Leon County School District

Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Dental Plan Summary **Effective Date: 10/1/2022**

Plan Benefit	LOW	MEDIUM	HIGH
Type 1 (Preventive)	80%	100%	100%
Type 2 (Basic)	70%	80%	90%
Type 3 (Major)	30%	50%	60%
Waiting Period	None	None	None
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1	Waived Type 1
	$150/family	$150/family	$150/family
Maximum *(per person)*	$750 per calendar year	$1,000 per calendar year	$1,500 per calendar year
OON Allowance	Discounted Fee/MAC*	Discounted Fee/MAC*	95% usual & customary**
Max Builder℠	Included	Included	Included
Annual Open Enrollment	Included	Included	Included

Sample Procedure Listing for all three plans (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Cleaning (4 per benefit period) • Fluoride for Children 13 and under (2 per benefit period)	• Periapical X-rays • Sealants (age 16 and under) • Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Periodontics (surgical) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Orthodontia Summary - Adult and Child Coverage

	LOW	MEDIUM	HIGH
Allowance	None	Usual and customary	Usual and customary
Plan Benefit		50%	50%
Lifetime Maximum *(per person)*		$1,000	$1,000
Waiting Period		None	None

* Discounted Fee/MAC: We will base our payment on the amount our in-network dentist charges. The member pays the difference between what their dentist charges and what our in-network dentist would have charged.

**95% Usual and Customary: As long as the out of network dentist charges at or below what 95% of what dentists charge in the area, we will allow the full charge. If they charge more than what 95% of local dentist's charge, the member pays the difference.

Leon County School District

Dental Network Information Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member provider 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 network is available. To find member dentists in your area, visit **http://www.standard.com/services** and click on "Find a Dentist."

Your provider network is Classic Network.

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 October 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Submitting a claim Your policy requires all claims be received by The Standard within 90 days of the date of service. You may submit a claim, or your Dentist can file your claim on your behalf and you can assign payment to your Dentist. If the 90 day deadline is missed, you will be responsible for covering the cost of the service. *Requirements for claims submission vary by state, please consult your group certificate for details.

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.

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.

Customer Service Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to locate the nearest network provider, view plan benefit information and more.

Call Center: 800.547.9515

- Service representative hours:
  5 a.m. to 10 p.m. Pacific Monday through Thursday
  5 a.m. to 4:30 p.m. Pacific Friday
- Interactive Voice Response available 24/7

View plan benefit information at:
www.standard.com/services.

Standard Insurance Company