

American Federation of Government Employees District 11

Dental Highlight Sheet

Plan 2: Dental Plan Summary Effective Date: 11/1/2009

Coinsurance	
Type 1	MCE
Type 2	MCE
Type 3	MCE
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,500 per calendar year
Allowance	MCE
Waiting Period	None
Annual Eye Exam	None
LASIK Assist	None

Orthodontia Summary -Adult and Child Coverage

Allowance	U&C
Coinsurance	50%
Lifetime Maximum (per person)	\$2,000
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia Implants

Bi-Monthly Rates

Employee Only (EE) \$30.25
EE+1 Dependent \$49.50
EE+2 or more Dependents \$66.50

As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 29,000 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Founded in Portland, Oregon, in 1906, The Standard has built a national reputation for delivering quality insurance products, personalized service and strong financial performance. The Standard wrote its first group insurance policy in 1951, and it remains in force today as a testament to the company's commitment to building successful long-term relationships.

Customer Service

Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at **800.845.4669** during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.



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We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information. Our customer service representatives are available Monday through Friday from 6:00 a.m. until 5:00 p.m. Pacific Time. An interactive voice response system for eligibility and claim information is accessible from 5:00 a.m. to midnight Pacific Time, Monday through Thursday, and from 5:00 a.m. to 5:30 p.m. on Friday.

PPO Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a PPO member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide PPO is available. To find member dentists in your area, visit: http://www.standard.com/services/ppo_providers.html. The plan you belong to is PPO -Nationwide.

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.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

This form is a benefit highlight, not a certificate of insurance.

