



PACIFIC NORTHWEST CONSULTING ENGINEERS HEALTH & WELFARE TRUST

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.

Plan 1: Dental Plan Summary

Policy Number: 642601

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	3 Family Maximum
Maximum (per person)	\$2,500 per calendar year
Allowance	80% usual and customary
Max Builder SM	Included
Annual Eye Exam	None
Annual Open Enrollment	Included

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none">• Routine Exam (2 per benefit period)• Bitewing X-rays (2 per benefit period)• Full Mouth/Panoramic X-rays (1 in 3 years)• Periapical X-rays• Cleaning (2 per benefit period)• Fluoride (1 per benefit period)• Sealants (age 16 and under)	<ul style="list-style-type: none">• Space Maintainers• Restorative Amalgams• Restorative Composites• Endodontics (nonsurgical)• Endodontics (surgical)• Periodontics (nonsurgical)• Periodontics (surgical)• Denture Repair• Simple Extractions• Complex Extractions• Anesthesia	<ul style="list-style-type: none">• Onlays• Crowns (1 in 5 years per tooth)• Crown Repair• Implants• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)



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Max BuilderSM

This dental plan includes a valuable feature that allows plan participants to carry over part of their unused annual maximum. A participant must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, 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 will be lost; but he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$400	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$200	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,200	Maximum possible accumulation for Max Builder and PPO Bonus combined

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."

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.

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.

Prior Extraction Limitation

Your policy has a prior extraction limitation, also known as the "missing tooth clause". This means that if you had a tooth extracted prior to enrolling in your plan with The Standard, we may or may not pay for any benefits towards replacing that tooth. Please review your policy or contact Customer Service for details.



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Domestic Partner

Domestic partner language is available upon request.

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.

About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.