

**STANDARD DENTAL HIGHLIGHT SHEET**

**Group Policy #160-751823-2/Dental Plan Summary/Effective 2/1/2022**

**STANDARD DENTAL DEDUCTIBLE PER PERSON PER CALENDAR YEAR \$50.00 – \$150/FAMILY**

**MAXIMUM DOLLAR AMOUNT PAID PER PERSON PER CALENDAR YEAR \$1000.00 – SEE MAX BUILDER FEATURE FOR ADDITIONAL ANNUAL MAXIMUM AMOUNT**

**NO WAITING PERIOD FOR SERVICES UNLESS LATE ENTRANT PROVISION APPLIED – ANNUAL OPEN ENROLLMENT MONTH OF FEBRUARY**

**PREVENTIVE DENTAL TYPE 1 SERVICES 80%**

- ROUTINE EXAM (1 IN 5 MONTHS)
- BITEWING X-RAYS (1 IN 5 MONTHS)
- FULL MOUTH/PANORAMIC X-RAYS (1 IN 3 YEARS)
- PERIAPICAL X-RAYS
- CLEANING (1 IN 5 MONTHS)
- FLUORIDE AGE 16 & UNDER (1 IN 5 MONTHS)
- SEALANTS (AGE 16 AND UNDER)
- SPACE MAINTAINERS
- PRE-DIAGNOSTIC TEST AGE 35 + (1 IN 2 YEARS)

**MAJOR DENTAL TYPE 3 SERVICES 50%**

- ONLAYS (TOOTH RESTORATION)
- CROWNS (1 IN 5 YEARS PER TOOTH)
- PERIODONTICS (SURGICAL)
- PROSTHODONTICS (FIXED BRIDGE; REMOVABLE COMPLETE/PARTIAL DENTURES) [1 IN 10 YEARS]

**BASIC DENTAL TYPE 2 SERVICES 70%**

- RESTORATIVE AMALGAMS (FILLINGS)
- RESTORATIVE COMPOSITES (FILLINGS)
- CROWN REPAIR
- ENDODONTICS (NONSURGICAL)
- ENDODONTICS (SURGICAL)
- PERIODONTICS (NONSURGICAL)
- DENTURE REPAIR
- SIMPLE EXTRACTIONS
- COMPLEX EXTRACTIONS
- ANESTHESIA

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**SEE PAGES 3 - 4 FOR THE NEW MAX BUILDER FEATURE THAT ALLOWS PLAN PARTICIPANTS TO CARRY-OVER PART OF THEIR UNUSED ANNUAL MAXIMUM BENEFIT AND ACCUMULATE UP TO \$1000 IN ADDITIONAL BENEFITS**

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Rates Per Pay Period:

Employee only	\$23.14
Employee + spouse	\$42.92
Employee + child(ren)	\$42.92
Employee + spouse + children	\$60.28

Effective date is the 1<sup>st</sup> of the month following 2 payroll deductions received in 1 consecutive month.

**Customer Service**

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We make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Customer service representatives are available Monday – Thursday from 5:00 a.m. to 10:00 p.m. Pacific Time and until 4:30 on Friday. For plan information any time, access our automated voice response system or go online to [standard.com](http://standard.com).

***Late Entrant Provision***

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We strongly encourage you to sign up for coverage when you are initially eligible. **For BMTC this is within 31 days of joining the union.** 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 6 months they are covered.

***Open Enrollment***

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**Annual open enrollment is in the month of February.** If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. The member may add dependents to the policy during open enrollment that do not fall under a Qualifying Event.

**PPO Information**

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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/dental> and click on "Find a Dentist."

**Pretreatment**

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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.

**STANDARD DENTAL HIGHLIGHT SHEET****Group Policy #160-721823-2/Dental Plan Summary /Effective 2/1/2022****THE BEST WAY TO USE YOUR STANDARD DENTAL BENEFITS:**

VISIT [WWW.STANDARD.COM](http://WWW.STANDARD.COM) TO FIND A LOCAL PROVIDER; THERE YOU CAN CREATE AN ACCOUNT, VERIFY COVERAGE & VIEW YOUR BENEFIT INFORMATION. THE NETWORK IS PPO; DENTAL ID CARDS WILL BE SENT IN THE MAIL TO BMTc. BMTc WILL FORWARD THE CARDS TO THE MAILING ADDRESS WE HAVE ON FILE. YOU CAN ALSO REQUEST ID CARDS ONCE YOU SET UP YOUR ACCOUNT.

**NEW VALUABLE FEATURE: Max Builder<sup>SM</sup>**

*This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. **A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year.** In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. **If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.***

<b>Benefit Threshold</b>	<b>\$500</b>	<b>Dental benefits received for the year cannot exceed this amount</b>
<b>Annual Carryover Amount</b>	<b>\$250</b>	<b>Max Builder amount is added to the following year's maximum</b>
<b>Annual PPO Bonus</b>	<b>\$100</b>	<b>Additional bonus is earned if the participant sees a network provider</b>
<b>Maximum Carryover</b>	<b>\$1,000</b>	<b>Maximum possible accumulation for Max Builder and PPO Bonus combined</b>

***See page 4 to see how Max Builder can work for individuals and families  
(continued on back)***

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## 5 Guidelines for Building Dental Benefits

1. **Visit the dentist yearly:** File at least one dental claim a year. (In or out-of-network).
2. **Stay below the annual threshold:** During some years, you may need only basic preventive care, which makes it easy to stay below your plan’s annual maximum benefit.
3. **Build annual maximum:** If you qualify (see 1 & 2), you can carry over a specified amount and build your maximum benefits for the following year, subject to plan limits.
4. **Stretch benefit dollars:** Use carried-over benefits to help reduce your out-of-pocket costs for covered dental services, subject to applicable deductible, coinsurance and plan provisions.
5. **Start over:** If you don’t submit a dental claim during a benefit year, all carried-over benefits are lost. You can start building your maximum again the next year.



### MAX BUILDER EXAMPLE:

<b>Years 1-2</b>	Jeff, his wife Janet & their 3 kids see their in-network dentist for preventive care, and each earn \$250 carry-over benefit 2 years in a row, totaling \$500 apiece; they all also earn the PPO Bonus of \$100 a piece for in-network dental care.
<b>Year 3</b>	Each family member starts out with a \$1,700 combined benefit. Janet and two of the kids visit the in-network dentist and stay below the threshold. Jeff gets a root canal & uses all of his available benefits, exceeding the annual \$500 threshold. The oldest daughter needs fillings & has a chipped tooth repaired, using \$1,000 of her available maximum, which also exceeds the threshold.
<b>Year 4</b>	Janet and two children start out with a \$1,000 annual maximum and \$1,000 in carry-over benefits. Jeff starts with a \$1,000 annual maximum and \$0 in carry-over benefits. The daughter who exceeded the threshold last year starts with a \$1,000 annual maximum and a \$700 carry-over from years 1-2.

**For questions or clarification contact Gen Aksdal at BMTC 360-377-5404 or [gen@tscnet.com](mailto:gen@tscnet.com)**

This form is a benefit highlight, not a certificate of insurance.  
 Standard Insurance Company  
 Benefit and Cost Summary Highlight Sheet  
 February 1, 2020