

Lifestyle Dental Plans

Welcome to Lifestyle Dental Plans! Lifestyle Dental Plans are specifically designed to compliment our wellness-inspired group health benefits program. Lifestyle Dental is your starting point for great group dental benefits, integrated into a program focused on prevention, lifestyle change and health improvement. In fact, dental care and routine dental exams often assist with the early detection of serious diseases or conditions.

Dental coverage is important - without it many employees may never visit the dentist at all. Our Dental Plans are designed to offer all that you will need in terms of prevention, basic and major dental procedures, as well as orthodontia. Dental benefits do not need to be complicated and our program is designed with some straightforward, cost-competitive plan designs - in the same wellness-inspired spirit of our medical and vision programs.



Standard Plans

Dental Plan Benefits		DentalCare 1000	DentalCare 1500
Preventive Procedures (Every 6 months) Fluoride Treatments (under age 19), Cleanings, Periodic Exams, X-rays	Benefit Year Deductible: Plan Co-insurance:	\$0 100%	\$0 100%
Deductible Applies to Basic & Major Procedures Only		\$50 per person annual x 3	\$50 per person annual x 3
Basic Procedures Simple Extractions, Fillings, Root Canals	Plan Co-insurance:	80%	80%
Major Procedures Surgical Extraction of Teeth, Bridges & Crowns, Dentures, Partials, Implants	Plan Co-insurance:	50%	50%
Benefit Year Maximum Includes Preventive, Basic, & Major Procedures	Benefit Year Maximum:	\$1,000 per covered person	\$1,500 per covered person
Orthodontics (Children under the age of 19 only)	Benefit Maximum: Plan Co-insurance: Vesting Period:	\$1,000 Lifetime 50% 1 year prior dental coverage	\$1,000 Lifetime 50% 1 year prior dental coverage

NOTES:

- See policy and summary of plan benefits for coverage details and limitations.
- Above dental plan benefits illustrated are for In-network benefits.
- In-network benefits provided by *Aetna Dental Access® / Aetna Administrators®*.
- Non-network claims paid at 80% of U&C.
- Plan rate schedule effective through 12/31/15.
- Dental plan benefits and rates are based on a minimum of 3 enrolled employees, and are not valid if the final enrollment is below the minimum threshold.

Underwritten by Midlands Casualty Insurance Company.
Benefits Administered by Medova Healthcare Financial Group.

Aetna Dental® Administrators

Plan Rates

DentalCare 1000 (\$1000 ANNUAL MAXIMUM)

Area	EE		ES		EC		Family		Area
	Stand Alone Voluntary ¹	With Lifestyle Health Participation (Same Tier) ²	Stand Alone Voluntary ¹	With Lifestyle Health Participation (Same Tier) ²	Stand Alone Voluntary ¹	With Lifestyle Health Participation (Same Tier) ²	Stand Alone Voluntary ¹	With Lifestyle Health Participation (Same Tier) ²	
1	\$17.25	\$13.80	\$41.35	\$33.08	\$48.97	\$39.18	\$61.85	\$49.48	1
2	\$18.87	\$15.10	\$45.24	\$36.19	\$53.57	\$42.86	\$67.66	\$54.13	2
3	\$20.49	\$16.39	\$49.12	\$39.30	\$58.18	\$46.54	\$73.48	\$58.78	3
4	\$22.11	\$17.69	\$53.01	\$42.41	\$62.78	\$50.22	\$79.29	\$63.43	4
5	\$23.74	\$18.99	\$56.90	\$45.52	\$67.38	\$53.91	\$85.11	\$68.08	5
6	\$25.36	\$20.29	\$60.78	\$48.63	\$71.99	\$57.59	\$90.92	\$72.74	6
7	\$28.01	\$22.41	\$67.15	\$53.72	\$79.53	\$63.62	\$100.44	\$80.36	7
8	\$33.64	\$26.91	\$80.63	\$64.51	\$95.49	\$76.39	\$120.61	\$96.49	8

DentalCare 1500 (\$1500 ANNUAL MAXIMUM)

Area	EE		ES		EC		Family		Area
	Stand Alone Voluntary ¹	With Lifestyle Health Participation (Same Tier) ²	Stand Alone Voluntary ¹	With Lifestyle Health Participation (Same Tier) ²	Stand Alone Voluntary ¹	With Lifestyle Health Participation (Same Tier) ²	Stand Alone Voluntary ¹	With Lifestyle Health Participation (Same Tier) ²	
1	\$22.95	\$18.36	\$49.85	\$39.88	\$58.83	\$47.06	\$71.65	\$57.32	1
2	\$25.11	\$20.09	\$54.54	\$43.63	\$64.36	\$51.49	\$78.39	\$62.71	2
3	\$27.26	\$21.81	\$59.22	\$47.38	\$69.89	\$55.91	\$85.12	\$68.10	3
4	\$29.42	\$23.54	\$63.91	\$51.13	\$75.42	\$60.34	\$91.86	\$73.48	4
5	\$31.58	\$25.26	\$68.59	\$54.87	\$80.95	\$64.76	\$98.59	\$78.87	5
6	\$33.74	\$26.99	\$73.28	\$58.62	\$86.48	\$69.18	\$105.33	\$84.26	6
7	\$37.27	\$29.82	\$80.96	\$64.77	\$95.54	\$76.43	\$116.36	\$93.09	7
8	\$44.75	\$35.80	\$97.21	\$77.77	\$114.72	\$91.77	\$139.72	\$111.77	8

¹ In order to be eligible for Lifestyle Dental as a stand alone voluntary product, employer must offer Lifestyle Health Plans major medical product.

² Lifestyle Health Participation requires that at least 50% of the group's Lifestyle Health Plans participants are enrolled in a Lifestyle major medical product.

State Area Classifications*

State	Area Tier	State	Area Tier
Alabama	2	Nebraska	1
Alaska	8	Nevada	3
Arizona	3	New Jersey	6
Arkansas	2	New York	8
Colorado	4	North Carolina	4
Georgia	3	Ohio	2
Idaho	4	Oklahoma	2
Illinois	4	Pennsylvania	5
Indiana	2	South Carolina	1
Iowa	1	Tennessee	1
Kansas	2	Texas	3
Kentucky	2	Washington	5
Louisiana	1	West Virginia	1
Michigan	4	Wisconsin	3
Mississippi	1	Wyoming	1
Missouri	2		

* Lifestyle Dental is available in the above mentioned states. Check with your Lifestyle sales representative for product approval and availability.

Disclosure Details

Covered Expenses will not include and no benefits will be payable for expenses incurred:

- for any procedure begun before the plan member was covered under the dental plan.
- for orthodontic treatment that is begun on or after the member's 19th birthday or began prior to being covered on this plan for at least 12 consecutive months.
- for any treatment which is for cosmetic purposes, except as specifically listed in the summary of plan benefits.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun after the member's dental benefits under this plan terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's dental benefits under this plan terminates
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to alter vertical dimension, restore or maintain occlusion, splint or replace tooth structure lost because of abrasion or attrition.
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- for any procedure which is not shown on the summary of dental benefits.

