

Dental Coverage

LifeMap Assurance offers employers in Washington with 10 to 25 employees these employer-paid Dental options or the ability to add Voluntary Dental to their benefits package. Our Passive 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	Choice Dental Plan L with TMJ
Deductible (Waived for Preventative Services)	\$25 or \$50 per member; 3x per family			\$50 per member, 3x per family
Annual Maximums	\$1,000, \$1,500, or \$2,000			\$1,500
Coinsurance Levels	100/80/50	100/90/60; or 100/80/50; or 80/60/50	100/80/50	100/80/50
Out-of-Network Benefit Allowance	90 th percentile UCR or MAC/Contracted Amount with \$1,500 Annual Maximum	90 th percentile UCR or MAC/Contracted Amount	90 th percentile UCR	90 th percentile UCR
Waiting Periods	Initial: None Late: 3 months (Class A), 6 months (Class B), 12 months (Class C)			
Benefit Coverage	J	L	K	L with TMJ
Exams and Cleanings	Class A – Preventative; 2 per calendar year		Class A – Preventative; 2 per calendar year or 3 with certain diagnoses	Class A – Preventative; 2 per calendar year
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			
Fillings	Class B – Restorative			
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 (Availability based on selected plan)				
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			
TMJ Services	6-month waiting period (12 months for late enrollees) 50% Coinsurance; Annual Maximum: \$1,000 / Lifetime Maximum: \$5,000			

*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. Upon request, Choice Dental Plan L options may include the following: When a Participating Dentist is seen, Class A Dental Services will not count toward the Calendar Year Maximum.

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.

Small Group Dental Coverage

2. Choose your contribution level

Employer Contribution	Participation
100% Employer-paid	100% Required
50% to 99% Employer-paid	2-4 Employees: 100% required 5+ Employees: 75% required (minimum 5)
<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 (except when included on selected plan)
- 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 (except with L Plan/TMJ offering)
- 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 Washington 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 (Class A, B, and C services)
- One class is allowed

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

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