

Dental Coverage

LifeMap Assurance offers employers in Oregon, Utah, and Idaho with 10 to 25 employees these employer-paid Dental options or the ability to add Voluntary Dental to their benefits package. Our Dental PPO options provide plenty of choice and flexibility at affordable group rates.

1. Review the Options

	Essential Dental Plan J	Choice Dental Plan L	Preferred Dental Plan K
Deductible (Waived for Preventative Services)	\$25 or \$50 per member; 3x per family		
Annual Maximums	\$1,000, \$1,250, \$1,500, or \$2,000 Upon request, these plans may provide the following: When a Participating Dentist is seen, Class A Dental Services will not count toward the Annual Maximum		
Passive Coinsurance Levels	In-network: 100/80/50; Out-of-network: 100/80/50*		
Active Coinsurance Levels	In-network: 100/90/60; Out-of-network: 100/80/50 In-network: 100/80/50; Out-of-network: 90/70/50* In-network: 100/80/50; Out-of-network: 80/60/50*		
Out-of-Network Benefit Allowance	90 th percentile UCR or MAC/Contracted Amount		
Waiting Periods	Initial: None Late: 3 months (Class A), 6 months (Class B), and 12 months (Class C)		
Benefit Coverage	J	L	K
Exams and Cleanings	Class A – Preventative; 2 per calendar year		Class A – Preventative; 2 per calendar year or 3 with certain diagnoses
Fluoride**	Class A – Preventative: 2 per calendar year		
X-rays	Class A – Preventative: Bitewing 2 sets per calendar year Complete or Panoramic 1 in a 3-year period		
Space Maintainers**	Class A – Preventative: 1 per area per lifetime		
Sealants, Preventative Resin**	Class A – Preventative: 1 per molar in a 5-year period		
Fillings	Class B – Restorative: Composite limited to anterior and bicuspid teeth		Class B – Restorative: Composite not limited
Periodontal Services	Class B – Restorative		
Endodontic Services	Class B – Restorative		
Oral Surgery	Class B – Restorative		
Crowns and Bridges***	Class C – Major: 1 per tooth or area in a 7-year period		
Dentures***	Class C – Major: 1 per arch in a 7-year period		
Implants***	Excluded	Class C – Major: 1 per tooth in a 7-year period	
Optional Benefits			
Orthodontia (Child coverage up to age 19)	12-month waiting period (24 months for late enrollees) 50% Coinsurance Lifetime Maximum: \$1,000 or \$1,500		

*Upon request, Endodontic and Periodontal Services may be proposed under Class C Major Services.

**Limited to members under age 18.

*** Covered when used to replace teeth extracted or accidentally lost while covered under this Policy or the Policyholders dental policy immediately preceding this Policy.



Insurance for every step of life.

This document is intended to give a brief overview of the product and how it may be used. This in no way serves as a certification of coverage and should be used for educational purposes only. A copy of the full policy including all covered benefits, exclusions and limitations will be provided once a group master application is signed. Contact LifeMap with any questions.

Small Group Dental Coverage

2. Choose your contribution level

Employer Contribution	Participation
100% Employer-paid	100% Required
50% to 99% Employer-paid	75% Required
<50% Employer-paid (Voluntary)	Greater of 35% or 5 employees required

3. What's not covered

To keep costs down for everyone, we unfortunately can't cover everything. These are the exclusions for each dental plan we offer.

Exclusions and Limitations

- Benefits Not Stated
- Adjustment Denture or Bridgework within 6 Months
- Cosmetic and Reconstructive Services and Supplies
- Duplicate X-Rays
- Experimental and Investigational Services
- Facility Charges
- Fees, Taxes, Interest, etc.
- Home Health Aids
- Medication and Supply Charges
- Military Service-Related Conditions
- Motor Vehicle Coverage and Other Insurance Liability
- Non-Direct Patient Care
- Oral Hygiene and Dietary Instructions
- Oral Pathology and Laboratory
- Any Services Performed in a Laboratory
- Collection of Cultures and Specimens
- Orthodontic Dental Services (unless provided in an orthodontic benefits rider)
- Personal Comfort Items
- Precision Attachments, Personalization, Precious Metal Bases and Other Specialized Techniques
- Riot, Rebellion, War and Illegal Acts
- Self-Help, Non-Dental Programs
- Separate Charges
- Services Provided by Member of Immediate Family
- Services due to Intentionally Self-Inflicted Injury/Illness
- TMJ Treatment
- Third Party Liability
- Travel and Transportation Expenses
- Treatment Completed More than 30 Days after Coverage Terms
- Treatment Outside Generally Accepted Dental Practices
- Treatment started prior to the Member's Effective Date
- Work-Related Conditions
- Anything not specifically provided for in the policy may not be a covered benefit.

4. Submit a quote

Underwriting guidelines for Oregon, Utah, and Idaho groups with 10 to 25 employees:

- Group must be a business (or an offshoot of a business) that has been in existence for at least 3 months for Dental
- No more than 50% of the group members may be from the same family, unless each has been employed with the employer for at least two years
- No more than 60% of the group members can be over age 50 years old
- Eligibility requirements: full time, active employee working a minimum of 30 hours per week
- Child coverage from birth to age 26 for unmarried children
- One class is allowed

Submit your quote request and census to
SmallGroup@LifeMapCo.com

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