# Dental Plan Options

State Availability: AL, AZ, AR, CA, CO, DC, DE, FL, HI, IA, IN, KS, KY, ME, MI, MN, NC, ND, NE, NH, NV, OK, OR, SC, SD, TN, UT, VT, WV, WI, WY

Plans exclusively offered through:

**NARVRE**

- Dentures
- Crowns
- Bridges
- Implants

## Plan Highlights:

- Day one coverage
- No enrollment or admin. fees
- Credit for Prior Coverage (CPC)[1]
- No waiting periods on Preventive/Basic/ Major claims
- Rates based on ZIP Code, not by age and gender
- Preventive claims are not deducted from the annual max

| | TLC **Elite** Dental | | TLC **Core** Dental | | TLC **Basic** Dental | |
|---|---|---|---|---|---|---|
| Plan details | Day one | Years 2+ | Day one | Years 2+ | Day one | Years 2+ |
| **Maximum benefit**[2] Per person per benefit year | $1,500 | $4,000 | $1,000 | $2,000 | $1,000 | |
| **Annual Deductible**[3] Per Person or 3x For Family | $50 Types 2, 3, and 4 | | $50 Types 2, 3, and 4 | | $50 Types 2 and 3 | |
| **Preventive** (Type 1) | In-network: 100% Out-of-network: 70% | In-network: 100% Out-of-network: 70% | In-network: 100% Out-of-network: 70% | In-network: 100% Out-of-network: 70% | In-network: 100% Out-of-network: 70% | In-network: 100% Out-of-network: 70% |
| Applies to: | Exams, Cleanings (2), Bitewing X-Rays | | Exams, Cleanings (2), Bitewing X-Rays | | Exams, Cleanings (2) | |
| **Basic** (Type 2) | In-network: 70% Out-of-network: 40% | In-network: 90% Out-of-network: 60% | In-network: 60% Out-of-network: 30% | In-network: 80% Out-of-network: 50% | In-network: 50% Out-of-network: 20% | In-network: 80% Out-of-network: 40% |
| Applies to: | Fillings, Simple Extractions, Panoramic X-Rays | | Fillings, Simple Extractions, Panoramic X-Rays | | Bitewing X-Rays, Panoramic X-Rays, Fillings | |
| **Major** (Type 3) | In-network: 20% Out-of-network: 40% | In-network: 50% Out-of-network: 60% | In-network: 15% Out-of-network: 10% | In-network: 50% Out-of-network: 20% | In-network: 10% Out-of-network: 10% | In-network: 20% Out-of-network: 10% |
| Applies to: | Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures | | Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures | | Simple Extractions, Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures, Teeth Whitening | |
| **Implants**[4] (Type 4) | In-network: 10% Out-of-network: 10% | In-network: 40% Out-of-network: 10% | In-network: 10% Out-of-network: 10% | In-network: 35% Out-of-network: 10% | Not Available | |
| Annual Maximum[4]: | $750 | $1,500 | $500 | $1,000 | | |

[1] Increased coverage day one when replacing a fully insured dental plan. Restrictions apply.

[2] Maximum benefit applies to Type 2, 3, and 4 services combined.

[3] $50 deductible per person for Type 2, 3, and 4 services combined, with a maximum of three deductibles per family.

[4] The Type 4 implant maximum is not a seperate maximum and is part of the annual maximum.

Coinsurance amounts are the same both in- and out-of-network in AR, FL, and TX for the TLC Elite Dental, TLC Core Dental, and TLC Basic. In KS, NC, and OK the TLC Basic Dental plan has no separate coinsurance.

Plan availability varies by state and benefits may vary.

**How to Enroll:** Our easy enrollment process was built with you in mind.

Here are the four easy steps to getting enrolled:

1. Visit:
2. Choose your preferred plan
3. Enter your personal information
4. Submit payment

*For more information contact:*

**TLC Retiree Service Center**
**1-800-719-3751**
**Be sure to mention**
**NARVRE when calling.**

The Ameritas CLASSIC Dental (PPO) Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates which can lower your out-of-pocket costs. This document is a plan highlight only. Your actual policy will include the full legal description of your benefits. Certain plans and plan options may not be available in all areas.

The claim allowance is the MAC in-network and the MAB out-of-network. MAB represents the lowest fee negotiated with providers. Policyholders pay the difference between what the plan pays and the dentists actual charge.

**Dental Limitations and Exclusions**

Covered expenses will not include and benefits will not be payable for expenses incurred:

- For any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- To replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items.
- But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- For initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- For any procedure begun before the insured person was covered under the policy.
- For any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- To replace lost or stolen appliances.
- For appliances, restorations, or procedures to:
  - Alter vertical dimension;
  - Restore or maintain occlusion; or
  - Splint or replace tooth structure lost as a result of abrasion or attrition.
- For any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- For which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit (except in CA & KY).
- For charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Because of war or any act of war, declared or not.
- If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

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