

Insurance Company 1: Plan Option 1

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual and/or Family | Plan Type: Dental



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.deltadental.com or by calling 1-800-524-0149..

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	Doesn't apply	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	Doesn't apply	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Doesn't apply	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Doesn't apply	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	Yes. \$1000 per year	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers ?	Yes. See deltadental.com or call 1-800-524-0149 for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist ?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services .

OMB Control Numbers 1545-2229,
1210-0147, and 0938-1146

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- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Diagnostic and Preventative Services- includes exams, cleanings, fluoride, and space maintainers	100%	100%	<ul style="list-style-type: none"> • Oral exams are payable twice in any 12 month period of 12 consecutive months • Prophylaxes (cleanings) are payable twice any period of 12 consecutive months. • Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19
If you need immediate Medical attention	Emergency Palliative Treatment- to temporarily relieve pain. Brush Biopsy- to detect oral cancer	100%	100%	<ul style="list-style-type: none"> • Refer to your Certificate
Restorative Services	Major Restorative Services- includes crowns	100%	100%	Once in 5 years per tooth

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Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
	Minor Restorative Services -includes fillings	100%	100%	<ul style="list-style-type: none"> Once in 24 months per tooth
Preventative Services	Radiographs - X-rays	100%	100%	Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing E-rays) are payable once in any five year period
	Periodontic Services - to treat gum disease			Refer to your Certificate
	Endodontic Services –includes root canals			Refer to your Certificate
If you have a surgical or repair need	Oral Surgery Services - extractions and dental surgery	100%	100%	Refer to your Certificate
	Relines and Repairs			Refer to your Certificate

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Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-Participating Provider	
	Misc/other Basic Services	100%	100%	Refer to your Certificate
	Prosthodontic Services- includes bridges and dentures	75%	75%	Once in 5 years
	Implants- endosteal implants to replace missing teeth	75%	75%	Implants and implant related services are payable once per tooth in any five year period

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other [excluded services](#).)

- Porcelain crowns are optional treatment on posterior teeth dental care (Adult).
- Composite resin (white) restorations are optional treatment on posterior teeth
- Orthodontic Services

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Other Covered Services with Limitations and Exclusions (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Inlays
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (sleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Your Rights to Continue Coverage:

** Individual health insurance sample –

Federal and State laws may provide protections that allow you to keep this dental insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1-800-524-0149.

** Group health coverage sample –

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

OR

For more information on your rights to continue coverage, contact the plan at [contact number]. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.”

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Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: [insert applicable contact information from instructions].

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

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About these Coverage Examples:

This does not apply to your Vision Coverage

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$0
- Patient pays \$7,540

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$700
Co-pays	\$30
Co-insurance	\$1320
Limits or exclusions	\$0
Total	\$7,540

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$4,100
- Plan pays \$0
- Patient pays \$ 4,100

Sample care costs:

Prescriptions	\$1,500
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$730
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
Total	\$4,100

Patient pays:

Deductibles	\$800
Co-pays	\$500
Co-insurance	\$240
Limits or exclusions	\$80
Total	\$4,100

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your

providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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