



# Individual Dental Insurance

## Enhanced Plan

\$3,000 | 100% | 80% | 50%

This benefit summary provides a quick reference for the dental plan benefits.

Policy details	
<b>Policy year maximum benefit</b> • Per person (applies to Class A, B and C services)	\$3,000
<b>Deductible</b> • Per person (applies to Class B and C services only) • Maximum of three per family per policy year	\$50

Enhanced Plan dental coverage at a glance		
Co-insurance	In-network <sup>1</sup>	Out-of-network <sup>2</sup> (MAC)
Class A: Preventive services	100%	100%
Class B: Basic services	80%	80%
Class C: Major services	50%	50%

Carryover benefits <sup>3</sup>		
Carryover amount Per covered family member	Threshold limit	Carryover account max
\$400	\$800	\$1,600
<b>How carryover benefits work</b> Receive a \$400 benefit in your carryover account to use in the next benefit year when you meet these conditions: <ul style="list-style-type: none"> <li>• <b>One cleaning and one routine exam</b> and</li> <li>• <b>Total paid dental claims for Class A, B or C services below \$800</b> (your threshold limit, the maximum amount of benefits an insured can receive during a policy year and still be able to receive the carryover benefit).</li> </ul> Your carryover account can grow up to \$1,600 to help pay for claims if you exceed your policy year maximum benefit. <sup>3</sup>		

Covered services	In-network coverage <sup>1</sup>	Out-of-network coverage <sup>2</sup> (MAC)	Waiting period
<b>Class A: Preventive services</b>			
<ul style="list-style-type: none"> <li>• <b>Routine exams and cleanings</b> <ul style="list-style-type: none"> <li>- Two per 12-month period</li> <li>- One additional cleaning per 12 months if member is in second or third trimester of pregnancy<sup>4</sup></li> </ul> </li> <li>• <b>X-rays (bitewing x-rays)</b> <ul style="list-style-type: none"> <li>- Up to four films, once every 12 months</li> </ul> </li> <li>• <b>Full mouth/panoramic x-rays</b> <ul style="list-style-type: none"> <li>- Once every five years</li> </ul> </li> <li>• <b>Fluoride treatment</b> <ul style="list-style-type: none"> <li>- Up to age 16, once every 12 months</li> </ul> </li> <li>• <b>Sealants</b> <ul style="list-style-type: none"> <li>- Up to age 16, once every 36 months</li> </ul> </li> <li>• <b>Space maintainers</b> <ul style="list-style-type: none"> <li>- Up to age 16, once every 24 months</li> </ul> </li> <li>• <b>Oral cancer screening</b> <ul style="list-style-type: none"> <li>- For age 40+, once every 12 months</li> </ul> </li> </ul>	100%	100%	No waiting period
<b>Class B: Basic services</b>			
<ul style="list-style-type: none"> <li>• <b>Fillings</b></li> <li>• <b>Posterior composite restorations</b></li> <li>• <b>Simple extractions</b></li> <li>• <b>Repair of crowns, dentures or bridges</b></li> <li>• <b>Periodontics</b> (gum treatments)</li> <li>• <b>Endodontics</b> (root canals)</li> <li>• <b>Emergency treatment</b></li> </ul>	80%	80%	No waiting period
<b>Class C: Major services</b>			
<ul style="list-style-type: none"> <li>• <b>Oral surgery</b> (surgical extractions and impacted teeth)</li> <li>• <b>Anesthesia</b> (covered with complex oral surgery)</li> <li>• <b>Inlays and onlays</b></li> <li>• <b>Crowns, bridges, dentures and endosteal implants</b></li> <li>• <b>Crown lengthening</b></li> </ul>	50%	50%	12-month waiting period <sup>5</sup>



**Contact your Colonial Life benefits counselor to learn more.**

- 1 In-network benefits are for covered dental services provided by a participating dentist. Participating dentists have agreed to accept negotiated fees as payment in full, subject to any deductibles, co-insurance and benefit maximums, and will file claims for you.
- 2 Out-of-network benefits are for covered dental services provided by a non-participating dentist. Benefits are provided at the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC), a scheduled amount determined by Colonial Life. In Alaska only, benefits are based on usual, customary, and reasonable charges (80th UCR) for the same covered procedure by providers of similar training or experience in the general geographic area, reviewed and updated periodically. Benefits are subject to any deductibles, co-insurance and maximums. Dentists haven't agreed to accept reimbursement as payment in full. Additional out-of-pocket costs may apply. You may have to file a claim to receive benefits.

- 3 You must be covered for 12 consecutive months to receive the carryover benefit. The carryover benefit may not be used for orthodontic treatment or services. A break in dental coverage will eliminate the carryover account balance.
- 4 Member may have one additional periodontal maintenance in place of an additional cleaning.
- 5 Six-month waiting period in Vermont.

Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC) is available at [ColonialLifeDental.com/California](https://ColonialLifeDental.com/California).

**THIS POLICY PROVIDES LIMITED BENEFITS. A NETWORK ACCESS PLAN IS AVAILABLE.**

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IDN8100 (including state abbreviations where used, for example: IDN8100-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.