



Dental Insurance

Freedom to choose any dentist
Network option for even greater savings
Ortho option available on specified plans
Employer-paid, contributory, and voluntary plans

Available for groups of 2+

Overview

Today, we all know that oral health is linked to overall health – especially heart, pregnancy, and diabetes.¹ This makes maintaining dental health a vital component of keeping employees healthy and health care costs under control. And ShelterPoint **waives the deductible for preventive** treatments on most plans.

Plan Features (Plans A-D)

		A	B	C	D	
Annual Max. Deductible per Person / Family	Preventive, in-network	\$25 / \$75	waived	waived	waived	
	Preventive, out-of-network	\$25 / \$75	waived	\$100 / \$300	\$100 / \$300	
	Basic & Major, in-network	\$25 / \$75	\$50 / \$150	\$50 / \$150	\$50 / \$150	
	Basic & Major, out-of-network	\$25 / \$75	\$50 / \$150	\$100 / \$300	\$100 / \$300	
Annual Max. per Person	In-network	\$500	\$500	\$500	\$1,000	
	Out-of-network	\$500	\$500	\$500	\$1,000	
Benefit Levels	In-network co-insurance	80/50/0	100/50/0	80/50/50	100/50/50	
	Out-of-network co-insurance	80/50/0	100/50/0	80/50/50	100/50/50	
Claim Allowance	In-network	negotiated fee schedule ²	negotiated fee schedule ²	negotiated fee schedule ²	negotiated fee schedule ²	
	Out-of-network	negotiated fee schedule	negotiated fee schedule	negotiated fee schedule	negotiated fee schedule	
Type of Service	Preventive	Cleanings	✓	✓	✓	✓
		Routine Exams	✓	✓	✓	✓
		Fluoride	✓	✓	✓	✓
		X-rays (bitewings)	✓	✓	✓	✓
		X-rays (other)		✓		
		Sealants		✓		
	Basic	Sealants	✓		✓	✓
		X-rays (other)	✓		✓	✓
		Space Maintainers		✓	✓	✓
		Fillings	✓	✓	✓	✓
		Resin Restorations	✓	✓	✓	✓
		Basic Repairs	✓	✓	✓	✓
		Nonsurgical Endo/Perio	✓	✓	✓	✓
		Surgical Endo/Perio			✓	✓
		Tests & Lab Exams		✓	✓	✓
		Emergency Treatment	✓	✓	✓	✓
		Professional Consultation	✓	✓	✓	✓
		Anesthesia			✓	✓
	Oral Surgery			✓	✓	
	Extractions			✓	✓	
	Major	Major Restorations (e.g. crowns)			✓	✓
		Dentures			✓	✓
		Fixed Prosthodontics			✓	✓
		Major Repairs			✓	✓
		Implants				
	Orthodontia⁴	\$1,000 lifetime max./dependent (for groups of 5+ enrolled eligible employees)				

This is a partial listing only. Please refer to the policy for details.

¹“Oral health: A Window To Your Overall Health,” Mayo Clinic, <http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>

²Benefits are paid based on the fee schedule for each procedure, which is the negotiated, discounted fee of participating DenteMax network providers.

Plan Features (Plans E-J)

		E	F	H	I		J	
					I-10	I-15		
Annual Max. Deductible per Person / Family	Preventive, in-network	waived	waived	waived	waived		waived	
	Preventive, out-of-network	waived	waived	waived	waived		waived	
	Basic & Major, in-network	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150		\$50 / \$150	
	Basic & Major, out-of-network	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150		\$50 / \$150	
Annual Max. per Person	In-network	\$1,000	\$1,000	\$1,250	\$1,500	\$1,500	\$2,000	
	Out-of-network	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$2,000	
Benefit Levels	In-network co-insurance	100/80/50	100/80/50	100/80/50	100/90/60	100/80/50	100/90/60	
	Out-of-network co-insurance	100/80/50	100/80/50	100/80/50	100/80/50	100/80/50	100/80/50	
Claim Allowance	In-network	negotiated fee schedule ²	negotiated fee schedule ²	negotiated fee schedule ²	negotiated fee schedule ²		negotiated fee schedule ²	
	Out-of-network	negotiated fee schedule	90 th percentile of R&C ³	90 th percentile of R&C ³	90 th percentile of R&C ³		90 th percentile of R&C ³	
Type of Service	Preventive	Cleanings	✓	✓	✓	✓	✓	
		Routine Exams	✓	✓	✓	✓	✓	
		Fluoride	✓	✓	✓	✓	✓	
		X-rays (bitewings)	✓	✓	✓	✓	✓	
		X-rays (other)			✓	✓	✓	
		Sealants			✓	✓	✓	
	Basic	Sealants	✓	✓				
		X-rays (other)	✓	✓				
		Space Maintainers	✓	✓	✓	✓	✓	
		Fillings	✓	✓	✓	✓	✓	
		Resin Restorations	✓	✓	✓	✓	✓	
		Basic Repairs	✓	✓	✓	✓	✓	
		Nonsurgical Endo/Perio	✓	✓	✓	✓	✓	
		Surgical Endo/Perio	✓	✓	✓	✓	✓	
		Tests & Lab Exams	✓	✓	✓	✓	✓	
		Emergency Treatment	✓	✓	✓	✓	✓	
		Professional Consultation	✓	✓	✓	✓	✓	
		Anesthesia	✓	✓	✓	✓	✓	
		Oral Surgery	✓	✓	✓	✓	✓	
		Extractions	✓	✓	✓	✓	✓	
	Major	Major Restorations (e.g. crowns)	✓	✓	✓	✓	✓	
		Dentures	✓	✓	✓	✓	✓	
		Fixed Prosthodontics	✓	✓	✓	✓	✓	
		Major Repairs	✓	✓	✓	✓	✓	
		Implants					✓	
	Orthodontia⁴	\$1,000 lifetime max./dependent (for groups of 5+ enrolled eligible employees)	optional	optional	optional	optional		optional

³R&C (Reasonable & Customary) benefits are paid on average at the 90th percentile of the R&C charges for the geographic area where the Dental service is performed. Respective co-insurance percentages and deductibles may apply.

⁴Ortho is only available on specified plans and requires at least 5+ enrolled eligible employees. This option may not be available in all states.

If there is an average of four (4) or more children per dependent unit, the group must be referred to the Underwriting Department.

For Orthodontia cases: Optional Orthodontia coverage is not available to any group where an average of four (4) or more children per dependent unit exists.



Plan Highlights

- All plans are available as **employer-paid, contributory, or voluntary.**
- **Buy-up option for family coverage** available for contributory and employer-paid groups with employee-only coverage.
- **Deductible waived in-network for preventive** treatments in most plans.
- Employees can **choose any dentist** but may **pay less for services from network providers.**
- **No waiting period** on covered dental services including **immediate coverage on major procedures** for initial enrollees.⁵

Getting the Most out of Your Dental Plan

Maximize network access

We provide a broad selection of over **215,000** participating dentist access points nationwide. After passing a rigorous credentialing process, participating dentists accept a fixed, lower fee schedule when receiving payment for their services. So, when visiting a network provider out-of-pocket expenses may be reduced significantly — **on average a savings of 20-40%.**

Finding a participating dentist is simple:

Just go to www.dentemax.com. If your dentist isn't participating in the network, they can easily be referred for consideration.

Register your account online

Once enrolled, all members receive access to register for their own online account at **www.readysdental.com**. Some tools of the member web portal include:

- Access **plan benefits**
- **Estimate dental procedure costs**
- View and check the status of **claims**
- Find answers to most **frequently asked questions**
- Print additional copies of **ID cards**

⁵For all groups, late entrants have preventive services available immediately but must wait 6 months for basic services, 12 months for major benefits, 12 months for orthodontia (NY only)/24 months for orthodontia (all other states), if applicable.

How much could you save?

The example below illustrates how using a participating network provider can reduce out-of-pocket expenses. The person in this example had a major service performed:

In-network Dentist		Out-of-Network Dentist	
Dentist's retail fee	\$850	Dentist's retail fee	\$850
Dentist's negotiated DenteMax fee	\$510	Allowable charge	\$875
Co-insurance	50% of negotiated fee	Co-insurance	lesser of 50% allowable charge or dentist's fee
Policy pays	\$255	Policy pays	\$425
Member pays	\$255	Member pays	\$425

In this example, the member would **save \$170 by using a network dentist!**

(This is an example applicable to plan F - J. Dollar amounts in this chart are for illustration only. Actual charges may differ from this example. This example assumes that any applicable plan deductibles have been met and that the member has not exceeded the annual maximum.)

For more information contact

Exclusions & Limitations

No benefits are payable except as stated in the Policy and Certificate.

Alternate Benefit and Pre-treatment Estimates

Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefits is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is required for any service estimated to cost over \$500. Please consult your dentist.

Policy Exclusions

1. Cosmetic services or supplies;
2. Services rendered by a member of the treated person's Immediate Family;
3. Treatment by someone not a Dentist; except teeth cleaning done by a Dental Hygienist under the direction of a Dentist;
4. Services for which benefits are paid or will be paid under any health care program supported in whole or in part by funds of the federal government or any state or political subdivision;
5. Any service or treatment for which payment is not legally required;
6. Charges for broken or missed appointments;
7. Charges in excess of either the Maximum Allowable Charge or the Reasonable and Customary Charge; or for treatment which is not required for the care of teeth;
8. Time spent completing insurance forms;
9. Charges not approved by the Council of Dental Therapeutics of the American Association;
10. Treatment for intentionally self-inflicted injury;
11. Services or supplies that are not recommended by a Dentist;
12. Drugs or medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit;
13. Commission of, or attempt to commit a felony;
14. Participation in a riot or insurrection, (not applicable in Connecticut);
15. Benefits for such services as are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law;
16. Treatment for disease, defect, injury or loss caused by war or act of war, declared or not, (not applicable in Louisiana);
17. Dentures or fixed bridgework (including crown and inlays forming the retainers) replacing teeth lost while not insured, unless they are required by the loss of one or more natural teeth while insured;
18. Application of veneers or similar types of crowns and pontics to teeth other than the 10 upper and lower anterior teeth;
19. Use of precision or other elaborate attachments, procedures, or features for dentures, bridgework, or other dental appliances;
20. Duplicate device(s), prosthetic(s) or appliance(s);
21. Dentures, crowns, inlays, onlays, bridgework, or other appliances or services ordered while the individual was not insured;
22. Immediate or temporary dentures;
23. Use of appliances or services to increase vertical dimension;
24. Extracoronary and other periodontal splinting;
25. Replacement of a lost or stolen device or appliance;
26. Oral hygiene and dietary instruction;
27. Implantology;
28. Continuation of any procedure begun or change to any appliance installed during the one year period prior to this insurance coverage;
29. Treatment of temporomandibular joint dysfunction;
30. Experimental services or supplies;
31. Caries susceptibility tests; or pulp vitality tests;
32. Overdentures;
33. Diagnostic photographs;
34. Services or supplies provided after this insurance terminates; except for prosthetic devices, and their fitting, that were ordered while coverage was in effect, if the device is finally installed or delivered to the individual less than 30 days after his insurance terminates.

The information in this material is for illustrative purposes only, providing a general overview of featured benefit highlights provided under the policy. It is not a contract. In the event of conflicting information with the policy/certificate, the policy/certificate will take precedence over what is shown in this material. The policy described in this material covers **Dental benefits only**. All coverage extends up to policy limits. Policies are reviewed annually and may be cancelled for nonpayment. Please refer to the policy for coverage details, a complete listing of covered services, policy provisions, conditions, exclusions, and terms under which the policy may be continued or cancelled. Not available in all jurisdictions. ShelterPoint is a registered Service Mark. All images licensed through iStockphoto.

Policy available in and underwritten by:

ShelterPoint Life Insurance Company (principal office in Great Neck, NY) in: **MI** (SPL GD0215 P MI), **NY** (SPL GD115 P NY),
ShelterPoint Insurance Company (licensed in 48 jurisdictions, not including NY) in: **AL** (SPI GD0215 P AL), **AZ** (SPI GD0215 P AZ),
AR (SPI GD0215 P AR), **CO** (SPI GD0215 P CO), **CT** (SPI GD0215 P CT), **DC** (SPI GD0215 P DC), **DE** (SPI GD0215 P DE), **FL** (SPI GD0215 P FL),
GA (SPI GD0215 P GA), **IA** (SPI GD0215 P IA), **ID** (SPI GD0215 P ID), **IL** (SPI GD0215 P IL), **IN** (SPI GD0215 P IN), **KY** (SPI GD0215 P KY),
LA (SPI GD0215 P LA), **ME** (SPI GD0215 P ME), **MS** (SPI GD0215 P MS), **ND** (SPI GD0215 P ND), **NJ** (SPI GD0215 P NJ), **OK** (SPI GD0215 P OK),
PA (SPI GD0215 P PA), **SC** (SPI GD0215 P SC), **TN** (SPI GD0215 P TN), **TX** (SPI GD0215 P TX), **UT** (SPI GD0215 P UT), **WV** (SPI GD0215 P WV),
WI (SPI GD0215 P WI).

For the most updated list of available states, please visit our website (www.shelterpoint.com).

This brochure only applies to: AL, AZ, AR, CT, DC, DE, GA, IA, IN, LA, ME, NJ, PA, TX, WV, WI.