

## Dental



### Discounts are available!

- **Dental Discount Program:** Determined by the length of time with the current dental carrier and requires an employer contribution of at least 50%
- **Packaging Discount:** Progressive discounts are applied when dental coverage is bundled with one, two, or three additional lines of coverage

We offer Usual, Customary, and Reasonable (UCR) and Maximum Allowable Charge (MAC) options for utmost flexibility to meet your unique needs.

Type I Preventive Services	Type II Basic Services	Type III Major Services
<ul style="list-style-type: none"> <li>• Cleanings</li> <li>• Fluoride Treatment</li> <li>• Preventive Exams</li> <li>• Preventive X Rays</li> <li>• Sealants</li> </ul>	<ul style="list-style-type: none"> <li>• Crowns (stainless steel)</li> <li>• Minor Oral Surgery</li> <li>• Periodontal Prophylaxis</li> <li>• Problem Focused Exams</li> <li>• Problem focused X Rays</li> <li>• Restorations/Fillings</li> <li>• Simple Extractions</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Complex Oral Surgery</li> <li>• Crowns (other than steel)</li> <li>• Dentures/Bridges/ Repairs</li> <li>• Endodontic</li> <li>• General Anesthesia</li> <li>• Implants</li> <li>• Inlays/Onlays</li> <li>• Periodontics and appliances</li> </ul>

Plan Design Features	In Network	Out of Network
Calendar Year Deductible	\$0 / \$25 / \$50 / \$75 / \$100	\$0 / \$25 / \$50 / \$75 / \$100
Deductible Applies to	Type II and III Only	
Annual Maximum – Type I, II, III	\$1,000 / \$1,250 / \$1,500 / \$2,000 / \$2,500 / \$3,000 / \$5,000*	
Ortho Lifetime Maximums (Child Only and Child / Adult options are available)	\$1,000 / \$1,500 / \$2,000 (50% coinsurance for all plans)	
In Network Coinsurance – Type I	100%	100% / 80%
In Network Coinsurance – Type II	100% / 90% / 80% / 60% / 50%	100% / 90% / 80% / 60% / 50%
In Network Coinsurance – Type III	80% / 60% / 50%	80% / 60% / 50%
Out of Network Reimbursement Level		
90th UCR / 80th UCR / Maximum Allowable Charge (MAC)**		

Benefit Options	
<ul style="list-style-type: none"> <li>• Max Rollover Feature</li> <li>• Move Endodontic and Periodontic to Type II (Basic)</li> </ul>	<ul style="list-style-type: none"> <li>• Move Complex Oral Surgery/Anesthesia to Type II (Basic)</li> <li>• Split In and Out of Network Deductibles</li> </ul>

Provider location counts are provided by the Network to Nippon Life Benefits. The Network is responsible for the accuracy of the numbers provided.

\*\$5,000 annual benefit available for groups with 10 or more enrolled employees and replacing current dental coverage.

\*\* For covered services provided by Out of Network Providers, Nippon Life Benefits will reimburse based on policy provisions up to the maximum allowable charge (MAC). Out of Network Providers may bill insureds for amounts in excess of the amount reimbursed by Nippon Life Benefits.