



## Group Dental and Vision Insurance

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

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

### Plan 1: Dental Plan Summary *(subject to PolicyLink Dental + Vision plan design listed below)*

**Effective Date: 1/1/2024**

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum <i>(per person)</i>	\$750 per calendar year
Allowance	Discounted Fee
Max Builder <sup>SM</sup>	Included
Annual Eye Exam	None
Annual Open Enrollment	Included

### Orthodontia Summary - Child Only Coverage

Allowance	Usual and customary
Plan Benefit	50%
Lifetime Maximum <i>(per person)</i>	\$1,000
Waiting Period	None

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

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

*\*Deductible applies to the first service received*

### PolicyLink Dental + Vision Plan Design

	Dental	Vision	Combined
Maximum	\$750	\$150	No more than \$750

**PolicyLink Dental + Vision** combines dental and vision benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans. Total benefits paid between the two coverages will not exceed the PolicyLink maximum of \$750. Participants can visit the vision provider of their choice.

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

Type 1	Type 2	Type 3
<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 (2 in 12 months)</li> <li>Fluoride for Children 15 and under (2 in 12 months)</li> <li>Sealants (age 15 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Fillings for Cavities</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> <li>Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Denture Repair</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

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

This dental plan includes a valuable feature that allows plan participants to carry over part of their unused annual maximum. A participant must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, 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 will be lost; but he or she can begin earning rewards again the very next year.

Benefit Threshold	\$250	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$125	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$50	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$500	Maximum possible accumulation for Max Builder and PPO Bonus combined

## Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member provider are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit <http://www.standard.com/services> and click on "Find a Dentist."

Your provider network is Classic Network.

## Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

## Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

## Submitting a claim

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

## Prior Extraction Limitation

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

## Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

## Customer Service

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

### Call Center: 800.547.9515

- Service representative hours:
  - 5 a.m. to 10 p.m. Pacific Monday through Thursday
  - 5 a.m. to 4:30 p.m. Pacific Friday
- Interactive Voice Response available 24/7

### View plan benefit information at:

[www.standard.com/services](http://www.standard.com/services).

## About The Standard

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

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

**This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.**



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### Plan 2: Dental Plan Summary *(subject to PolicyLink Dental + Vision plan design listed below)*

**Effective Date: 1/1/2024**

Plan Benefit	In Network	Out of Network
Type 1 (Preventive)	100%	100%*
Type 2 (Basic)	90%	80%*
Type 3 (Major)	60%	50%*
Waiting Period	None	
Deductible	\$50/Calendar Year Type 2 & 3	\$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	\$150/family	\$150/family
Maximum <i>(per person)</i> **	\$1,000 per calendar year	\$1,000 per calendar year
Allowance	Discounted Fee	90% usual and customary
Max Builder <sup>SM</sup>	Included	Included
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

*\*If you go to an out of network Dentist, you will be responsible for paying the difference between what the Dentist submits for payment and the amount we pay.*

*\*\*Maximum is per calendar year for both in network and out of network.*

### Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	Usual and customary
Plan Benefit	50%	50%
Lifetime Maximum <i>(per person)</i> **	\$1,000	\$1,000
Waiting Period	None	None

*\*\*Maximum is lifetime for both in network and out of network.*

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

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

*\*Deductible applies to the first service received*

### PolicyLink Dental + Vision Plan Design

	Dental	Vision	Combined
Maximum	\$1,000 Non PPO - \$1,000 PPO	\$150	No more than \$1,000

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

In Network		
Type 1	Type 2	Type 3
<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 (2 in 12 months)</li> <li>Fluoride for Children 15 and under (2 in 12 months)</li> <li>Sealants (age 15 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Fillings for Cavities</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> <li>Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Denture Repair</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>
Out of Network		
Type 1	Type 2	Type 3
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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
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