

LifeMap Assurance Company®
Small Group
Insurance Options for Groups of 2-9 in Washington
Dental Coverage

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

1. Review the Options

	Dental Plans* (A, B, C, D)	Dental Plans* (E, F)	Dental Plans* (G, H)	Dental Plans* (I, J)
Deductible	\$50 per member; \$150 per family (waived for Preventative services)			
Annual Maximums	\$1,000 (Plan A or B) \$1,500 (Plan C) or \$2,000** (Plan D)	\$1,500	\$1,500 (Plan G) or \$2,000** (Plan H)	\$1,500
Coinsurance Levels	In network: 100/80/50 or 80/60/50 (Plan A) Out of network: 90 th percentile UCR	In network: 100/80/50 Out of network: 90 th percentile UCR or MAC/Contracted Amount	In network: 100/80/50 Out of network: 90 th percentile UCR	In network: 100/80/50 Out of network: 90 th percentile UCR
Waiting Periods	Initial: None Late: 3 months (Class A), 6 months (Class B), 12 months (Class C)			
Benefit Coverage				
Exams and Cleanings	Class A – Preventative; 2 per year		Class A – Preventative; 2 per year or 3 with certain diagnoses	Class A – Preventative; 2 per year
Fluoride	Class A – Preventative; 2 per year up to age 18			
X-rays	Class A - Preventative			
Space Maintainers	Class A - Preventative			
Sealants, Preventative Resin	Class A - Preventative			
Fillings	Class B - Restorative			
Periodontal Services	Class B - Restorative			
Endodontic Services	Class B - Restorative			
Oral Surgery	Class B - Restorative			
Crowns and Bridges	Class C - Major			
Dentures	Class C - Major			
Implants	Excluded	Class C - Major		
Plans I and J Additional Benefit Coverage				
Plan I (available with 5-9 employees)	Plan I includes Orthodontia for children up to age 19. 12-month Ortho Waiting Period (24 months for late enrollees) 50% Ortho Coinsurance Lifetime Ortho Maximum: \$1,000			
Plan J	Plan J includes TMJ services. 6-month TMJ Waiting Period (12 months for late enrollees) 50% TMJ Coinsurance Annual TMJ Maximum \$1,000; Lifetime TMJ Maximum \$5,000			

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

**\$2,000 Annual Maximum option is available with Plan D or Plan H only 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 Contribution	Participation
100% Employer-paid	100% Required
50% to 99% Employer-paid	2-4 Employees: 100% required 5+ Employees: 75% required (minimum 5)
<50% Employer-paid (Voluntary)	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

- Benefits Not Stated
- Adjustment Denture or Bridgework within 6 Months
- Cosmetic and Reconstructive Services and Supplies
- Duplicate X-Rays
- Experimental and Investigational Services
- Facility Charges
- Fees, Taxes, Interest, etc.
- Home Health Aids
- Medication and Supply Charges
- Military Service-Related Conditions
- Motor Vehicle Coverage and Other Insurance Liability
- Non-Direct Patient Care
- Oral Hygiene and Dietary Instructions
- Oral Pathology and Laboratory
- Any Services Performed in a Laboratory
- Collection of Cultures and Specimens
- Orthodontic Dental Services (except with Plan I)
- Personal Comfort Items
- Precision Attachments, Personalization, Precious Metal Bases and Other Specialized Techniques
- Riot, Rebellion, War and Illegal Acts
- Self-Help, Non-Dental Programs
- Separate Charges
- Services Provided by Member of Immediate Family
- Services due to Intentionally Self-Inflicted Injury/Illness
- TMJ Treatment (except with Plan J)
- Third Party Liability
- Travel and Transportation Expenses
- Treatment Completed More than 30 Days after Coverage Terms
- Treatment Outside Generally Accepted Dental Practices
- Treatment started prior to the Member's Effective Date
- Work-Related Conditions
- Anything not specifically provided for in the policy may not be a covered benefit.

4. Submit a quote

Underwriting guidelines for Washington 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
- Child coverage from birth to age 26 for unmarried children (Class A, B, and C services)
- One class is allowed

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

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