



Summary of Benefits For:
ARUP Laboratories
 90th R&C

Dental	
Platinum Network- 2373 Providers	
PREVENTIVE	Contracted Dentist
Routine exams, cleanings (2 per year), topical fluoride, x-rays, space maintainers, sealants	100%
BASIC	Non-Contracted Dentist
Composite fillings, extractions, oral surgery, endodontics, periodontics	100% of R&C
	80%
	80% of R&C
	No Waiting Period
MAJOR	
Crowns, bridges, dentures, surgical implants	50%
	50% of R&C
	No Waiting Period
ORTHODONTICS	
Children under 19	20% Discount
Waiting Period	No Waiting Period
Lifetime Maximum	No Maximum
All Members	20% Discount
	No Benefit
MAXIMUM BENEFIT	
Applies to Preventive, Basic and Major Services	\$1,500.00
Benefit Period is: Per Calendar Year	
DEDUCTIBLE	
Applies to Basic and Major Services	\$50.00
Per Benefit Period	\$150.00
Per Person:	
Family Maximum:	\$50.00
	\$150.00
SPECIALISTS	
Endodontists, Oral Surgeons, Pediatric, Periodontists, Prosthodontists	Contracted Specialist payment:
	1) You receive a 20% discount off the Specialist fee
	2) Plan pays according to the Reasonable and Customary fees
	3) Member pays the difference between plan payment and discounted Specialist fee
	Non-contracted Specialist payment:
	Paid the same as non-contracted dentists

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.



Summary of Benefits For:
ARUP Laboratories
 90th R&C

Dental Plus	
Platinum Network- 2373 Providers	
PREVENTIVE	Contracted Dentist
Routine exams, cleanings (2 per year), topical fluoride, x-rays, space maintainers, sealants	100%
BASIC	Non-Contracted Dentist
Composite fillings, extractions, oral surgery, endodontics, periodontics	100% of R&C
	80%
	80% of R&C
	No Waiting Period
MAJOR	
Crowns, bridges, dentures, surgical implants	50%
	50% of R&C
	No Waiting Period
ORTHODONTICS	
Children under 19	50%
Waiting Period	No Waiting Period
Annual Maximum	\$1,000.00
Lifetime Maximum	\$2,000.00
All Members	20% Discount
MAXIMUM BENEFIT	
Applies to Preventive, Basic and Major Services	\$2,000.00
<u>Benefit Period is:</u> Per Calendar Year	
DEDUCTIBLE	
Per Benefit Period	
Applies to Basic and Major Services	\$50.00
Per Person:	\$150.00
Family Maximum:	\$50.00
	\$150.00
SPECIALISTS	
Endodontists, Oral Surgeons, Pediatric, Periodontists, Prosthodontists	<p>Contracted Specialist payment:</p> <p>1) You receive a 20% discount off the Specialist fee</p> <p>2) Plan pays according to the Reasonable and Customary fees</p> <p>3) Member pays the difference between plan payment and discounted Specialist fee</p> <p>Non-contracted Specialist payment:</p> <p>Paid the same as non-contracted dentists</p>

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.

Dental Notes For:

ARUP Laboratories**Network Access****Texas**

Four networks are utilized in Texas, the Dental Select Signature, Platinum and Gold Networks, and the Connection Dental Network. Access to Connection Dental Network is only allowed if enrolled on a co-insurance plan using the Dental Select Signature or Platinum Networks. 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, Signature, 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 or Signature Networks: 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 Reasonable and Customary fees.*
- 3) Member is responsible for the difference between the Plan's payment & the discounted Specialist's fee

*Co insurance plans using the Gold Network - After a 20% discount, plan pays according to the General Dentist fee schedule.

Nevada Members – Diversified Dental Services

Contracted General Dentists and Specialists: Benefits are paid off of the Diversified fee schedule there is no balance billing.

Utah

Dental Select participating general dentists accept the Signature, Platinum or Gold fee schedule as payment in full.

Contracted Specialists - Utah

Dental Select Signature or Platinum Networks: 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 Reasonable and Customary fees.*
- 3) Member is responsible for the difference between the Plan's payment & the discounted Specialist's fee.

*Co insurance plans using the Gold Network - After a 20% discount, plan pays according to the General Dentist fee schedule.

Co-Pay Plans - See Schedule of co-payments for patient responsibility

Other States – Connection Dental

Contracted General Dentists and Specialists: Benefits are paid off of the Connection Dental fee schedule; there is no balance billing.

Orthodontics: The maximum charge allowed is \$3,800

Plan Notes**Indemnity**

IN NETWORK: General Dentists: All payments made by the plan are based on the Platinum or Connection Dental Fee Schedule. Platinum Network Contracted Specialists: Plan pays According to the Reasonable and Customary Fees. 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.

This summary of benefits is current as of 09/24/2013. To verify up to date benefits, please contact Dental Select Member Services (1-800-999-9789) or refer to your current Certificate of Insurance.