SnapCare

Dental Highlight Sheet

Low Plan 1: Dental Plan Summary	Effective Date: 9/1/2022
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Plan Benefit	
Type 1	90%
Type 2	70%

Deductible \$50/Calendar Year Type 2, Waived Type 1

\$150/family

Maximum (per person) \$750 per calendar year

Allowance Discounted Fee (MAC)

Waiting Period None
Annual Open Enrollment Included

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

	<u> </u>	7
	Type 1	Type 2
•	Routine Exam (2 per benefit period)	 Full Mouth/Panoramic X-rays (1 in 3 years)
•	Bitewing X-rays (1 per benefit period)	Sealants (age 15 and under)
•	Periapical X-rays	Space Maintainers
•	Cleaning (2 per benefit period)	Restorative Amalgams
•	Fluoride for Children 15 and under	Restorative Composites
	(1 per benefit period)	Crown & Denture Repair
		Simple & Complex Extractions
		 Anesthesia
		 Pre-Diagnostic Test (age 35 and over) (1 in 2 years)

Monthly Rates

Employee Only (EE)	\$23.96
EE + Spouse	\$41.11
EE + Children	\$51.50
EE + Spouse & Children	\$72.19

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 467-7336. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

Dental Network Information

To find providers near you, visit our website at www.rsli.com/dental-vision. Click on "Find a Dentist" to access our online directory and follow the step-by-step instructions. California Residents: When prompted to select your network, choose the network found on your ID Card. Your provider network is: **Classic Network.**

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

RELIANCE STANDARD

LIFE INSURANCE COMPANY

SnapCare Dental Highlight Sheet

Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, members just need to visit us at reliancestandard.com/dental-vision and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.



SnapCare

Dental Highlight Sheet

High Plan 1: Dental Plan Summary	Effective Date: 9/1/2022	
Plan Benefit		
Type 1	100%	
Type 2	80%	
Type 3	50%	
Deductible	\$50/Calendar Year Type 2 & 3, waived Type 1	
	\$150/family	
Maximum (per person)	\$1,000 per calendar year	
Allowance	Discounted Fee (MAC)	
Maximum Rewards	Included	
Waiting Period	None	
Annual Open Enrollment	Included	

Orthodontia Summary - Child Only Coverage

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Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	6 months All Plan Members

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
Routine Exam (2 per benefit period)	 Full Mouth/Panoramic X-rays (1 in 3 years) 	• Onlays
Bitewing X-rays (1 per benefit period)	Sealants (age 15 and under)	• Crowns
Periapical X-rays	Space Maintainers	(1 in 5 years per tooth)
Cleaning (2 per benefit period)	Restorative Amalgams	Endodontics (nonsurgical & surgical)
Fluoride for Children 15 and under	Restorative Composites	Periodontics (nonsurgical & surgical)
(1 per benefit period)	Crown & Denture Repair	Prosthodontics (fixed bridge; removable
	Simple & Complex Extractions	complete/partial dentures)
	Anesthesia	(1 in 5 years)
	 Pre-Diagnostic Test (age 35 and over) 	
	 (1 in 2 years) 	

Monthly Rates

Monthly Rates	
Employee Only (EE)	\$39.52
EE + Spouse	\$78.91
EE + Children	\$87.43
EE + Spouse & Children	\$127.17

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Orthodontia Waiting Period - all plan members

Plan members become eligible for orthodontia benefits after a 12-month waiting period from the date they are enrolled in the plan.

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LIFE INSURANCE COMPANY

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Dental Highlight Sheet

Maximum Rewards

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Maximum Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Maximum Rewards and PPO Bonus combined

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