



Voluntary Dental Insurance

FOR EMPLOYEES OF CITY OF VILLA RICA

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 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.

BENEFIT WAITING PERIODS

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	\$2,000
Orthodontia Lifetime Maximum	\$1,500	\$1,500

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	100%	100%
<ul style="list-style-type: none"> • Examinations/Evaluations • Bitewing X-rays • Full Mouth X-rays, Panoramic Film • Fluoride Treatments • Cleaning/Prophylaxis • Sealants 		

COVERED SERVICES	IN-NETWORK	OUT-NETWORK
Type B Services <ul style="list-style-type: none"> • Space Maintainers • Palliative Treatment • Periodontal Maintenance • Brush Biopsy/Cancer Screening • Fillings • Stainless Steel Crowns • Simple Extractions • Oral Surgery • General Anesthesia or I.V. Sedation • Endodontics • Periodontics • Repair of Full or Partial Removable Dentures • Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures • Repair/Recementation of Bridges • Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers 	80%	80%
Type C Services <ul style="list-style-type: none"> • Full or Partial Removable Dentures • Bridges • Cast Crowns, Inlays, Onlays, Labial Veneers 	50%	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) The plan pays the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.
- 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.

ROLLOVER BENEFIT PROVISION

The Rollover Benefit provision allows you and your dependents to save your dental benefit dollars for when you need them most. With this provision, Mutual of Omaha will "roll over" a percentage of the Policy Year Maximum Benefit for each insured person in a given calendar year, increasing the following Policy Year maximum for that insured person (subject to certain conditions). Rollover calculations are determined based on In-Network provisions.

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 – Two services in a 12-month period.
- Bitewing X-rays – Four 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. Two services in a 12-month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – Two 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 – Two 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 – Two services in a 12-month period in addition to routine cleaning. Following active periodontal treatment only.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 19 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 (24 Payroll Deductions Per Year)
Employee/Member	\$16.09
Employee/Member + Spouse	\$36.00
Employee/Member + Child(ren)	\$44.13
Employee/Member + Family	\$65.13

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 30 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 12 months 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 outline, 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).

