

Individual Dental PPO

Dental coverage is one of the most valued workplace benefits because of its importance to the overall well-being of employees. When surveyed, 68% of employees said that they consider dental insurance a must-have¹.

Colonial Life's Individual Dental PPO covers a wide range of treatments, from routine cleanings to root canals and pays benefits based on a defined co-insurance percentage. With this coverage, employees have the freedom to choose any dentist, but when they see an in-network dentist they can receive discount on services which reduce their out-of-pocket costs.

¹MetLife, Annual U.S. Employee Benefit Trends Study, 2017, metlife.com

Dental Plan Overview

- Five PPO plan options; employer may offer a maximum of two plans to an account
- Coverage options include: Individual, Individual + Spouse, Individual + Children, and Individual + Family
- Immediate, 100% coverage on preventive services from any in-network dentist
- No waiting periods on preventive or basic services like fillings and simple extractions
- Nationwide dental network with more than 323,000 access points. Use an in-network dentist to avoid balance billing and receive network savings

Plan Options	Policy Year Maximum per Covered Person	Preventive (Class A)	Basic (Class B)	Major (Class C)
Plan 1/MAC	\$1,000	100%	60%	40%
Plan 2/MAC	\$1,000	100%	80%	50%
Plan 3/MAC	\$1,500	100%	80%	50%
Plan 4/MAC	\$2,000	100%	80%	50%
Plan 5/ Passive PPO	\$1,500	100%	80%	50%

*MAC stands for Maximum Allowable Charge; PPO stands for Preferred Provider Organization

- Class C Services: subject to a 12-month waiting period. Waiting periods may be waived if takeover is approved.
- Deductible: \$50 per person per policy year. (Applies to Class B & C; up to 3 per family)
- Plan levels vary by co-insurance levels, annual maximums, and benefit design
- Freedom to choose any dentist. When visiting an in-network provider, insureds will only be responsible for their co-insurance portion. Out-of-network benefits are paid based on whether the plan is a MAC plan or a passive PPO plan.

Out-of-Network Benefits

Plans 1-4 (MAC)

- Out-of-Network benefits will be paid based on the lesser of the dentist's actual charge or the in-network negotiated rate for a specific geographic area.
- Employees will be billed for any remaining amount up to the billed charge.
- The MAC reimbursement option drives more participants to in-network dentists, lowers claims costs, and reduces the overall cost of the plan.

Plan 5 (Passive PPO)

- Out-of-Network benefits are paid based on the Maximum Allowable Charge which is the lesser of the dentist's actual charge or the customary charge in a specific geographical area. Customary charge set at the 90th percentile.
- The majority of the time, out-of-network dentists will charge more for services than in-network dentists.
- Based on the Maximum Allowable Charge, Passive PPO plans typically pay more for out-of-network benefits than MAC plans.
- This plan is best suited for employees in geographical areas which lack the adequate presence of network dentists.

Employer Optional Benefits – If selected, applies to all in an account

Orthodontia Benefits (Class D)

- Pays 50% co-insurance for treatment involving a covered orthodontic procedure
- \$1,000 lifetime maximum per covered dependent child up to age 19
- 12-month waiting period. Waiting periods may be waived if takeover is approved
- If selected, will apply to all Individual + Children and Individual + Family policies only

Rollover Benefit

- Allows members to rollover unused portions of their annual maximum benefit to future years
- Each member must have one cleaning, one regular exam, and total dental claims paid during the year below the threshold limit
- If all three criteria are met, a portion of the annual maximum will rollover to the next year, increasing the next year's annual maximum

Nationwide Dental and Vision Networks

- **Large Dental network** with freedom of choice: You can find a dentist in our national PPO network, which has more than 323,000 access points, and you can choose any dentist you want – in-network or out-of-network
- **When members stay in-network**, your dentist's office will file claims on their behalf

Additional Dental Features

- **Rate Stability** – Guaranteed renewable rates that won't change on an annual basis due to group claims experiences. Rates are filed with the states and can only change if we change rates for all policies issued in a state
- **Guaranteed Issue with no participation requirements** – GI for one enrolled with no minimum participation requirements. All eligible employees, ages 17 to 74, qualify for coverage without underwriting
- **Takeover** – Ability to waive Class C and Class D waiting periods and replace the existing dental carrier
- **Guaranteed Renewability** – Employees can keep the same coverage up to age 75 at the same rates if they change jobs or retire
- **Range of choices** – Choose from 5 distinct plan designs to provide a comprehensive dental product to employees
- **Focus on Wellness** – Plans cover regular checkups and cleanings at 100% with no deductible

Underwriting

- Coverage is guaranteed issue for all eligible employees.
- To offer this plan, we require at least one enrolled. No minimum participation requirements.
- Takeover is available. If replacing another dental carrier's plan, waiting periods can be waived for those employees who had prior coverage. Underwriting approval is required.

Employee Eligibility Requirements

- Employees are working a minimum of 20 hours per week
- Employees meet the issue age requirements of 17 through 74 (up to age 75). May vary by state
- Employees are actively at work at the time of application