

# Reliant Care Management

## Plan Design Summary

### Dental Summary

Proposed Effective Date: 9/1/2025

		Low Plan 1	High Plan 1
<b>Plan Benefit</b>	Type 1	80%	80%
	Type 2	50%	75%
	Type 3	NA	50%
	<b>Deductible</b>	\$50/Calendar Year Waived Type 1 \$150/family	\$50/Calendar Year Waived Type 1 \$150/family
<b>Maximum (per person)</b>		\$1,000/Calendar Year	\$1,000/Calendar Year
<b>PPO</b>		A New Choice® Plus	A New Choice® Plus
<b>Allowance</b>	Type 1	Discounted Fee	Discounted Fee
	Type 2	Discounted Fee	Discounted Fee
	Type 3	None	Discounted Fee
<b>Waiting Period</b>		None	None
<b>Annual Open Enrollment</b>		Included	Included

### Orthodontia Summary

<b>Allowance All Plan Designs:</b> In Network, discounted fee. Out of Network, U&C.		
<b>Plan Benefit</b>	No Ortho	50%
<b>Coverage for Adults</b>		Yes
<b>Lifetime Maximum (per person)</b>		\$1,000
<b>Waiting Period</b>		None
<b>Takeover Benefit</b>		Initial Insureds Only

### Monthly Rates

<b>Employee (EE)</b>	\$4.96	\$12.99
<b>EE + 1 Dependent</b>	\$10.01	\$25.50
<b>EE + 2 or More Dependents</b>	\$18.69	\$41.53

Rates are guaranteed for 24 months following the effective date listed above and include Orthodontia if part of plan design.

Rates include: home address mailing.

**The proposed dental and/or eye care rates include a multi-policy discount which assumes that the dental and/or eye care policies are placed in conjunction with other Reliance Standard coverage lines which are eligible for a multi-policy discount. Reliance Standard reserves the right to adjust the quoted dental and/or eye care coverages if they are not placed in conjunction with other eligible Reliance Standard coverage lines. Please contact your local insurance representative for additional information regarding this proposal.**

# Reliant Care Management

## Covered Procedure Summary

	Low Plan 1	High Plan 1
<b>Plan Design Summary</b>	80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,000	80/75/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,000
<b>Type 1 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>• Routine Exam (2 in 12 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 in 12 months)</li> <li>• Fluoride for Children 15 and under (2 in 12 months)</li> <li>• Sealants (age 15 and under)</li> <li>• Space Maintainers</li> <li>• Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>• Routine Exam (2 in 12 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 in 12 months)</li> <li>• Fluoride for Children 15 and under (2 in 12 months)</li> <li>• Sealants (age 15 and under)</li> <li>• Space Maintainers</li> <li>• Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>
<b>Type 2 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>
<b>Type 3 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Denture Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

Current Dental Terminology © American Dental Association.

# Reliant Care Management

## Features/Benefits

---

### High/Low Plan

High/Low Plans let you offer your employees a choice between two plans, two premium levels, in one policy. Your employees select the plan that best suits their coverage and financial needs.

- On the September 1, 2025, effective date, all eligible employees may choose between the High Plan or the Low Plan shown in this proposal, or choose to waive coverage. The employee must remain in the plan he or she chose until the next renewal date. At each annual election period, employees may switch between the High Plan and the Low Plan without penalty.

### Dental Network Products

We have contracted with Ameritas to provide plan members access to a nationwide dental network as part of this dental plan. Networks are one way to help curb rising benefit costs while reducing out-of-pocket dollars.

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members have the freedom to select any dentist.
- With a network provider, out-of-pocket expenses are generally lower, because network providers agree to charge no more than the discounted fees established for covered procedures.
- Out-of-network dentist charges are usually higher than our discounted fees, so out-of-pocket expenses are likely higher with non-network dentists.

### Maximum Allowable Charge/Maximum Allowable Benefit

- Plan members who select a network provider benefit from discounted fees for care. These fees are referred to as the Maximum Allowable Charge (MAC). MAC fees are the maximum amount a network provider will charge for a covered procedure and are typically 27% below the average dentist charges, or 30 - 70% below the 90th percentile, in a community.
- Members who select an out-of-network dentist will pay the difference between that dentist's normal charge and the Maximum Allowable Benefit (MAB). MAC and MAB amounts generally are the same. The difference is the remainder the member must pay after MAC/MAB benefits are applied.

### Orthodontia – Initial Insureds Only

Reliance Standard Life will provide coverage on current orthodontic treatment programs and pay up to Reliance Standard Life's orthodontic maximum minus any benefits the plan member has received from the prior carrier. These takeover benefits only apply to initial employees and their dependents on the plan's effective date and are not available to new enrollees who enroll after case implementation.

### Flex 6 - Flat Max

- Gives plan members the opportunity to pay for their dental plan with pretax dollars.
- Depending on group size, Flex 6 provides coverage when participation is as low as 20%. It allows employer groups with low participation to enroll in a dental plan with guaranteed coinsurance, deductibles and maximums.

# Reliant Care Management

## Limitations/Exclusions

---

*Covered Dental Expenses will not include and no benefits will be payable for expenses incurred:*

### **All Plans**

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
  - alter vertical dimension;
  - restore or maintain occlusion;
  - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

### **Limitations for Plan(s) High Plan 1**

- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.