

Dental Coverage

LifeMap Assurance offers employers with 2 to 9 employees these employer-paid dental options or the ability to add Voluntary Dental to their benefits package when purchasing another employer-paid product. Our Passive PPO options provide plenty of choice and flexibility at affordable group rates.

1. Review the Options

	Dental Plans* (A, B, C)	Dental Plans* (F, G, H, I)
Deductible	\$50 per member; \$150 per family (waived for Class A services)	
Annual Maximums	\$1,000 or \$1,500	\$1,000, \$1,500, or \$2,000**
Coinsurance Levels	In-network: 100/80/50 Out-of-network: 90 th percentile UCR or MAC	
Waiting Periods	Standard: 0 months (Class A), 6 months (Class B), and 12 months (Class C) Late: 3 months (Class A), 6 months (Class B), and 12 months (Class C)	
Benefit Coverage		
Exams and Cleanings, including Perio maintenance	Class A – Preventative; 2 per year	Class A – Preventative; 2 per year or 3 if diagnosed with diabetes, periodontal disease or pregnant
Fluoride	Class A – 1 per year up to the age of 18	Class A – 2 per year up to the age of 18
X-rays	Class A - Preventative	
Space Maintainers	Class A - Preventative	
Sealants, Preventative Resin	Class B – Restorative	Class A - Preventative
Fillings	Class B – Restorative	
Periodontal Services	Class C - Major	Class B - Restorative
Endodontic Services	Class C - Major	Class B - Restorative
Oral Surgery	Class C - Major	Class B - Restorative
Crowns and Bridges	Class C - Major	
Dentures	Class C - Major	
Optional Benefits		
Orthodontia (available with 5-9 employees) Child coverage up to age 19	Not Available	12-month waiting period (24 months if late enrollment) 50% Coinsurance Lifetime Maximum: \$1,000 or \$1,500

*Dental Plan names (A, B, C, F, G, H, I) correspond with the Dental Plan Options from a LifeMap provided proposal

**\$2,000 annual maximum option is only available when replacing coverage.

This document is intended to give a brief overview of the product and how it may be used. This in no way serves as a certification of coverage and should be used for educational purposes only. A copy of the full policy including all covered benefits, exclusions and limitations will be provided once a group master application is signed. Contact LifeMap with any questions.

Small Group Dental Coverage

2. Choose your contribution level

Employer Paid	
Contribution	Participation
100% Employer-paid	100% Required
50% to 99% Employer-paid	2-4 employees: 100% required
	5+ employees: 75% required (minimum of 5 employees required)
Voluntary	
<50% Employer-paid	Greater of: 35% or 5 employees required

3. What's not covered

To keep costs down for everyone, we unfortunately can't cover everything. These are the exclusions for each dental plan we offer.

Exclusions and Limitations		
<ul style="list-style-type: none"> • Aesthetic Dental Procedures • Antimicrobial Agents • Benefits Not Stated • Collection of Cultures and Specimens • Connector Bar or Stress Breaker • Cosmetic and Reconstructive Services and Supplies • Duplicate X-Rays • Experimental and Investigational Services • Facility Charges • Fees, Taxes, Interest, etc. unless required by law • Fractures of the Mandible • Gold Foil Restorations • Home Visits • Implants and implant related services • Maxillofacial prosthetic services • Modification of removable prosthesis following implant surgery • Medication and Supply Charges 	<ul style="list-style-type: none"> • Military Service-Related Conditions • Motor Vehicle Coverage and Other Insurance Liability • Non-Direct Patient Care • Occlusal Guards • Oral Hygiene Instructions • Orthodontic Dental Services (except with Plans F, G, H, and I) • Oral Pathology and Laboratory • Any Services Performed in a Laboratory • Personal Comfort Items • Photographic Images • Pin Retention in Addition to Restoration • Precision Attachments • Prosthesis Services and supplies including the initial placement of a Prosthetic Device for a tooth missing prior to the member's effective date • Provisional Splinting • Replacement of Any Dental Appliance • Riot, Rebellion, War and Illegal Acts 	<ul style="list-style-type: none"> • Self-Help, Non-Dental Programs • Separate Charges • Services and Supplies Provided by Member of Immediate Family • Services Performed in a Laboratory • Surgical Procedures (unless Specifically Covered) • Services due to Intentionally Self-Inflicted Injury/Illness • TMJ Treatment • Third Party Liability • Travel and Transportation Expenses • Treatment Procedures, Techniques or Therapies Outside Generally Accepted Dental Care Practices • Treatment started prior to the Member's Effective Date under this Policy or completed more than 30 days after coverage under this Policy terminates • Work-Related Conditions and expenses for services and supplies • Anything not specifically provided for in the policy may not be a covered benefit.

4. Submit a quote

Underwriting guidelines for Oregon, Utah, and Idaho groups with 2 to 9 employees:

- Group must be a business (or an offshoot of a business) that has been in existence for at least 3 months for Dental
- No more than 50% of the group members may be from the same family, unless each has been employed with the employer for at least two years
- No more than 60% of the group members can be over age 50 years old
- A minimum of one employer-paid LifeMap product must be purchased to offer Voluntary Dental
- Eligibility requirements: full time, active employee working a minimum of 30 hours per week
- One class is allowed
- Child coverage from birth to age 26 for unmarried children (Class A, B, and C services)

Submit your quote request and census to
SmallGroup@LifeMapCo.com

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