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ESC 20 Benefits Cooperative

90% R&C

SUMMARY OF BENEFITS 2009

	Indemnity - Max Plan	
	PLATINUM NETWORK	
	Network Dentist	Non-Network Dentist
Preventive Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	100% of R&C
Basic Fillings, extractions, oral surgery	80%	80% of R&C
Major Crowns, bridges, dentures, endodontics and periodontics	50%	50% of R&C
	No Waiting Period	
Orthodontics Children under 19	50%	50%
	No Waiting Period	
Lifetime Max:	\$1,000.00	
Dental Select Platinum Network	20% Discount	No Discount
Connection Dental Network	Maximum charge allowed is \$3,800.	
Maximum Benefit Per Member's Effective Date Per Year Preventive, Basic and Major services per person per year.	\$1,000.00	
Deductible Per Member's Effective Date Per Year Applies to Basic and Major services.		
Per Person:	\$50.00	\$50.00
Family Max:	\$150.00	\$150.00
Specialists Endodontists, Oral Surgeons, Periodontists, Prosthodontists, Pediatric Specialists	SEE NOTES	PAID SAME AS GENERAL DENTISTS

Reasonable and Customary (R&C): means benefits based only on "Reasonable and Customary" fee criteria.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and in the case of a discrepancy, the plan documents apply. Please refer to the Group Certificate Booklet for a complete description of benefits, limitations and exclusions.



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DENTAL PLAN NOTES
2009

Participation Requirements

Employer Sponsored plans require 75% of eligible employees enroll on the plan. The employer must contribute 50% of the single premium. A minimum of 6 employees must enroll on the plan with the exception of the Co-Pay Plans which require a minimum of 2 employees enroll. Dual option plans require a minimum of 6 employees enrolled with a minimum of 2 employees on each plan.

Employee Paid plans require a minimum of 2 employees enrolled on the plan, with the exception of the Indemnity plan option. The Indemnity plan requires 100% participation if 2-5 employees are eligible. If 6 or more employees are eligible, the Indemnity plan requires a minimum of 5 employees to enroll. Dual option plans require a minimum of 4 employees enrolled with a minimum of 2 employees on each plan, with the exception of dual options containing the Indemnity plan. In such cases, a minimum of 5 employees must enroll with a minimum of 2 employees on each plan.

Network Access

Texas

Two networks are utilized in Texas, the Dental Select Platinum Network and the Connection Dental Network. Access to Connection Dental Network is only allowed if enrolled on a co-insurance plan using the Platinum Network. Co-pay plans affiliated with either the Gold or Platinum networks, and co-insurance plans using the Gold Network utilize the Dental Select Networks only.

Dental Select participating general dentists accept the Platinum or Gold fee schedule as payment in full. Connection Dental participating general dentists accept the Connection Dental Fee Schedule as payment in full.

Contracted Specialists - Texas

Connection Dental Network: Services rendered by Connection Dental Participating Specialist will be reimbursed according to the Connection Dental fee schedule as payment in full. Orthodontics: The maximum charge allowed is \$3,800

Dental Select Platinum Network: Services rendered by a Dental Select Participating Specialist will be reimbursed as follows.

- 1) You receive a 20% discount off the Specialist's fee.
- 2) Plan pays according to the General Dentists Schedule of Fees.
- 3) Member is responsible for the difference between the Plan's payment & the discounted Specialist's fee.

Plan Notes

Silver

Discount only; no benefit will be paid.

Co-Pay Plans

COVERAGE: CO-PAYS: The patient's co-payments in the Schedule of Covered Services are subject to change on January 1, of each year.

Specialist Discount: Discount only; no benefit will be paid. IN NETWORK: General Dentists: Accept a combination of fixed co-pay and insurance payment as payment in full. OUT OF NETWORK: The member will be responsible for paying the difference between what the dentist charges and the plan payment.

Indemnity

IN NETWORK: General Dentists & Specialists: All payments made by the plan are based on the Platinum or Connection Dental Fee Schedule.

OUT OF NETWORK: Dental Select will allow up to the reasonable and customary charge for the dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility. DISCOUNT: Discount only; no benefit will be paid.



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