



TheStandard®  
Positively different.

# The Standard Select<sup>SM</sup> Group Dental Insurance

Flexible Dental Plans for Small Businesses



## Your Proposed Group Insurance Plan

Standard Insurance Company appreciates the opportunity to provide a proposal to you for The Standard Select<sup>SM</sup> group Dental insurance coverage. This booklet and the Dental proposal together outline the basic features of your proposed Dental plan. These documents are not a contract.

Establishing group Dental insurance coverage with The Standard requires your completed, signed application for group insurance and our acceptance of it. When we approve your application, we will issue you a *group policy* or *statement of coverage*\* containing our customary language. It will not duplicate the language of any existing policies you may have.

Your *group policy* with The Standard will contain provisions, exclusions, limitations and defined terms not described in this booklet or the Dental proposal. When used in this booklet, defined terms and provisions from your coverage under the *group policy* will appear in italics. If any discrepancies exist between the Dental proposal, the *group policy* and this booklet, the *group policy* will control.

Your coverage under the *group policy* will become effective on the date determined by The Standard, which will be clearly stated in your policy. We will also supply you with certificates of insurance, describing the coverage in detail, for you to deliver to your insured employees.

The proposed premium rate and plan design for your Dental coverage are based on the underwriting data we received from you. We will determine final premium rates and plan provisions based on:

- State law
- *Policyholder* contributions
- The composition of the group of employees you wish to insure
- Our current underwriting rules and practices

The proposal will expire on the date shown in the Dental proposal.

Thank you for considering The Standard for your Group Dental insurance needs. Should you have questions or need additional information, please contact your insurance advisor or the Employee Benefits Sales and Service Office for your area.

\* For the purposes of this document, group policy represents either the group policy or statement of coverage.



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# Meeting the Needs of Small Businesses

Finding employee benefits that meet the needs of a small business can be challenging, but Standard Insurance Company offers a solution. The Standard Select<sup>SM</sup> line of group insurance products is streamlined, competitively priced and an easy way for small businesses to provide benefits to their employees.

This booklet discusses our Group Dental coverage. We also offer Long Term Disability, Short Term Disability, and Group Life with Accidental Death and Dismemberment coverage and optional Dependents Life insurance coverage for small businesses. Coverages may be offered on a stand-alone basis or combined to create a comprehensive employee benefits package. To learn more about our other plans, contact your insurance advisor or call the Employee Benefits Sales and Service Office for your area at 800.633.8575.

## Is The Standard Select Dental right for all small businesses?

We specifically designed The Standard Select Dental for small businesses with two or more eligible employees.<sup>1</sup> The following guidelines will help you determine whether your company is eligible for one of our insurance plans.

To be eligible, a small business must:

- Be financially sound and provide stable, year-round employment
- Be structured as a corporation, partnership or proprietorship
- Be at least two years old
- Have an employer/employee relationship
- Have a central office for billing and insurance record maintenance

<sup>1</sup> Colorado, Hawaii, Michigan and Pennsylvania require a greater number of eligible employees for an employer to be eligible for coverage.



Unfortunately, not all small businesses will qualify for coverage. In general, companies are not eligible for coverage if:

- More than 50 percent of the employees are related
- They have changed insurance carriers more than twice in the last five years
- They are a group not based on a specific employer/employee relationship

In addition, we cannot accept the following organizations:

- Associations
- Fraternal organizations
- Dental labs, clinics and offices
- Any group involving a trust instrument, such as Multiple Employer Trusts
- Unions (Taft Hartley Trusts), where benefits and rates are subject to labor management negotiations
- Voluntary arrangements such as cafeteria or Section 125 plans

# Comparison of Available Dental Plans

## Group Dental Insurance for Small Employers



All three Dental plans share the same key elements. They pay 100% of Type 1 (preventive) expenses, 80% of Type 2 (basic) expenses and 50% of Type 3 (major) expenses, after the \$50/insured calendar year deductible is satisfied for Type 2 and Type 3 expenses. The maximum deductible applied per family is \$150 per calendar year. All plans also come with a \$1,000 or \$1,500 maximum benefit amount, per calendar year.

	The Standard Select <sup>SM</sup> Optima Care <sup>SM</sup>	The Standard Select <sup>SM</sup> Banner Dental Care <sup>SM</sup>	The Standard Select <sup>SM</sup> PPO Max*
Usual & Customary Charges	U&C 90th Percentile	U&C 90th Percentile	Negotiated Fee Schedule
<b>Type 1 (preventive) Dental Expense Category</b>			
Expense Reimbursement**	100%	100%	100%
Routine Oral Exams	Twice per benefit period	Twice per benefit period	Twice per benefit period
Full Mouth or Panoramic X-rays	Once every 3 years	Once every 5 years Covered as a Type 2 Expense	Once every 5 years Covered as a Type 2 Expense
Bitewing X-rays	2 sets per benefit period	2 sets per benefit period Covered as a Type 2 Expense	2 sets per benefit period Covered as a Type 2 Expense
Palliative (emergency) Treatment	Covered	Covered as a Type 2 Expense	Covered as a Type 2 Expense
Sealants	Covered through age 16	Covered through age 13 Covered as a Type 2 Expense	Covered through age 13 Covered as a Type 2 Expense
Fluoride Treatments	Covered through age 18	Covered through age 13	Covered through age 13
Regular Cleanings (prophylaxis)	2 per benefit period (Regular and periodontal cleanings, combined)	2 per benefit period (Regular and periodontal cleanings, combined)	2 per benefit period (Regular and periodontal cleanings, combined)

Any discrepancies between this comparison and the proposal sheet will be ruled by the proposal sheet.

\* The Standard Select<sup>SM</sup> PPO Max is only offered in areas where PPO provider density is high enough to maximize network usage.

\*\* Unless otherwise noted.

## Group Dental Insurance for Small Employers



	The Standard Select <sup>SM</sup> Optima Care <sup>SM</sup>	The Standard Select <sup>SM</sup> Banner Dental Care <sup>SM</sup>	The Standard Select <sup>SM</sup> PPO Max <sup>*</sup>
<b>Type 2 (basic) Dental Expense Category</b>			
Expense Reimbursement**	80%	80%	80%
Amalgam/Composite Restorations (fillings)	Covered	Covered	Covered
General Anesthetics with Oral Covered Surgery Expense	Covered	Covered as a Type 3 Expense	Covered as a Type 3 Expense
Oral Surgery	Covered	Covered as a Type 3 Expense	Covered as a Type 3 Expense
Endodontic Services (root canals)	Covered	Covered	Covered
Periodontal Cleanings (periodontal maintenance)	2 per benefit period (Regular and periodontal cleanings, combined)	2 per benefit period (Regular and periodontal cleanings, combined)	2 per benefit period (Regular and periodontal cleanings, combined)
<b>Type 3 (major) Dental Expense Category</b>			
Expense Reimbursement**	50%	50%	50%
Crowns, Inlays and Onlays, Bridges, Dentures, Partial Dentures, and Prosthetic Replacements	Once every 5 years	Once every 10 years	Once every 10 years
Recementing Crowns, Bridges, Inlays and Onlays	Covered	Covered	Covered
<b>Additional Benefits and Coverage</b>			
Max Builder <sup>SM</sup> Benefit	Included	Included	Included
Orthodontia	Available	Available	Available
Eye Care	Available	Available	Available

## Flexible Dental Coverage

Finding a balance between quality Dental coverage and affordable premiums is key for many small employers. With The Standard Select Group Dental coverage, you have a choice of plan designs that enables you to find the right mix of dental benefits and costs for your employees.

The Standard Select<sup>SM</sup> Optima Care<sup>SM</sup> plan offers the most generous benefits in terms of frequency of procedures, expense classifications and coinsurance schedule.

The Standard Select<sup>SM</sup> Banner Dental Care<sup>SM</sup> plan is priced 11 percent less than the Optima Care plan. It balances cost and quality care by covering essential procedures to maintain oral health while controlling expenses through procedure limitations.

The Standard Select<sup>SM</sup> PPO Max plan is priced 28 percent below the Banner Dental Care plan and has the same procedure placement and frequency limits, while also using the PPO (Participating Provider Organization) negotiated fee amounts for the maximum claim allowance when insureds seek out-of-network providers. This plan is only offered in areas where PPO provider density is high enough to maximize network usage (and minimize service dissatisfaction with insureds).

All three Dental plans share the same key elements:

- They pay 100 percent of Type 1 (preventive) expenses, 80 percent of Type 2 (basic) expenses and 50 percent of Type 3 (major) expenses, after the \$50/insured calendar year deductible\* is satisfied for Type 2 and Type 3 expenses
- The maximum deductible applied per family is \$150 per calendar year
- They come with a \$1,000 or \$1,500 maximum benefit amount, per calendar year

\* There is no deductible for Type 1 expenses. The Type 1 expenses in the Banner Dental Care and PPO Max plans are different than the Type 1 expenses in the Optima Care plan.

All three plans include the Max Builder<sup>SM</sup> benefit and a one-year initial rate guarantee (an initial two-year rate guarantee is available when The Standard Select Dental coverage is purchased with two or more other lines of coverage from The Standard). In addition, the following options are available:

- Orthodontia coverage
- Eye-care coverage
- Dependents coverage

## Passive PPO: The Power of a Nationwide PPO

The Passive PPO (Participating Provider Organization) enables employees who are covered by any of The Standard's Dental policies to enjoy the benefits of a powerful network of member dentists.

Automatically available in select areas, the Passive PPO can reduce out-of-pocket expenses for employees and control Dental insurance costs for employers. All three plans provide PPO coverage on a passive basis. This means that the 100/80/50 coinsurance remains the same whether the employee goes to an in-network or out-of-network provider. For the employee, the benefit of seeing a PPO dentist is the lower negotiated fees that those providers have agreed to. For employers, the contracted fees of PPO member dentists may ultimately result in lower insurance costs.

## Max Builder Benefit

The Max Builder benefit allows employers to reward insured employees who care for their teeth but use only a portion of their annual benefit maximum. When employees see a dentist yearly and use less than half of their annual benefit maximum, they receive an increase in their annual benefit maximum for the next plan year. The Max Builder benefit allows insured employees to save their benefits to cover future dental procedures, potentially reducing their out-of-pocket expenses.

## Orthodontia Benefit

The Standard understands that orthodontics – the treatment of an improper bite, or malocclusion – is an important aspect of general dental care. That’s why we’ve made orthodontia coverage an available benefit for adults and children on all three plans:

- Requires a minimum of five enrolled employees on the effective date of coverage and at each renewal
- 12-month waiting period
- Takeover coverage is not available
- Provides a \$1,000 lifetime maximum, 50 percent coinsurance, and no deductible

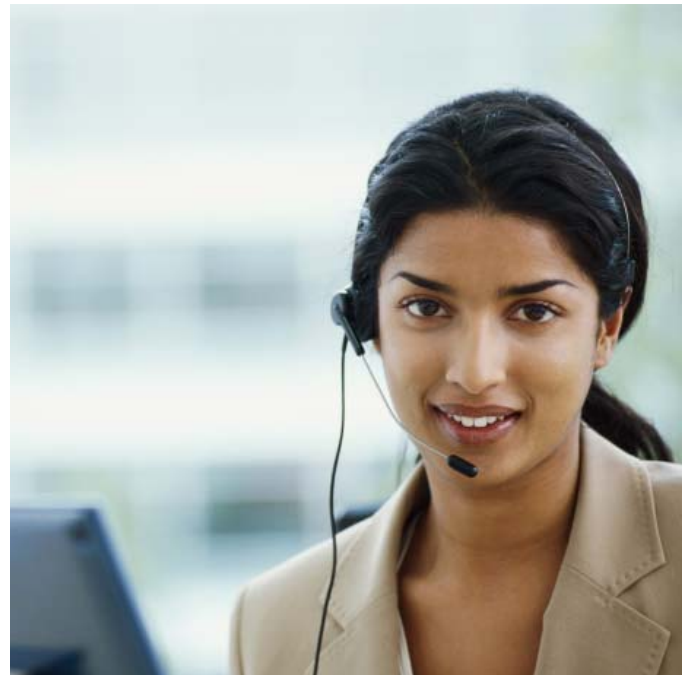
## Eye-care Benefit

The Standard is pleased to offer flexible, affordable vision coverage as an add-on to all three Dental plans:

- Includes a \$20 calendar-year deductible for exam and materials
- Frequency options for Exam-Lenses-Frames are 12-12-24 months. Lenses/Frame (glasses) and contacts are not both available in the same 12- or 24-month period
- The plan design covers up to
  - \$50 for an annual eye exam
  - \$40 for single vision lenses
  - \$60 for bifocal lenses
  - \$75 for trifocal lenses
  - \$80 for progressive lenses
  - \$80 for lenticular lenses
  - \$80 for frames
  - \$100 for contact lenses

Benefits for eligible insureds:

- Choose any eye-care provider
- Employees pay the eye doctor for all services, then submit a claim to The Standard for reimbursement
- Claims are reimbursed based on a schedule of benefits, so your employees know precisely how much is covered ahead of time



## Pre-treatment Estimate

Before having dental work done, members can request that their dentists send a request for a pre-treatment estimate of the benefits to The Standard. The pre-treatment estimates of benefits will tell members what percentage of the charges for the proposed dental work will be covered by insurance. Members can then work out the necessary financial arrangements or postpone some work to a later date.

## Coordination of Benefits

This plan is not intended to duplicate benefits received from other group or employer-sponsored plans. Where such benefits are payable, the benefits payable under this plan and the other plan will be coordinated so that no more than 100 percent of the allowable charges are reimbursed.

## Online Administration Tools

Designed to save you time and simplify your plan administration, our online administration tools are a fast, easy and secure way to administer your plan. There is no additional cost for these online services, but they are only available to groups with 10 or more insured members.

## Electronic Funds Transfer (EFT)

A quick, convenient and secure method of paying your bills, EFT is available to all Dental groups. This method of paying premiums allows The Standard to automatically debit the employer's account for the premium amount due. EFT is available for monthly and quarterly billing.

## Employee and Dependent Eligibility

Coverage is available to all active employees who meet *evidence of insurability* requirements, are *actively at work* at least 30 hours each week, and meet the required *eligibility waiting period* as shown in the Employee Benefits Proposal. Temporary and seasonal employees, full-time members of the armed forces of any country, leased employees, independent contractors and non-payroll workers are not eligible for coverage.

Those employed on the date the Dental coverage is effective become eligible on that date. New employees hired after that date are eligible on their date of hire, and will qualify for the insurance upon completion of the eligibility period selected by the employer.

Eligible dependents include the insured employee's spouse and unmarried child(ren) prior to their 19th birthday who do not work for the employer. In addition, unmarried child(ren) from their 19th birthday to the day before their 24th birthday are eligible if they are full-time students attending an accredited educational institution and primarily dependent upon the employee for support and maintenance. Dependent ages may vary based on state legislation. Call 800-547-9515 to verify eligibility.

## Contributory and Noncontributory Plans

Group Dental plans may be written on a *noncontributory* or *contributory* basis.

With a *noncontributory* plan, the *employer* pays the entire premium. Employees do not contribute toward the cost of the insurance. All eligible employees must participate in a *noncontributory* plan. However, employees may opt out of a *noncontributory* Group Dental plan if they are covered under another Group Dental policy.

With a *contributory* plan, employees pay part of the cost of insurance. The Standard requires the *employer* to contribute at least 50 percent of the premium for each coverage and employees may choose whether to participate in the plan. Employees must enroll within 31 days after becoming eligible. If an employee or their dependent(s) enroll more than 31 days after becoming eligible, the employee and/or the dependent(s) will be considered *late entrants* and will be eligible only for limited benefits for one year from the effective date.

With a *contributory* plan, eligibility for coverage is contingent on a minimum number of eligible employees participating in the plan, as shown below.

### Contributory Plan Minimum Participation Requirements

Total Number of Eligible Employees	Employee Participation Required
2	2
3 or 4	3
5	4
6	5
7 or 8	6
9	7
10 or more	the greater of 8 eligible employees or 75 percent of eligible employees

There are two exceptions to the participation requirements:

- 1) If a husband and wife are both employed by the same employer, either the husband or wife may elect to be insured as a dependent rather than as an employee.
- 2) Employers that fall below the two-insured-employees level have 90 days to bring the number of insured up to the required level. If after 90 days the company still has fewer than the required number of employees insured, that company's coverage will be terminated.



### Employee/Dependent Coverage Effective Dates

For *noncontributory* plans, coverage is effective on the first day of the month following the date that an employee or dependent becomes eligible. For *contributory* plans, coverage is effective on the later of:

- The date the employee or dependent becomes eligible
- The date the employee applies for coverage under the plan, if application is made within 31 days of becoming eligible

### Late Entrant Penalty

If application for Contributory Dental insurance is made more than 31 days after the date of eligibility, the applicant will be subject to the *late entrant* penalty. The *late entrant* penalty means that during the first 12 months after insurance becomes effective, the insured will be covered only for exams, regular cleanings and fluoride (if applicable).

### Benefit Waiting Period

There is no benefit waiting (elimination) period for Type 1 expenses or for Type 2 expenses. The waiting period for Type 3 expenses is 12 months. This 12-month wait may be waived if the employer's prior plan satisfies the following Takeover Provisions:

- The current group dental plan covers Type 3 expenses
- The current group dental plan has been in effect continuously for at least 24 months
- Time covered under a pre-paid plan, capitation plan, dental maintenance organization (DMO) plan or a discount dental plan does not count
- The Standard Select new plan effective date immediately follows the termination date of the prior plan with no gaps in coverage
- All of the following as evidence of prior coverage has been submitted:
  - a copy of the previous group insurance carrier's most recent invoice
  - a certificate or letter of acceptance from the previous group insurance carrier showing the policy effective date
  - the termination date of the prior group dental plan

### Limitations

The Standard Select Dental plans have exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs, limitations and complete details of the coverage, consult the Dental proposal accompanying this booklet, contact your insurance advisor or call the Employee Benefits Sales and Service Office for your area.

## Insurance Termination

In general, group insurance for an employee ends automatically on the earliest of the following:

- The date the last period ends for which a premium contribution is received
- The date the *employer's* coverage under the group policy terminates or coverage for a specific class of employees terminates
- The date employment terminates
- The date the employee fails to meet the definition of a *member*; however, certain coverage may be continued during specific periods as defined in the *group policy* or *statement of coverage*, such as during an approved leave of absence scheduled to last no more than 30 days

If Group Dental insurance coverage is selected for a *spouse* or *child*, in addition to the above, coverage for an insured *dependent* automatically ends on the earliest of the following:

- The date the group insurance ends for the insured employee
- For a *spouse*, the date of divorce
- For a *dependent*, the date the individual ceases to be a *dependent*
- For a *child* who is *disabled*, 90 days after The Standard requests proof of *disability*, if proof is not given

## Employer and Group Policy Termination

*Employers* may terminate their coverage under the *group policy* by providing The Standard with written notice. An *employer's* coverage under the *group policy* will automatically terminate if premium is not received by the end of the *grace period* shown in the Employee Benefits Proposal. The Standard may terminate the *employer's* coverage under the *group policy* if the number of employees insured is less than the minimum participation requirement as shown in the Employee Benefits Proposal. The Standard may also terminate the *employer's* coverage under the *group policy* if we determine the *employer* has failed to promptly furnish any necessary information requested by us or has failed to perform any other obligations relating to coverage under the *group policy*.

The Standard may terminate policies issued to the Standard Insurance Company Group Insurance Trust on any date for any reason.

## Thank You

We appreciate the opportunity to work with you in meeting your employees' needs for Dental insurance. If you have any questions about our proposal or would like further information about our products and services, please contact your insurance advisor or call the Employee Benefits Sales and Service Office for your area.

## Standard Insurance Company

Founded in Portland, Oregon in 1906, The Standard is a nationally recognized insurance provider, offering group disability, life, dental and vision insurance and individual disability insurance. We provide insurance to more than 28,500 groups covering approximately 7.6 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

We always strive to do what's right — for our policyholders and their employees. This dedication has resulted in a national reputation for quality products, superior service and industry expertise.

To learn more about Dental coverage from The Standard, contact your insurance advisor, call the Employee Benefits Sales and Service Office for your area at 800.633.8575 or visit us at [www.standard.com](http://www.standard.com).

\* As of March 31, 2008, based on internal data developed by Standard Insurance Company.



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