# **Dental Coverage**

LifeMap Assurance offers employers in Washington with 10 to 25 employees these employer-paid Dental options or the ability to add Voluntary Dental to their benefits package. Our Active PPO options provide plenty of choice and flexibility at affordable group rates.

#### 1. Review the Options

| Choice Dental Plan L                          |  |  |
|---|--|--|
| Deductible (Waived for Preventative Services) | \$25 or \$50 per member; 3x per family   | \$25 or \$50 per member<br>3X per family           |
| Annual Maximums                               | \$1,000, \$1,500, or \$2,000   |  |
| Coinsurance Levels                            | In network: 10/80/50; Out of network: 90/70/50*                                    | In network: 100/90/60<br>Out of network: 100/80/50 |
| Out-of-Network Benefit Allowance              | 90 <sup>th</sup> percentile UCR  |  |
| Waiting Periods                               | Initial: None<br>Late: 3 months (Class A), 6 months (Class B), 12 months (Class C) |  |
| Benefit Coverage                              |  |  |
| Exams and Cleanings                           | Class A – Preventative; 2 per calendar year  |  |
| Fluoride**                                    | Class A – Preventative: 2 per calendar year  |  |
| Bitewing X-rays                               | Class A – Preventative: 2 sets per calendar year                                   |  |
| Complete or Panoramic X-rays                  | Class A – Preventative: 1 in 3-year period   |  |
| Space Maintainers**                           | Class A – Preventative: 1 per area per lifetime                                    |  |
| Sealants, Preventative Resin**                | Class A – Preventative: 1 per molar in a 5-year period                             |  |
| 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: 1 per tooth or area in a 7-year period                            |  |
| Dentures***                                   | Class C – Major: 1 per arch in a 7-year period                                     |  |
| Implants***                                   | Class C – Major: 1 per tooth in a 7-year period                                    |  |

<sup>\*</sup>Upon request, this plan may include the following: When a Participating Dentist is seen, Class A Dental Services will not count toward the Annual Maximum

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.



<sup>\*\*</sup>Limited to members under age 18.

<sup>\*\*\*</sup>Covered when used to replace teeth extracted or accidentally lost while covered under this Policy or the Policyholders dental policy immediately preceding this Policy.

### **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
- 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
- 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 10 to 25 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
- 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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