ASSOCIATED GENERAL CONTRACTORS HEALTH BENEFIT TRUST The Standard **Dental Highlight Sheet**

Plan 3: Dental Plan Summary

Plan Benefit				
Type 1	100%			
Type 2	80%			
Туре 3	50%			
Deductible	\$50/Calendar Year Type 2 & 3			
	Waived Type 1			
	3 Family Maximum			
Maximum (per person)	\$1,500 per calendar year			
Allowance	90th U&C			
Waiting Period	None			
Annual Eye Exam	None			
LASIK Assist SM	None			
Annual Open Enrollment	None			

Sample Procedure Listing (Current Dental Terminology @ American Dental Association.)

	Type 1		Type 2		Туре 3
•	Routine Exam	•	Restorative Amalgams	•	Onlays
	(2 per benefit period)	•	Restorative Composites	•	Crowns
•	Bitewing X-rays	•	Endodontics (nonsurgical)		(1 in 7 years per tooth)
	(2 per benefit period)	•	Endodontics (surgical)	•	Crown Repair
•	Full Mouth/Panoramic X-rays	•	Periodontics (nonsurgical)	•	Denture Repair
	(1 in 3 years)	•	Periodontics (surgical)	•	Implants
•	Periapical X-rays	•	Simple Extractions	•	Prosthodontics (fixed bridge; removable
•	Cleaning	•	Complex Extractions		complete/partial dentures)
	(2 per benefit period)	•	Anesthesia		(1 in 7 years)
•	Fluoride for Children 17 and under				
	(2 per benefit period)				
•	Sealants (age 17 and under)				
•	Space Maintainers				

About The Standard

As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 27,100 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Founded in Portland, Oregon, in 1906, The Standard has built a national reputation for delivering quality insurance products, personalized service and strong financial performance. The Standard wrote its first group insurance policy in 1951, and it remains in force today as a testament to the company's commitment to building successful long-term relationships.

Customer Service

Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515.** Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.

Effective Date: 1/1/2018

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Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit: http://www.standard.com/dental and click on "Find a Dentist."

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Domestic Partner

Domestic partner language is available upon request.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.