



Insurance for every step of life.

## Dental Insurance

### Small Group Coverage

(J Service Plan for 10-25 Lives)

For \_\_\_\_\_

### How the Plan Works

Group Dental Coverage helps ensure you and your family get the preventive care you need to maintain a healthy smile. Plus, LifeMap provides help for bigger services after the deductible is met.

- Eligibility Requirement**  
 If you are a full-time active employee working the minimum of hours per week as required by your employer, you will be covered with these benefits.
- Who pays for the coverage?**  
 Dental Insurance premiums may be paid for solely by your employer, you might share the cost with your employer, or you might pay the premium in full, based on the plan chosen by your Employer.
- Dependent Eligibility Requirement**  
 Dependents must be a Legal spouse and/or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- LifeMap Network**  
 We utilize one of the largest dental networks in the region, so your choice of dentists is vast.  
  
 Visit [www.LifeMapCo.com/find-provider](http://www.LifeMapCo.com/find-provider) to find a provider near you.

[LifeMapCo.com](http://www.LifeMapCo.com)

1 (800) 794-5390

## Benefits Summary

### Plan Benefits

Deductible (per calendar year)	per member per family
Calendar Year Maximum Benefit (per member)	
Orthodontia Lifetime Maximum Benefit Children under age 19	

### Coinsurance (Percentage of the allowed amount the plan pays)

	In-Network	Out of Network*
Class A (Preventive)	100%	
	deductible waived	
Class B (Basic)		
Class C (Major)	50%	
Class D (Ortho)		
*Out of Network benefit allowance		

\*90<sup>th</sup> UCR = Out of Network services will be processed using the 90<sup>th</sup> percentile of UCR. Out of Network dentists may balance bill, if applicable above.

\*MAC/Contracted Amount = In Network and Out of Network services will be processed using the In Network allowance. Out of Network dentists may balance bill, if applicable above.

### Benefit Waiting Periods

	Initial Enrollment	Late Enrollment*
Class A Services	0 Months	3 Months
Class B Services	0 Months	6 Months
Class C Services	0 Months	12 Months
Orthodontia		

\*Enroll within 31 days of your initial eligibility date or during your Employer's Annual Enrollment Period to avoid Late Enrollment Benefit Waiting Periods being applied.

*This summary is provided for your convenience only and is not intended to be inclusive of all policy exclusions, limitations or provisions. Please see your Certificate of Coverage for benefit details. LifeMap is not liable for any errors or omissions in this document. If there is any discrepancy between this document and the master policy, master policy provisions will prevail. Benefits may not be available in all states. Contact your Group Administrator if you have any questions.*

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Plan Features	
Class A (Preventive) Services	<ul style="list-style-type: none"> <li>• Oral Exams</li> <li>• Dental Cleanings</li> <li>• Fluoride Treatment</li> <li>• Space Maintainers</li> <li>• Intraoral Bitewing, Periapical and Occlusal X-rays</li> <li>• Complete and Panoramic X-Rays</li> <li>• Sealants and Preventive Resin</li> </ul>
Class B (Basic) Services	<ul style="list-style-type: none"> <li>• Fillings</li> <li>• Emergency Treatment</li> <li>• General Anesthesia</li> <li>• Oral Surgery</li> <li>• Periodontic Treatment, including Scaling and Root Planing and Periodontal Surgery</li> <li>• Periodontal Maintenance</li> <li>• Endodontic Treatment, including Root Canals and Pulp Capping</li> </ul>
Class C (Major) Services	<ul style="list-style-type: none"> <li>• Crowns, Inlays, and Onlays</li> <li>• Crown Build-ups/ Core and Post</li> <li>• Fixed Bridges</li> <li>• Dentures</li> <li>• Tissue Conditioning</li> </ul>
Orthodontia (Children under age 19 only), if available	Orthodontic Dental services and supplies provided in connection with orthodontics
Limitations can be found within your Group Dental Certificate of Coverage.	

Limitations & Exclusions
<ul style="list-style-type: none"> <li>• Aesthetic Dental Procedures</li> <li>• Antimicrobial Agents</li> <li>• Benefits Not Stated</li> <li>• Collection of Cultures and Specimens</li> <li>• Connector Bar or Stress Breaker</li> <li>• Cosmetic/Reconstructive Services and Supplies</li> <li>• Desensitizing</li> <li>• Diagnostic Casts or Study Models</li> <li>• Duplicate X-Rays</li> <li>• Experimental/Investigational</li> <li>• Facility Charges</li> <li>• Fees, Taxes, Interest, etc.</li> <li>• Fractures of the Mandible</li> <li>• Gold Foil Restorations</li> <li>• Home Visits</li> <li>• Implants and implant related services</li> <li>• Medication and Supply Charges</li> <li>• Military Service-Related Conditions</li> <li>• Motor Vehicle Coverage and Other Insurance Liability</li> <li>• Nitrous Oxide</li> <li>• Non-Direct Patient Care</li> <li>• Occlusal Treatment</li> <li>• Oral Hygiene Instructions</li> <li>• Orthodontic Dental Service, unless provided by Benefit Rider</li> <li>• Personal Comfort Items</li> <li>• Photographic Images</li> <li>• Pin Retention in Addition to Restoration</li> <li>• Precision Attachments</li> <li>• Prosthesis Services</li> <li>• Provisional Splinting</li> <li>• Riot, Rebellion, War and Illegal Acts</li> <li>• Self-Help, Non Dental Self-Care, Training, or Instructional Programs</li> <li>• Separate Charges</li> <li>• Services and Supplies Provided by a Member of your Immediate Family</li> <li>• Services Performed in a Laboratory</li> <li>• Services connected to teeth that were missing prior to this Policy's effective date.</li> <li>• Surgical Procedures</li> <li>• Temporomandibular Joint (TMJ) Dysfunction Treatment Services</li> <li>• Third Party Liability</li> <li>• Tooth Transplantation Services</li> <li>• Travel and Transportation Expenses</li> <li>• Treatment, Procedures, Techniques or Therapies Outside Generally Accepted Dental Care Practices.</li> <li>• Treatment started prior to the Member's Effective Date</li> <li>• Work-Related Conditions</li> </ul>

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