

› Voluntary Dental Insurance



More Than a Pretty Smile

Taking good care of your teeth and mouth is an important part of a healthy lifestyle. Practicing proper dental hygiene, like brushing, flossing, and avoiding sugary foods and drinks, is only part of the oral health equation. Visiting a dentist on a regular basis is also very important.

As an active employee of Spooner Inc. dba Spooner Physical Therapy, you have access to a dental insurance policy from United of Omaha Life Insurance Company.

You have so many reasons to keep your teeth and gums healthy. Ongoing dental care will help you maintain the best possible oral – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



HIGH PLAN

With this dental plan, you have a choice in coverage levels, either the High Plan or the Low Plan. The High Plan offers a higher level of coverage (ex. a larger benefit percentage is available for covered services), with more costly premiums than the Low Plan. The Low Plan offers a lower level of coverage, with more affordable premiums than the High Plan. You have the flexibility to enroll for the plan that best meets you and your dependents dental health needs.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES ELECTING DENTAL HIGH PLAN

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

LATE ENTRANT		
Type A	None	
Type B	12 Months	
Type C	12 Months	
Orthodontia	12 Months	
PLAN YEAR DEDUCTIBLES AND MAXIMUMS	IN-NETWORK	OUT-NETWORK
Type A	Waived	Waived
Type B & C Deductible		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
Annual Maximum	\$2,000	\$1,500
Orthodontia Lifetime Maximum	\$1,500	\$1,000
The same expenses may be used to satisfy both the In-Network and Out-Network deductible.		
COVERED SERVICES	IN-NETWORK	OUT-NETWORK
Type A Services <ul style="list-style-type: none"> Examinations/Evaluations Bitewing X-rays All Other X-Rays Fluoride Treatments Cleaning/Prophylaxis Sealants Space Maintainers Brush Biopsy/Cancer Screening Full Mouth X-rays, Panoramic Film 	100%	100%
Type B Services <ul style="list-style-type: none"> Palliative Treatment Periodontal Maintenance Fillings Simple Extractions Repair of Full or Partial Removable Dentures Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures Repair/Recementation of Bridges General Anesthesia or I.V. Sedation 	90%	80%
Type C Services <ul style="list-style-type: none"> Stainless Steel Crowns Oral Surgery Endodontics Full or Partial Removable Dentures Bridges Cast Crowns, Inlays, Onlays, Labial Veneers Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers Surgical Extractions Surgical Periodontics Non-Surgical Periodontics 	60%	50%
Child Orthodontia <ul style="list-style-type: none"> Harmful Habit Appliances 	50%	50%

- 1) The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.
- 2) This plan provides different coverage levels for In-Network and Out-Network services. By using an In-Network provider, plan members will save more through the predetermined fee arrangement and better benefit coverage.
- 3) The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 36 month period.
- Fluoride – For dependent children up to age 14. 2 services in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 2 services in a 12 month period.
- Sealants – For dependent children up to age 14; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 14, includes recementations and removal.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 10 years.
- Bridges – Replacement allowed once in 10 years.
- Dentures – Replacement allowed once in 10 years.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to dependent child turning age 26 for orthodontic benefits to be payable.

SERVICES

Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE

Coverage Tier	Premium Amount (12 Payroll Deductions Per Year)
Employee/Member	\$31.28
Employee/Member + Spouse	\$61.79
Employee/Member + Child(ren)	\$92.68
Employee/Member + Family	\$123.23

To enroll for dental coverage:

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Voluntary Dental Coverage election section on your enrollment form. Place a \checkmark or an x in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 20 hours per week.

When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

Are there any waiting periods on this plan?

There is never a waiting period for Type A services. All insured persons will have these services available to them on the day they become effective.

Any employee who did not elect coverage when they were first eligible are considered 'late' to the plan at any other time they enroll. For these employees and family members, there is a does not apply waiting period for Type B, Type C and Orthodontic services.

If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: 7000GM-U-EZ 2010 or state equivalent (In NC: 7000GM-U-EZ 2010 NC).

