



PROTECT-A-DENT INDEMNITY DENTAL PLANS

Comprehensive coverage for your employees and their families

The Employee

We have listened to our customers and designed an indemnity plan that allows coverage for major services as well as the flexibility to use any dental provider of choice... **there are no networks and no referrals required.** Since we don't want our members to have unexpected expenses, we provide each member with a listing of the reimbursement levels for all covered services. Members know exactly how much the plan will pay even before they receive care, which helps them become better educated consumers.

The Employer and The Plans

We also provide employers with the resources to make educated decisions in offering the right dental plan to their employees by choosing between 2 different benefit plan designs: the **Select Plan** and the **Premier Plan**. Each plan has 2 different reimbursement levels to choose from, along with coverage for major services. Your Protect-A-Dent plan can be offered on a voluntary basis with a minimum of 2 enrolled employees. You choose the plan with the benefits and reimbursement levels that best fit the needs and budgets of your employees. *It's that easy!*

	Select Plan	Premier Plan
I. Diagnostic & Preventative Services	100%*	100%*
II. Basic Services	50%*	80%*
III. Major Services	50%*	50%*
IV. Orthodontia	Not Covered	Covered*
Annual Maximum (per person)	\$1,000	\$1,000
Annual Deductible (per person / per family) <i>Waived for Level I services (D&P)</i>	\$50 / \$150	\$50 / \$150
Waiting Period for Major Restorative, Prosthetic, Periodontic & Orthodontia <i>Waived with prior coverage at the group level</i>	12 months	12 months
Orthodontia Lifetime Maximum (per dependent child under age 19)	n/a	\$1,000

**Based on the selected Reimbursement Schedule (RS)*

Frequently Asked Questions.....

Who is a participating provider?

*Members can visit any dental provider of their choice!
There are no networks and no referrals!*

What if I have employees in other states?

Since there is no network, coverage is available nationwide!

How does the dentist get paid?

It depends on the policy of each dental office... the dentist will either file the claim on the member's behalf or have the member pay up front and then be reimbursed upon submission of claim.

Will there be additional out-of-pocket expenses?

The dentist will be reimbursed based on the plan's selected schedule option. If the dentist's fee exceeds the reimbursement level, the dentist may charge the member for the additional amount.

Do members get an ID card?

Each member will receive an ID card in the mail shortly after enrolling in the plan!

Where do enrolled employees call for questions?

Call Member Services toll-free at 1-888-833-8464, between 8:30 am and 5:00 pm, 5 days a week!

PROTECT-A-DENT **SELECT** AND **PREMIER** PLANS

PLAN DESIGN	SELECT: 100% / 50% / 50%
	PREMIER: 100% / 80% / 50% / 50% (Includes Ortho)
ANNUAL MAXIMUM	\$1,000 per person
ANNUAL DEDUCTIBLE	\$50 per person / \$150 per family <i>waived for diagnostic & preventative services</i>
WAITING PERIODS	12 months for major restorative, prosthetic, periodontic, & orthodontia services <i>waived with prior coverage at the group level</i>

FREQUENTLY USED SERVICES*:

SELECT		PREMIER	
RS-#2	RS-#4	RS-#2	RS-#4

I. DIAGNOSTIC & PREVENTATIVE SERVICES		Plan Pays:			
EXAMS	0120 - Periodic Oral Evaluation	\$23	\$28	\$23	\$28
X-RAYS	0150 - Comprehensive Oral Evaluation	\$34	\$43	\$34	\$43
CLEANINGS	0210 - Intraoral - Complete Series, including Bitewings	\$72	\$82	\$72	\$82
FLUORIDE TREATMENTS	0274 - Bitewings - Four Films	\$32	\$38	\$32	\$38
SEALANTS	0330 - Panoramic Film	\$61	\$72	\$61	\$72
	1110 - Prophylaxis - Adult (Adult Cleaning)	\$47	\$58	\$47	\$58
	1120 - Prophylaxis - Child (Child Cleaning)	\$34	\$41	\$34	\$41
	1203 - Fluoride Treatment - not including Prophylaxis - Child	\$18	\$22	\$18	\$22
	1351 - Sealant - Per Tooth	\$27	\$32	\$27	\$32

II. BASIC SERVICES		Plan Pays:			
MINOR RESTORATIVE	1510 - Space Maintainer - Fixed - Unilateral	\$88	\$102	\$88	\$102
ENDODONTICS	1520 - Space Maintainer - Removable - Unilateral	\$109	\$126	\$109	\$126
ORAL SURGERY	2140 - Amalgam - One Surface, Primary or Permanent	\$32	\$38	\$50	\$61
PERIODONTICS	2330 - Resin-Based Composite - One Surface, Anterior	\$37	\$44	\$58	\$70
	3320 - Root Canal - Bicuspid (excluding final restoration)	\$222	\$268	\$354	\$429
	3330 - Root Canal - Molar (excluding final restoration)	\$286	\$347	\$458	\$554
	4260 - Osseous Surgery (4 or more contiguous teeth)	\$305	\$371	\$488	\$593
	4341 - Periodontal Scaling & Root Planing (per quadrant)	\$66	\$76	\$106	\$121
	7140 - Extraction, Erupted Tooth or Exposed Root	\$36	\$44	\$57	\$70
	7220 - Removal of Impacted Tooth - Soft Tissue	\$82	\$98	\$131	\$156
	7240 - Removal of Impacted Tooth - Completely Bony	\$128	\$152	\$205	\$243

III. MAJOR SERVICES		Plan Pays:			
MAJOR RESTORATIVE	2642 - Onlay - Porcelain/Ceramic - Two Surfaces	\$268	\$310	\$268	\$310
PROSTHETICS	2662 - Onlay - Resin-Based Composite - Two Surfaces	\$175	\$203	\$175	\$203
	2750 - Crown - Porcelain Fused to High Noble Metal	\$307	\$354	\$307	\$354
	2950 - Core Build-Up, Including any Pins	\$64	\$78	\$102	\$125
	2980 - Crown Repair	\$56	\$73	\$56	\$73
	5110 - Complete Denture - Maxillary	\$346	\$412	\$346	\$412
	5120 - Complete Denture - Mandibular	\$346	\$412	\$346	\$412
	6241 - Pontic - Porcelain Fused to Predominantly Base Metal	\$255	\$296	\$255	\$296

IV. ORTHODONTICS		Plan Pays:			
	Charges Not to Exceed Maximum, Based on 50% of Usual Customary and Reasonable Fees, per Eligible Dependent Under 19 Years of Age. (Lifetime Maximum = \$1,000)	n/a	n/a	\$1,000	\$1,000

MONTHLY RATES	Select-2	Select-4	Premier-2	Premier-4
Individual	\$23.72	\$28.40	\$27.90	\$33.39
Parent/Child(ren)	\$44.39	\$53.14	\$56.91	\$67.09
Husband/Wife	\$47.44	\$56.81	\$55.69	\$66.79
Family	\$77.58	\$92.75	\$95.80	\$113.82

Rates are effective April 1, 2008.

*For a complete list of covered services and reimbursements, please see the Reimbursement Schedule (RS) for each Protect-A-Dent Plan.