

# Reliant Mission

## Dental Highlight Sheet

### Low Plan 1: Dental Plan Summary

Effective Date: 1/1/2019

Plan Benefit	In Network	Out of Network
Type 1	100%	80%
Type 2	80%	60%
Type 3	60%	60%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,250 per calendar year	\$1,250 per calendar year
Allowance	Discounted Fee	90th U&C
Waiting Period	None	None
Annual Eye Exam	None	None
LASIK Advance <sup>SM</sup>	None	None
Annual Open Enrollment	Included	Included

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

Type 1	In Network Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 15 and under (1 per benefit period)</li> <li>Sealants (age 15 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 8 years per tooth)</li> <li>Crown Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>
Type 1	Out of Network Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 15 and under (1 per benefit period)</li> <li>Sealants (age 15 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 8 years per tooth)</li> <li>Crown Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

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### High Plan 1: Dental Plan Summary

Effective Date: 1/1/2019

Plan Benefit	In Network	Out of Network
Type 1	100%	80%
Type 2	80%	60%
Type 3	60%	60%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,500 per calendar year	\$1,500 per calendar year
Allowance	Discounted Fee	90th U&C
Waiting Period	None	None
Annual Eye Exam	None	None
LASIK Advance <sup>SM</sup>	None	None
Annual Open Enrollment	Included	Included

### Orthodontia Summary - Child Only Coverage

Allowance	In Network	Out of Network
Plan Benefit	Discounted Fee	U&C
Lifetime Maximum (per person)	50%	50%
Waiting Period	\$1,500	\$1,500
	12 months New Enrollees Only	12 months New Enrollees Only
	<b>In Network</b>	<b>Out of Network</b>
<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 15 and under (1 per benefit period)</li> <li>Sealants (age 15 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 8 years per tooth)</li> <li>Crown Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>
<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>
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Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

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### **eCard**

Once you are enrolled in the plan, your plan member ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. To get one of these ID cards, visit [reliancestandard.com/dental-vision](http://reliancestandard.com/dental-vision) and sign into (or create) a Member Services secure account. Enrolled members may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.

### **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](http://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.

### **Eyewear Savings**

Plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, plan members can visit [reliancestandard.com/dental-vision](http://reliancestandard.com/dental-vision) and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.

### **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.rsl.com/dental-vision](http://www.rsl.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.

### **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 January 1.

### **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.

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### **Section 125**

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

### **Orthodontia Waiting Period - new enrollees only**

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

**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.**