)-per quadrant.
- D5670 Replace all teeth and acrylic on cast metal framework (maxillary).
- D5671 Replace all teeth and acrylic on cast metal framework (mandibular).
- D5810 Interim complete denture (maxillary).
- D5811 Interim complete denture (mandibular).
- D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary.
- D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular.
- D5863 Overdenture - complete maxillary.
- D5864 Overdenture - partial maxillary.
- D5865 Overdenture - complete mandibular.
- D5866 Overdenture - partial mandibular.
- D5876 Add metal substructure to acrylic full denture (per arch).
- D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.
- D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.
- D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.
- D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.
- D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.
- D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.
- D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.
- D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.
- D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular.
- D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Replacement is limited to 1 of any of these procedures per 60 month(s).

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Replacement is limited to 1 of any of these procedures per 60 month(s).

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Frequency is waived for accidental injury.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Frequency is waived for accidental injury.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.



### TYPE 3 PROCEDURES

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

D5650 Add tooth to existing partial denture.

D5660 Add clasp to existing partial denture-per tooth.

D6058 Abutment supported porcelain/ceramic crown.

D6059 Abutment supported porcelain fused to metal crown (high noble metal).

D6060 Abutment supported porcelain fused to metal crown (predominantly base metal).

D6061 Abutment supported porcelain fused to metal crown (noble metal).

D6062 Abutment supported cast metal crown (high noble metal).

D6063 Abutment supported cast metal crown (predominantly base metal).

D6064 Abutment supported cast metal crown (noble metal).

D6065 Implant supported porcelain/ceramic crown.

D6066 Implant supported crown - porcelain fused to high noble alloys.

D6067 Implant supported crown - high noble alloys.

D6068 Abutment supported retainer for porcelain/ceramic FPD.

D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal).

D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).

D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal).

D6072 Abutment supported retainer for cast metal FPD (high noble metal).

D6073 Abutment supported retainer for cast metal FPD (predominantly base metal).

D6074 Abutment supported retainer for cast metal FPD (noble metal).

D6075 Implant supported retainer for ceramic FPD.

D6076 Implant supported retainer for FPD - porcelain fused to high noble alloys.

D6077 Implant supported retainer for metal FPD - high noble alloy.

D6082 Implant supported crown-porcelain fused to predominantly base alloys.

D6083 Implant supported crown-porcelain fused to noble alloys.

D6084 Implant supported crown-porcelain fused to titanium and titanium alloys.

D6086 Implant supported crown-predominantly base alloys.

D6087 Implant supported crown-noble alloys.

D6088 Implant supported crown-titanium and titanium alloys.

D6094 Abutment supported crown - titanium and titanium alloys.

D6097 Abutment supported crown-porcelain fused to titanium and titanium alloys.

D6098 Implant supported retainer-porcelain fused to predominantly base alloys.

D6099 Implant supported retainer for FPD-porcelain fused to noble alloys.

D6120 Implant supported retainer-porcelain fused to titanium and titanium alloys.

D6121 Implant supported retainer for metal FPD-predominantly base alloys.

D6122 Implant supported retainer for metal FPD-noble alloys.

D6123 Implant supported retainer for metal FPD-titanium and titanium alloys.

D6194 Abutment supported retainer crown for FPD - titanium and titanium alloys.

D6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys.

D6205 Pontic - indirect resin based composite.

D6210 Pontic - cast high noble metal.

D6211 Pontic - cast predominantly base metal.

D6212 Pontic - cast noble metal.

D6214 Pontic - titanium and titanium alloys.

D6240 Pontic - porcelain fused to high noble metal.

D6241 Pontic - porcelain fused to predominantly base metal.

D6242 Pontic - porcelain fused to noble metal.

D6243 Pontic-porcelain fused to titanium and titanium alloys.

D6245 Pontic - porcelain/ceramic.

D6250 Pontic - resin with high noble metal.

D6251 Pontic - resin with predominantly base metal.

D6252 Pontic - resin with noble metal.

### TYPE 3 PROCEDURES

- D6545 Retainer - cast metal for resin bonded fixed prosthesis.
- D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.
- D6549 Resin retainer - for resin bonded fixed prosthesis.
- D6600 Retainer inlay - porcelain/ceramic, two surfaces.
- D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.
- D6602 Retainer inlay - cast high noble metal, two surfaces.
- D6603 Retainer inlay - cast high noble metal, three or more surfaces.
- D6604 Retainer inlay - cast predominantly base metal, two surfaces.
- D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.
- D6606 Retainer inlay - cast noble metal, two surfaces.
- D6607 Retainer inlay - cast noble metal, three or more surfaces.
- D6608 Retainer onlay - porcelain/ceramic, two surfaces.
- D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.
- D6610 Retainer onlay - cast high noble metal, two surfaces.
- D6611 Retainer onlay - cast high noble metal, three or more surfaces.
- D6612 Retainer onlay - cast predominantly base metal, two surfaces.
- D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.
- D6614 Retainer onlay - cast noble metal, two surfaces.
- D6615 Retainer onlay - cast noble metal, three or more surfaces.
- D6624 Retainer inlay - titanium.
- D6634 Retainer onlay - titanium.
- D6710 Retainer crown - indirect resin based composite.
- D6720 Retainer crown - resin with high noble metal.
- D6721 Retainer crown - resin with predominantly base metal.
- D6722 Retainer crown - resin with noble metal.
- D6740 Retainer crown - porcelain/ceramic.
- D6750 Retainer crown - porcelain fused to high noble metal.
- D6751 Retainer crown - porcelain fused to predominantly base metal.
- D6752 Retainer crown - porcelain fused to noble metal.
- D6753 Retainer crown-porcelain fused to titanium and titanium alloys.
- D6780 Retainer crown - 3/4 cast high noble metal.
- D6781 Retainer crown - 3/4 cast predominantly base metal.
- D6782 Retainer crown - 3/4 cast noble metal.
- D6783 Retainer crown - 3/4 porcelain/ceramic.
- D6784 Retainer crown 3/4-titanium and titanium alloys.
- D6790 Retainer crown - full cast high noble metal.
- D6791 Retainer crown - full cast predominantly base metal.
- D6792 Retainer crown - full cast noble metal.
- D6794 Retainer crown - titanium and titanium alloys.
- D6940 Stress breaker.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 60 month(s).



### TYPE 3 PROCEDURES

- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195 also contribute(s) to this limitation.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Frequency is waived for accidental injury.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Frequency is waived for accidental injury.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Frequency is waived for accidental injury.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Frequency is waived for accidental injury.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

### TYPE 3 PROCEDURES

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

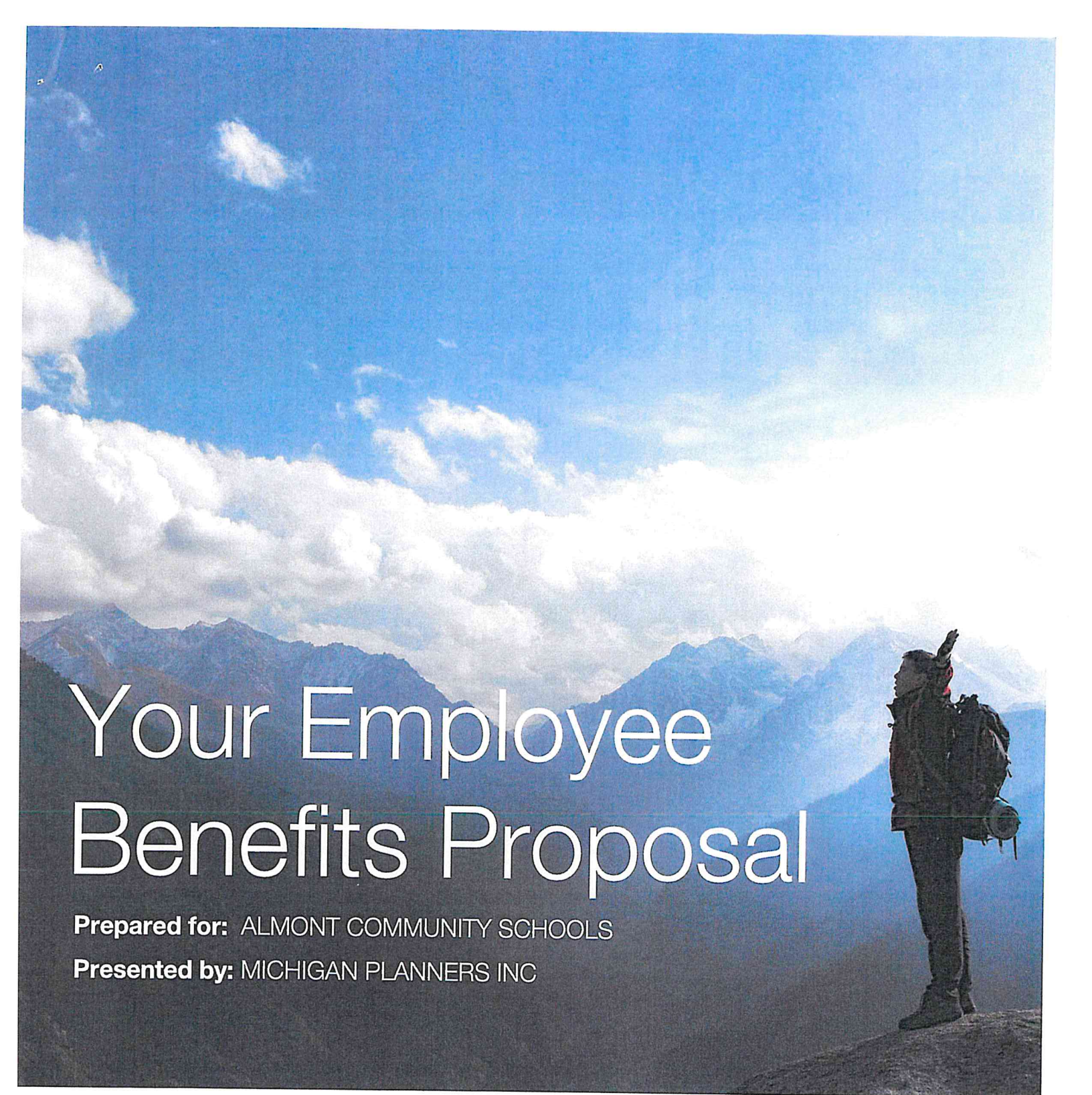
FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.





# Your Employee Benefits Proposal

**Prepared for:** ALMONT COMMUNITY SCHOOLS

**Presented by:** MICHIGAN PLANNERS INC

**Proposal Prepared on:**  
October 13, 2022

Life and AD&D Insurance  
Additional Life Insurance  
Long Term Disability Insurance

**Proposed Effective Date:**  
January 1, 2023

Standard Insurance Company





## Life and AD&D Insurance

Handling a Life insurance claim takes a special touch. All of our Life benefits employees complete annual grief training helping them to empathize with beneficiaries and recognize when they need special attention. And we're focused on settling claims quickly: Our median calculation turnaround time in 2021 was 2 days for clean claims and 4 days for all claims (internal company data as of January 2022).

### Covered Members

A regular employee of the Employer working 20 or more hours per week.

- **Class 1:** All AEA/Admin
- **Class 2:** All AESA Grandfathered EEs hired before 1/1/2015
- **Class 3:** All Other Members

	Basic		
	Class 1	Class 2	Class 3
<b>Benefit Schedule</b>	Flat \$100,000	Flat \$100,000	Flat \$30,000
<b>Guarantee Issue</b>	Full Benefit	Full Benefit	Full Benefit
<b>AD&amp;D Benefit</b>	Matches Life Benefit	Matches Life Benefit	Matches Life Benefit
<b>Age Reduction Schedule</b>	None	None	None
<b>Employer Contribution</b>	100%	100%	100%
<b>Minimum Participation</b>	100%	100%	100%

### Life Highlights

	Basic
<b>Waiver of Premium</b>	Eligible to age 60 Waived to age 65
<b>Conversion</b>	Included
<b>Portability</b>	Included
<b>Continuity of Coverage</b>	Included
<b>Repatriation Benefit</b>	Included
<b>Travel Assistance</b>	Included
<b>Life Services Toolkit</b>	Included

## AD&D Highlights

	Basic
<b>Loss of life</b>	100% (including disappearance and exposure)
<b>Loss of one hand or one foot</b>	50%
<b>Loss of sight of one eye</b>	50%
<b>Loss of speech</b>	50%
<b>Loss of hearing in both ears</b>	50%
<b>Any combination of the above losses</b>	100%
<b>Loss of thumb and index finger of same hand</b>	25%
<b>Quadriplegia</b>	100%
<b>Triplegia</b>	75%
<b>Paraplegia</b>	75%
<b>Hemiplegia</b>	50%
<b>Uniplegia</b>	25%
<b>Seat Belt Benefit</b>	10% of AD&D benefit payable up to \$10,000
<b>Air Bag Benefit</b>	5% of AD&D benefit payable up to \$5,000
<b>Helmet Benefit</b>	10% of AD&D benefit payable up to \$5,000
<b>Family Benefits Package</b>	Included
<b>Portability</b>	Included



## **Additional Plan Design Details**

- An Accelerated Death Benefit is included. Terminally ill members may withdraw up to 80% of their Life benefit to a maximum of \$500,000 (when Basic Life and any Additional Life are combined).
- If Life is sold with Standard's LTD, then the LTD claim will initiate a claim for Standard's Life Waiver of Premium.
- The Family Benefits Package includes:
  - The Higher Education Benefit reimburses tuition expenses up to \$5,000 per child per year towards a 4-year college education for the deceased's children - not to exceed a cumulative total of \$20,000 or 25% of the AD&D benefit per child, whichever is less.
  - Career Adjustment Benefit reimburses tuition expenses up to \$5,000 per year to help a spouse to return to the workforce after the death of their spouse - not to exceed the cumulative total of \$10,000 or 25% of the AD&D benefit, whichever is less.
  - Child Care Benefit reimburses a family's child care expenses up to \$5,000 per year - not to exceed \$10,000 or 25% of the AD&D benefit, whichever is less.
- The Helmet Benefit pays a benefit for a loss of life due to an accident that occurs when riding a bicycle or a motorcycle and wearing a helmet.
- A hand and/or foot that is lost and later surgically reattached will still be considered a loss.
- Travel Assistance is included and provides assistance with pre-trip planning, medical assistance services, emergency transportation services, travel and technical assistance services and legal referral.
- The Life Services Toolkit is included and helps beneficiaries cope with grief and loss, get answers to legal questions, plan a memorial or a funeral, and address financial concerns. Additionally, all covered employees will have access to online will preparation and other estate planning documents as well as articles to help deal with identity theft, improve wellness and more.
- The AD&D Occupational Assistance service is included and provides access to a Workplace Possibilities (SM) Consultant who helps those with a specified accidental dismemberment return to productive work and life.



## Cost

Basic	
Life	
Members	99
Volume	\$9,620,000
Rate: Per \$1,000	.110
Monthly Premium	\$1,058
AD&D	
Members	99
Volume	\$9,620,000
Rate: Per \$1,000	.015
Monthly Premium	\$144
Total Billed Premium	\$1,202
Rate Guarantee	3 years

## Assumptions

- Rates include electronic documents. Printed certificates are available for an additional cost.
- Rates assume billing is centralized in one location.
- The proposed rates assume coverage currently in force.
- Rates assume Additional Life is included.
- If the current contract contains a Waiver of Premium provision, The Standard assumes all waiver claims before the effective date of coverage with The Standard have been filed with the current carrier.

## Conditions

- Member must be insured under Basic Life in order to be eligible for Basic AD&D.
- The elected benefit amount for Basic AD&D. must match the benefit amount for Basic Life.

## More Information

For additional information on the available features and benefits of Life and AD&D Insurance from The Standard, click here:  
[https://www.standard.com/group\\_life\\_add](https://www.standard.com/group_life_add)

## Additional Life Insurance

### Covered Members

A regular employee of the Employer working 20 or more hours per week.

Benefit Schedule	Basic		
	Increments of \$20,000	Increments of \$10,000	Increments of \$1,000
Maximum Benefit	\$100,000	\$50,000	\$10,000
Minimum Benefit	\$20,000	\$10,000	\$1,000
Guarantee Issue	Full Benefit	\$20,000	Full Benefit
Age Reduction Schedule	None	To 65% at age 65 To 50% at age 70 To 35% at age 75	None
Employer Contribution	0%	0%	0%
Minimum Participation	Greater of 15% or 10 lives	20%	20%

### Life Highlights

	Basic		
Waiver of Premium	Eligible to age 60 Waived to age 65	Not Included	Not Included
Conversion	Included	Included	Included
Portability	Included	Included	Included
Continuity of Coverage	Included	Included	Included

### Additional Plan Design Details

- On the policy effective date, all members (enrolled or eligible) may increase their benefit amount up to the guarantee issue amount without providing evidence of insurability.
- On the policy effective date, all members (enrolled or eligible) may increase their spouse's benefit amount up to the guarantee issue amount without providing evidence of insurability.
- No evidence of insurability is required for child coverage.
- An Accelerated Death Benefit is included. Terminally ill members may withdraw up to 80% of their Life benefit to a maximum of \$500,000 (when Basic Life and any Additional Life are combined).
- An Accelerated Benefit is not available for dependents.
- Life insurance for dependents continues automatically, without premium payment, for five months after the death of the insured member.
- Dependents coverage includes child(ren) from live birth through age 25. The first eligible newborn child is automatically covered at the minimum benefit amount for up to 31 days. After the first child is enrolled, subsequent children will be automatically covered at the elected child benefit amount.
- The benefit amounts under the current plan are carried forward to this plan.



## Cost

Basic					
Life					
Members	17				
Volume	\$1,380,000				
Rate: Per \$1,000	Lives	Age	Rate	Volume	Premium
	0	0-29	.046	\$0	\$0
	2	30-34	.055	\$200,000	\$11
	3	35-39	.088	\$220,000	\$19
	3	40-44	.164	\$300,000	\$49
	5	45-49	.251	\$340,000	\$85
	3	50-54	.382	\$300,000	\$115
	1	55-59	.595	\$20,000	\$12
	0	60-64	.994	\$0	\$0
	0	65-69	1.652	\$0	\$0
	0	70-74	2.647	\$0	\$0
	0	75-79	4.752	\$0	\$0
	0	80-84	9.042	\$0	\$0
	0	85-89	15.058	\$0	\$0
	0	90-94	23.460	\$0	\$0
	0	95-999	35.877	\$0	\$0
Monthly Premium					\$291
Rate Guarantee					3 years

Basic					
Life					
Members	13				
Volume	\$360,000				
Rate: Per \$1,000	Lives	Age	Rate	Volume	Premium
	0	0-29	.046	\$0	\$0
	1	30-34	.055	\$50,000	\$3
	3	35-39	.088	\$80,000	\$7
	1	40-44	.164	\$50,000	\$8
	5	45-49	.251	\$110,000	\$28
	1	50-54	.382	\$50,000	\$19
	2	55-59	.595	\$10,000	\$6
	0	60-64	.994	\$0	\$0
	0	65-69	1.652	\$0	\$0
	0	70-74	2.647	\$0	\$0
	0	75-79	4.752	\$0	\$0
	0	80-84	9.042	\$0	\$0
	0	85-89	15.058	\$0	\$0
	0	90-94	23.460	\$0	\$0
	0	95-999	35.877	\$0	\$0
Monthly Premium					\$71
Rate Guarantee					3 years



Basic	
Elective: Paid by each Member electing coverage	
Life	
Members	To Be Determined
Rate: Per \$1,000	.200
Rate Guarantee	3 years

## Assumptions

- Final Spouse Life rates are subject to change if actual enrollment varies from the assumed enrollment of 76%.
- Final Additional Life rates are subject to change if actual enrollment varies from the assumed enrollment of 17%.
- Rates include electronic documents. Printed certificates are available for an additional cost.
- Rates assume billing is centralized in one location.
- The proposed rates assume coverage currently in force.
- If the current contract contains a Waiver of Premium provision, The Standard assumes all waiver claims before the effective date of coverage with The Standard have been filed with the current carrier.

## Conditions

- Additional Life can only be purchased in conjunction with Basic Life.
- Member's Basic Life benefits plus Additional Life benefits may not exceed 8 times annual earnings.
- Until coverage has been in force for two years (one year in Colorado, Missouri and North Dakota), death that results from suicide or other intentionally self-inflicted injury is not covered. This exclusion does not apply to plans written in Washington.
- Except as provided in the Additional Plan Design Details, we require evidence of insurability for:
  - Increases in elected benefit amounts from the current plan to this plan.
  - Members who are eligible under the current plan but are not enrolled.
  - Spouses who are eligible under the current plan but are not enrolled.
  - Children who are eligible under the current plan but are not enrolled.
  - Individuals who enroll more than 31 days after they are first eligible for coverage.
  - Increases in elected benefit amounts after initial enrollment.
- Member must be enrolled in Additional Life to enroll in the Spouse Life plan.
- Member must be enrolled in Additional Life to enroll in the Child Life plan.
- Spouse Life can't exceed 50% of member's enrolled benefit for Additional Life.
- Child Life can't exceed 100% of member's enrolled benefit for Additional Life.



**Proposed Effective Date**  
January 01, 2023

**Prepared for:**  
ALMONT COMMUNITY SCHOOLS



## More Information

For additional information on the available features and benefits of Dependent Life Insurance from The Standard, click here:  
[https://www.standard.com/group\\_life\\_add](https://www.standard.com/group_life_add)



## Long Term Disability Insurance

Protect your employees' income and your company's bottom line. This insurance comes with innovative resources designed to help you build a more productive workplace. Our Workplace Possibilities(SM) program, included at no extra cost, helps employees stay on the job and return to work sooner. While not all claims can be shortened, our customers are currently experiencing anywhere from a 10% to a 25% reduction in disability days who participate in the Workplace Possibilities Program. That's just one example of how we add real value as your partner.

### Covered Members

A regular AESA grandfathered employee hired before 1/1/05, or AEA/Admin employee of the Employer working 20 or more hours per week.

• **Class 1:** All AEA/Admin

• **Class 2:** All Other Members

	Group LTD	
	Class 1	Class 2
<b>Benefit Schedule</b>	66 2/3%	66 2/3%
<b>Insured Predisability Earnings</b>	\$6,000	\$3,000
<b>Maximum Monthly Benefit</b>	\$4,000	\$2,000
<b>Minimum Monthly Benefit</b>	\$100	\$100
<b>Benefit Waiting Period</b>	90 Days	60 Days
<b>Maximum Benefit Period</b>	To age 65	To age 65
<b>Guarantee Issue Benefit Amount</b>	Full Benefit	Full Benefit
<b>Employer Contribution</b>	100%	100%
<b>Minimum Participation</b>	100%	100%
<b>Taxability of Benefits</b>	Taxable	Taxable
<b>Own Occupation Period</b>	24 Months	24 Months
<b>Partial/Residual Disability</b>	Included	Included
<b>Preexisting Condition Period</b>	3/12	3/12
<b>Mental &amp; Nervous Limitation</b>	24 months	24 months
<b>Substance Abuse Limitation</b>	24 months	24 months
<b>Other Limited Conditions</b>	24 months	24 months
<b>Musculoskeletal/Connective Tissue Limitation</b>	24 months	24 months
<b>Return to Work Incentive</b>	12 months	12 months
<b>Employee Assistance Program</b>	Included: 3 face-to-face	Included: 3 face-to-face



### **Additional Plan Design Details**

- The Standard pays the employer's matching FICA and Medicare taxes and prepares W-2s for members receiving LTD benefits.
- The plan includes the Workplace Possibilities(SM) program, an innovative approach to addressing and reducing the causes of absence and disability - with innovative tools and resources designed to help keep your employees productive and on the job.
- This coverage includes a \$25,000 Reasonable Accommodation Expense Benefit, which reimburses employers for workplace modifications that enable employees to return to or remain at work. The Reasonable Accommodation Expense Benefit is separate from the LTD claim payment.
- A Rehabilitation Plan Benefit is included, which increases the LTD benefit amount by 10% of predisability earnings, not to exceed the maximum benefit, when member is participating in an approved rehabilitation plan. This benefit will also assist in paying for approved expenses incurred by a disabled member a part of an approved rehabilitation plan.
- Survivors Benefit pays a lump sum equal to 3 times the non-integrated LTD benefit.
- Continuity of Coverage.
- The limitations included in the policy are combined lifetime limitations.





## Cost

	Group LTD
Members	95
Volume	\$455,768
Rate: Percent of earnings	.210
Monthly Premium	\$957
Rate Guarantee	3 years

## Assumptions

- Sick leave payable to the member will be used as deductible income.
- Workers' compensation benefits will be considered deductible income.
- Benefits received from individual disability plans will not be used as deductible income.
- Primary and dependents Social Security benefits will be used as deductible income.
- Rates assume members participate in Social Security and Public Employee Retirement System.
- Rates include electronic documents. Printed certificates are available for an additional cost.
- Rates assume billing is centralized in one location.

## Conditions

- Rate assumes that coverage is currently in force.
- Confirmation that you participate in Social Security and Public Employee Retirement System is required.

## More Information

For additional information on the available features and benefits of Long Term Disability Insurance from The Standard:

Click here for California: <http://www.standard.com/ca-group-long-term-disability>  
Click here for all other states: <http://www.standard.com/group-long-term-disability>



## Producer Compensation Disclosure

We recognize the valuable role of insurance advisors, consultants and brokers ("producers") in helping their clients design an employee benefits program, and we support reasonable and fair compensation for these services. Producers may be eligible to receive compensation from The Standard.

The commission quoted in this proposal are noted below. Additionally, fees for administrative, marketing or consulting services may apply. If applicable, fees are noted below.

Flat 15% commission included for Life and LTD.

Unless participation is declined by the producer or client, contingent compensation is additional compensation that may also be paid and is dependent on the satisfaction of one or more minimum requirements, such as a specified amount of new premium volume or persistency in connection with the producer's block of business. For information about our customary producer rewards program visit [www.standard.com/financial-professional/insurance-benefits/compensation](http://www.standard.com/financial-professional/insurance-benefits/compensation). Some producers may have a contingent compensation arrangement that differs from our customary program. Please consult with your producer for additional details.

## About This Employee Benefits Proposal

We appreciate the opportunity to provide you with this benefit and cost summary proposal from The Standard. This document outlines certain important features of the group insurance coverages available. This is not a contract or an offer to contract for such coverages. Detailed information about other important features of the coverage proposed is available on request. Just ask your broker/consultant or your representative at The Standard.

A completed application must be submitted before a group can be considered for coverage. Insurance will be effective after the application is accepted by The Standard. If approved, we will issue a contract containing our customary language. It will not duplicate policy language from another carrier. The group contract will contain provisions and defined terms not described in this Employee Benefits Proposal. The group contract will control if there are discrepancies between it and this proposal.

This benefit and cost summary proposal expires on January 01, 2023, unless replaced or withdrawn by The Standard.

The proposed premium rate and plan design for each coverage are based on the underwriting data received by The Standard. Final premium rates and plan provisions will be determined by The Standard on the basis of: applicable state laws, policyholder contributions, confirmation of occupations, the actual composition of the group of persons who will become insured and our current underwriting rules and practices.

## Financial Strength Ratings

For information about our Financial strengths ratings visit [www.standard.com/about](http://www.standard.com/about)