Standard Life and Accident Insurance Company

Dental Care Plan

S P E C I M E N

University of Connecticut (Student Plan)

Group Number: xxxxx
MWGP1261

Effective Date: August 15, 2013

Standard Life and Accident Insurance Company

One Moody Plaza
Galveston, Texas 77550-7999
(800) 800-1397

Certificate of Insurance of Your Group Dental Program

This booklet is a summary of your group dental program. Please read it carefully. It only summarizes the detailed provisions of the group dental contract issued by **Standard Life and Accident Insurance Company** ("Standard Life") and cannot modify the Contract in any way.

G. Richard Ferdinandtsen
President
Standard Life and Accident Insurance Company

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Group Highlights

Applicant Name: University of Connecticut (Student Plan)

Address: 115 N. Eagleville Rd.
Storrs-Mansfield, CT 06269

Group Number: xxxxx MWGP1261

Effective Date: August 15, 2013

Contract Term: August 15, 2013 through August 14, 2014

Minimum Number of Hours: Does Not Apply.

Eligibility Period: Does Not Apply.

Effective Day of Month: First day of the month following completion of enrollment.

Open Enrollment Period:

Premiums

Monthly Amount:
For each Primary Enrollee.

For each Primary Enrollee with
One Dependent Enrollee.

For each Primary Enrollee with more than
One Dependent Enrollee.

Payment Breakdown:
Primary Enrollee shall pay 100% of Premiums for personal coverage. Primary Enrollee shall pay 100% of Premiums for Dependent coverage.

Applicant may charge person electing continued coverage pursuant to Title X of P. L. 99 as permitted by law.

Premium Basis
Premiums are based on the number of covered Primary Enrollees at the beginning of each contract term.

A 15% reduction in the number of Primary Enrollees over 3 consecutive months in a contract term, may affect the premium.

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Benefits:

	Policy Year 1 DPO/DPO	2 DPO/DPO	3+ DPO/DPO
$20.00 co-pay per covered person per Office Visit			
Type I Procedures (Diagnostic & Preventive Benefits)	100%	100%	100%
Type II Procedures (Basic Benefits)			
Restorations & Sealants	80%	80%	80%
Oral Surgery	80%	80%	80%
Type III Procedures			
Prosthodontics (Removable & Fixed) Crowns, Dentures	0%	50%	50%
Endodontics Periodontics	0%	50%	50%
Type IV Procedures			
Bleaching (6 months waiting)	50%	50%	50%

These percentages are based on the DPO Plan benefits In Network on the negotiated provider fee schedule.
Out of Network Benefits are paid on the negotiated provider fee schedule.

Waiting Periods:

Type I Procedures	0 months
Type II Procedures	0 months
Type III Procedures	12 months
Type IV Procedures	6 months

Deductible Amount: Does Not Apply

Maximum Amount:

$3,000.00 per Enrollee per Calendar Year for Prosthodontic Benefits.
$ 250.00 per Enrollee per Calendar Year for Bleaching.
$3,000.00 per Enrollee per Calendar Year for All Benefits (Type I, II, III & IV Combined)

Termination:

Less than Two (2) Primary Enrollee(s).

State of Issue: Mississippi

Definitions

Terms when capitalized in this document have defined meanings, given either in the section below or within the contract sections.

1.01 **"Applicant"** – the employer, association or other organization or group contracting to obtain Benefits.

1.02 **"Approved Amount"** – the total fee chargeable for a Single Procedure.

1.03 **"Attending Dentist's Statement"** – the standard form used to file a claim or request Predetermination of Benefits provided under the Contract.

1.04 **"Benefits"** – the amounts that Standard Life will pay for dental services under Article 4.

1.05 **"Calendar Year"** – the 12 months of the year from January 1 through December 31.

1.06 **"Contract"** – this agreement between Standard Life and Applicant, including the Application and the attachments listed in Article 9.

1.07 **"Contract Allowance"** – the maximum amount allowed for a Single Procedure. It is the lesser of the Dentist's submitted fee, and the Scheduled Maximum, if any, and the Dentist's fee filed with Standard Life in the Participating Dentist Agreement, if any, or the UCR.

1.08 **"Contract Term"** – the period during which the Contract is in effect, as shown in the Group Highlights page.

1.09 **"Contract Year"** – the 12 months starting on the Effective Date and each subsequent 12 month period thereafter. Deductibles and maximums will be determined using this 12 month period rather than on a calendar year basis.

1.10 **"Dentist"** – a person licensed to practice dentistry when and where services are performed.

1.11 **"Dependent Enrollee"** – an Eligible Dependent enrolled in the plan to receive Benefits.

1.12 **"Effective Date"** – the date the program starts, as shown in the Group Highlights page.

1.13 **"Eligible Dependent"** – a dependent of an Eligible Person eligible for Benefits under Article 2.

1.14 **"Eligible Person"** – a person as listed in the Group Highlights page, designated by the Applicant as eligible for Benefits under Article 2.

1.15 "**Enrollee**" – an Eligible Person ("Primary Enrollee") or an Eligible Dependent ("Dependent Enrollee") enrolled to receive Benefits.

1.16 **"Non-Preferred, Non-Network, Non-Contracting, Non-Participating Dentist"** – a Dentist who has not agreed to provide services in accordance with the terms and conditions established by Standard Life and any member of the Standard Life Dental Plans Association with which Standard Life
contracts to assist it in administering the Benefits described in this Contract. A Non-Participating Dentist may charge more than the Contract Allowance. The fee allowed for Non-Participating Dentists is the fee agreed to by Participating Dentists. See Participating Dentist.

1.17 "**Open Enrollment Period**" – the month(s) of the year, as shown in the Group Highlights page, during which Eligible Persons may change coverage for the next Calendar year.

1.18 **"Predetermination"** – Standard Life shall estimate the amount of Benefits under the Contract for the services proposed, assuming the patient is eligible.

1.19 **"Preferred, Network, Contracting, Participating Dentist"** – a Dentist who in executing a Participating Dentist Agreement has agreed to provide services in accordance with the terms and conditions established by Standard Life and any member of the Standard Life Dental Plans Association with which Standard Life contracts to assist it in administering the Benefits described in this Contract. Participating Dentists have agreed to charge no more than the Contract Allowance. See Non-Participating Dentist.

1.20 **"Premiums"** – the amounts payable monthly by the Applicant as required in the Contract.

1.21 **"Primary Enrollee"** – an Eligible Person enrolled in the plan to receive Benefits.

1.22 **"Procedure Number"** – the number given to a Single Procedure in the Standard Life Dental Uniform Procedure Code and Nomenclature attached as Appendix A.

1.23 **"Qualifying Family Status Change"** – a change which occurs as a result of i) marriage, civil union, divorce or legal separation; ii) a child's birth or adoption; iii) a change in spouse's employment; iv) a death in the family; v) a court order requiring dependent coverage; or vi) termination of employment.

1.24 **"Scheduled Maximum"** – the maximum Contract Allowance for each dental procedure, as shown in Appendix A, if any.

1.25 **"Single Procedure"** – a dental procedure that is assigned a separate Procedure Number. For example: a single x-ray file (Procedure 0220), or a complete upper denture (Procedure Number 5110).

1.26 **"UCR"** – "usual, customary and reasonable" which have the following meanings:

Usual – A "usual" fee is that fee regularly charged and received for a given service by an individual Dentist, i.e., his own usual fee. If more than one fee is charged for a given service, the fee determined to be the usual fee shall not exceed the lowest fee which is regularly charged or which is offered to patients.

Customary – a fee is "customary" when it is within the range of usual fees charged and received by Dentists of similar training for the same service within the geographic areas determined by Standard Life to be relevant. Customary fees may be determined on the basis of fees filed with Standard Life by Participating Dentist. A Customary fee for a Participating Dentist is that fee which is approved by Standard Life in the terms of the Participating Dentist Agreement.

Reasonable – A fee is "reasonable" if it is "usual" and "customary" or if it falls above "usual" and "customary" or both, but is determined to be justifiable considering the special circumstances or extraordinary difficulty of the case in question.

1.27 **"Uniform Procedure Code"** – the Standard Life Uniform Procedure Code and Nomenclature, which is attached to and made a part of the Contract.

1.28 **"We, Our, or Us"** – Standard Life, and will be used without respect to capitalization.

1.29 **"You, Your, Yours"** – the Primary Enrollee and will be used without respect to capitalization.

Choice of Dentist

Standard Life offers you a choice of selecting a Dentist from our panel of Participating Dentists, if applicable, or you may choose a Non-participating Dentist.

A directory of Participating Dentists is available from your employer. You are responsible for verifying whether the Dentist you select is a Participating Dentist. Dentists are regularly added to the panel so a Participating Dentist may not yet be listed. Additionally, you should always confirm that a listed Dentist is still a Participating Dentist.

You may choose to go to any Dentist. Even if you choose a Participating Dentist from our panel, Standard Life cannot guarantee that a particular Dentist will be available.

There may be a difference in the out-of-pocket cost you pay if your Dentist is not a Participating Dentist. A Participating Dentist has contractually agreed not to charge you any amount for services above the Contract Allowance. We pay your Benefits based on the Contract Allowance less any deductibles or maximums that may apply.

If a Dentist is not a Participating Dentist, the amount charged to you may be above that charged by our Participating Dentists. When we pay Benefits for services provided by Non-participating Dentists, we will allow the Contract Allowance, or the fee paid to Participating Dentists. You will then be responsible for any extra amount charged by this Dentist over what Benefits we will pay in addition to any deductibles and maximums specified by the plan. This is called balance billing, that is, the Dentist may bill you for the balance after Standard Life's payment is made.

Who Is Eligible?

Eligibility for Enrollment

All present, permanent employees working the minimum number of hours per week shown on the Group Highlights page are eligible on the Effective Date.

All future, permanent employees shall become eligible on the calendar day of the month shown on the Group Highlights page after they have worked full-time for the minimum number of months of continuous employment shown on the Group Highlights page.

If your dependents are covered, they will be eligible when you are or as soon as they become dependents.

Dependents are your:

a) Lawful spouse;

b) Unmarried dependent children from birth to 26th birthday.

"Children" includes natural children, stepchildren, adopted children and foster children. The child must be dependent on the Eligible Person for support. Newborn infants are eligible from the moment of birth. Adopted children are eligible from the moment of placement in the physical custody of the Eligible Person, as certified by the agency making the placement. A child shall automatically be covered for 31 days after birth or adoption placement. To continue coverage after 31 days, notice of the birth or placement and additional Premium, if any, must be received within the 31day period.

An unmarried child 26 years or older may continue to be eligible as a dependent if the child is:

a) Not self-supporting because of mental or physical handicap that began before age 26, and

b) The child must be mostly dependent on the Eligible Person for support and maintenance.

Proof of these facts must be given to Standard Life or your employer within 31 days if it is requested. Proof will not be required more than once a year after the child is 26.

Dependents in military service are not eligible.

Enrollment Requirements

If you are paying all or a portion of premiums for yourself or your dependents then:

a) You must enroll within 30 days after the date you become eligible or during an Open Enrollment Period.

b) All dependents must be enrolled within 30 days after they become eligible or during an Open Enrollment Period.

c) If you elect dependent coverage, you must enroll all of your Eligible Dependents for coverage.

d) You pay Premiums for Dependent Enrollees in the manner elected by your employer and approved by Standard Life until your dependents are no longer eligible or until you choose to drop dependent coverage. Coverage may not be dropped or changed at any time other than during an Open Enrollment Period or if there is a Qualifying Family Status Change.

e) If both you and your spouse are Eligible Persons, one of you may enroll as a Dependent Enrollee of the other. Dependent children may enroll as Dependent Enrollees of only one Primary Enrollee.

Loss of Eligibility

Your coverage ends on the last day of the month you stop working for your employer, or immediately when this program ends. Your dependents' coverage ends when your coverage ends, or as soon as they are no longer dependents as defined in this certificate.

Continuation of Benefits

Standard Life does not pay Benefits for services received after your coverage ends. But Standard Life will pay for Single Procedures started before that date.

Strike, Lay-off and Leave of Absence

You and your dependents will not be covered for any dental services received while you are on strike, lay-off or leave of absence, other than as required under the Family Medical Leave Act of 1993*. If you return to work within six (6) months you will become eligible on the first day of the month following your return. If you are gone more than six (6) months, you will have to re-qualify for coverage just like a new employee. No matter when you return, any deductibles and maximums will start over, just like a new employee.

*You and your dependents' coverage is not affected if you take a leave of absence allowed under the Family Leave Act of 1993. If you are currently paying any part of your premium, you may choose to continue coverage. If you do not continue coverage during the leave, you can resume that coverage on your return to active work as if no interruption occurred. **Important:** The Family Medical Leave Act does **not** apply to all companies, only those that meet certain size guidelines. See your Human Resources Department for complete information.

Optional Continuation of Coverage (COBRA)

When the Eligible Persons of the employer are covered under the Consolidated Omnibus Budget Reconciliation Act of 1986, then in consideration of the premium payments, Standard Life agrees to provide Benefits to Enrollees who elect continued coverage pursuant to this section.

a) Right to Continue. Coverage may continue in accordance with the following provisions when:

(1) You or your Dependent Enrollee becomes ineligible for coverage under the Contract due to a Qualifying Event shown below; and

(2) The Contract remains in force.

"Qualifying Event" means one of the following events, if it would otherwise result in a Qualified COBRA Beneficiary's loss of coverage under this Contract:

(1) Your termination of employment.

(2) Your death.

(3) Divorce or legal separation from you.

(4) You becoming entitled to Medicare benefits.

(5) A dependent child ceasing to meet the description of a dependent child.

(6) A bankruptcy proceeding under Title 11, United States Code with respect to the employer, which results in a substantial elimination of coverage (within one year before or one year after the date of commencement of the proceeding) of a retired Primary Enrollee (who retired on or before the date of substantial elimination of coverage), or of a Dependent Enrollee of a retired Primary Enrollee.

"Qualified Beneficiary" means you and any of your Dependent Enrollees who are entitled to continue coverage under the Contract, from the date of your first Qualifying Event. It also includes your natural child, legally adopted child or child placed for the purpose of adoption; when the new child:

(1) Is acquired during your 18 or 29 month continuation period; and

(2) Is enrolled for coverage in accordance with the terms of the Contract.

But it does not include your new spouse, stepchild or foster child acquired during the continuation period: whether or not the new Dependent is enrolled for coverage.

b) Continuation Periods. The maximum period of continued coverage for each Qualifying Event shall be as follows:

(1) Termination of Employment. When eligibility ends due to your termination of employment; then coverage for you and any of your Dependent Enrollees may be continued for up to 18 months from the date employment ended. Termination of employment includes a reduction in hours or retirement.

Exceptions:

(i) Misconduct. If your termination of employment is for gross misconduct, coverage may not be continued for you or any of your Dependent Enrollees.

(ii) Disability. "Disability" or "Disabled" as used in this section shall be defined by Title II or XVI of the Social Security Act and determined by the Social Security Administration.

If you:
(a) Become disabled by the 60th day after your employment ends; and
(b) Are covered for Social Security Disability Income benefits; then coverage for you and any of your Dependent Enrollee may be continued for up to 29 months, from the date your employment ended.

If your Dependent Enrollee:
(a) Becomes disabled by the 60th day after your employment ends; and
(b) Is covered for Social Security Disability Income benefits; then coverage for that Dependent Enrollee may be continued for up to 29 months, from the date your employment ended.

You must send the employer a copy of the Social Security Administration's letter:

(a) Within 60 days after they find that you or your Dependent Enrollee is disabled, and before the 18 month continuation period expires; and again
(b) Within 30 days after they find that he or she is no longer disabled.

(iii) Subsequent Qualifying Event. If your Dependent:

(a) Is a Qualified Beneficiary; and
(b) Has a subsequent Qualifying Event during the 18 or 29 month continuation period; then coverage for that Dependent Enrollee may be continued for up to 36 months, from the date your employment ended.

(2) Loss of Dependent Eligibility. If a Dependent Enrollee's eligibility ends, due to a Qualifying Event other than your termination of employment; then that Dependent Enrollee's coverage may be continued for up to 36 months, from the date of the event. Such events may include:

(i) Your death, divorce, legal separation, or Medicare entitlement; and
(ii) A child reaching the age limit, getting married or ceasing to be a full-time student.

You must notify the employer within 60 days of divorce, a legal separation, or a child ceasing to be an eligible Dependent (as defined by the Contract). One or more subsequent Qualifying Events may occur during the Dependent Enrollee's 36 month period of continued coverage; but coverage may not be continued beyond 36 months, from the date of the first event.

(3) Medicare Entitlement. If your eligibility under the Contract ends when you become entitled to Medicare benefits; then coverage may not be continued for yourself. But coverage may be continued for any of your Dependent Enrollees for up to thirty-six (36) months, from your Medicare entitlement date.

If your eligibility under the Contract continues beyond Medicare entitlement, but later ends upon termination of employment or retirement; then any of your Dependent Enrollees may continue coverage for up to:

(i) 36 months from your Medicare entitlement date; or
(ii) 18 months from the date your employment ended (whichever is later).

c) Election. To continue coverage, you must notify the employer of such election within 60 days from the later of:

(1) The date of the Qualifying Event;

(2) The date of the loss of coverage; or

(3) The date the employer sends notice of the right to continue.

Continued coverage elected under this section shall be effective the first day of the month following the applicable Qualifying Event. However, Benefits shall not be available to a person electing continuation until Standard Life receives the data about such person required in the Contract, along with all Premiums then currently payable for such person. Standard Life shall not, in any event, make benefits available under this section with respect to any person for whom such information and Premium are not received by Standard Life within 60 days after the date such person is required to notify the employer of his or her election as stated above.

d) Termination. Continued coverage will end at the earliest of the following dates:

(1) The end of the maximum period for continued coverage shown above;

(2) The date the Contract terminates;

(3) The last day of the period for which Premium has been paid; if any Premium is not paid when due;

(4) The date you or your Dependent Enrollee:

(i) Becomes covered under any other group dental plan; or
(ii) Become eligible for benefits for Medicare.

Once continued coverage ends; it cannot be reinstated.

Deductible Does Not Apply

Your dental plan features a deductible. This is an amount you must pay out-of-pocket before Benefits are paid. The deductible amounts are listed on the Group Highlights page.

Only the Dentist's fees you pay for covered Benefits will count toward the deductible.

Maximum Amount

The Maximum Amount payable is shown on the Group Highlights page. There may be maximums on a yearly basis, a per services basis, or a lifetime basis.

Standard Life will receive credit for any amounts paid for Orthodontic Benefits. Those amounts shall be deducted from the maximum paid by Standard Life.

However, Orthodontic Benefits, if provided, will end with the next payment due although the maximum has not been reached if the patient loses coverage, if treatment is stopped, or if the Contract with your employer is cancelled.

Premiums

You will be responsible for 100% of the cost of premiums for yourself. You will be responsible for 100% of the cost of premiums for your Dependent Enrollees.

Standard Life may cancel this Program 30 days after written notice to your employer if monthly Premiums are not paid when due.

Benefits, Limitations & Exclusions

Subject to the limitations and exclusions in this Contract, Standard Life shall pay the Benefits for each type of dental service described below when provided by a Dentist and when necessary and customary under generally accepted dental practice standards. Standard Life may use dental consultants to determine generally accepted dental practice standards. Eligibility periods, if any, for specific services are shown in Group Highlights.

Patient Copayment - Standard Life's provision of Benefits is limited to the applicable percentage of Dentist's fees specified in Group Highlights. The Enrollee is responsible for paying the remaining applicable percentage of any such fees, known as the "Patient Copayment". Applicant has chosen to require Patient Copayments under this program as a method of sharing the costs of providing dental Benefits between Applicant and Enrollees. If the Dentist discounts, waives or rebates any portion of the Patient Copayment to the Enrollee, Standard Life shall be obligated to provide as Benefits only the applicable percentages of the Dentist's fees as reduced by the amount of such fees or allowances that is discounted, waived or rebated.

Limitations on All Benefits – Optional Services. Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures. For example: a crown where a filling could restore the tooth or an inlay instead of a restoration. If an Enrollee receives Optional Services, Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. The Enrollee will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

No change in Benefits will become effective during a Contract Term unless Applicant and Standard Life agree in writing.

Exclusions - Standard Life does not pay Benefits for:

a) Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.

b) Cosmetic surgery or procedures for purely cosmetic reasons, or services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth).

c) Treatment to restore tooth structure lost from wear, erosion, or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize teeth. For example; equilibration, periodontal splinting, occlusal adjustment.

d) Any Single Procedure started before the patient is covered under this program.

e) Prescribed drugs, medication or painkillers.

f) Experimental procedures.

g) Charges by any hospital or surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.

h) Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.

i) Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).

j) Services for any disturbance of the temporomandibular joints (jaw joints).

k) Treatment by someone other than a Dentist or a person who by law may work under a Dentist's direct supervision.

l) For services provided outside the United States, it territories, or possessions, other than emergency dental treatment, unless the Primary Enrollee resides outside the United States, its territories, or possessions.

m) The initial installation of a fixed bridge or partial denture is not a benefit unless the bridge or denture is made necessary by natural teeth extraction occurring during a time the patient was eligible under this dental plan.

Diagnostic and Preventive Benefits (Type I Procedures) - Standard Life shall pay or otherwise discharge the percentage shown in the Group Highlights page of the Contract Allowance for the following services:

Diagnostic: procedures to aid the Dentist in choosing required dental treatment.

Preventive: prophylaxis; topical application of fluoride solutions; Oral Exams, Radiographs, Emergency Office Visits, Space Maintainers.

Limitations on Diagnostic and Preventive Benefits (Type I Procedures)

a) Standard Life limits Dental Prophylaxis to two (2) times, including periodontal cleanings, per twelve (12) consecutive months that the Enrollee is covered by any Standard Life program.

b) Standard Life limits Oral Exams to two (2) times per twelve (12) consecutive months that the Enrollee is covered by any Standard Life program.

c) Full-mouth x-rays or panoramic x-rays will be provided when required by the Dentist, but no more than one set each 36 month period will be paid by Standard Life.

d) Bitewing x-rays are limited to one (1) series of films per calendar year.

e) Topical applications of fluoride are limited to two (2) times per consecutive twelve (12) months period when provided to Enrollees under age 16; furthermore, Standard Life will not pay for topical application of fluoride for an Enrollee 16 years or older.

f) Space Maintainers. Standard Life will not pay for space maintainers for baby teeth or for an Enrollee 16

years or older and once per consecutive 60 months. Benefit includes all adjustments within six (6) months of installation.

Basic Benefits (Type II Procedures) - Standard Life shall pay or otherwise discharge the percentage shown in the Group Highlights page of the Contract Allowance for the following services:

Preventive: Sealants topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in teeth for the purpose of preventing decay.

Restorative: Amalgam (including polishing), silicate restorations, filled or unfilled resin restorations and other restorative services.

Oral Surgery: extractions, surgical extractions, alveoloplasty, vestibuloplasty, surgical incision, and other surgical procedures.

Palliative: treatment to relieve pain.

Limitations on Basic Benefits (Type II Procedures) - Standard Life limits Sealants to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.

Major Benefits (Type III Procedures) - Standard Life shall pay or otherwise discharge the percentage shown in the Group Highlights page of the Contract Allowance for the following services:

Prosthodontics: Complete & partial dentures (including routine post delivery care), adjustments to dentures, repairs to dentures, denture reline procedures, other removable prosthetic devices, bridge pontics, bridge retainers – crowns, and other fixed prosthetic services.

Endodontics: pulp capping, pulpotomy, root canal therapy, and periapical services.

Periodontics: surgical services (including unusual postoperative services) and adjunctive periodontal services.

Type IV Procedures

Bleaching: external bleaching – per arch – performed in office, external bleaching – per tooth and internal bleaching – per tooth.

Limitations on Prosthodontic Benefits

a) The maximum amount paid by Standard Life for each Enrollee during the Calendar year is shown in Group Highlights.

b) Standard Life will not pay to replace any crown, jacket or cast restoration, which the patient received in the previous five (5) years.

c) Standard Life will not pay to replace any bridge or denture that the patient received in the previous five (5) years. An exception is made if the bridge or denture cannot be made satisfactory due to a change in supporting tissues or because too many teeth have been lost.

d) Standard Life limits Benefits for dentures to a standard partial or complete denture. A "standard" denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.

e) Standard Life will not pay for implants (artificial teeth implanted into or on bone or gums) or their removal; but Standard Life will credit the cost of a standard complete or partial denture that would have been allowed under this plan toward the cost of an implant and related services (copayments apply.)

Coordination of Benefits

Standard Life matches the Benefits under this program with your benefits under any other group pre-paid program or benefit plan. (This does not apply to a blanket school accident policy). Benefits under one of the programs may be reduced so that combined coverage does not exceed the Dentist's fees for covered services. If this is the "primary" program, Standard Life shall not reduce Benefits. But if the other program is the primary one, Standard Life shall reduce Benefits otherwise payable under this program. The reduction shall be the amount paid for or provided under the terms of the primary program for covered services under this program (see BENEFITS, LIMITATIONS & EXCLUSIONS).

How does Standard Life determine which is the "primary" program?

a) If the other program is not primarily a dental program, this program is primary.

b) If the other program is a dental program, the following rules are applied:
   (1) The program covering the patient as an employee or group member is primary over a program covering the patient as a dependent.
   (2) The plan covering the patient as a dependent child of a person whose date of birth occurs earlier in the calendar year shall be primary over the plan covering the patient as a dependent of a person whose date of birth occurs later in the calendar year provided. However, in the case of a dependent child of legally separated or divorced parents, the plan covering the patient as a dependent of the parent with legal custody, or as a dependent of the custodial parent's spouse (i.e. step-parent) shall be primary over the plan covering the patient as a dependent of the parent without legal custody. If there is a court decree which would otherwise establish financial responsibility for the health care expenses with respect to the child, the benefits of a plan which covers the child as a dependent of the parent with such financial responsibility shall be determined before the benefits of any other policy which covers the child as a dependent child.

c) If neither (a) nor (b) applies, the program that has covered the patient longer is primary, except that a plan covering the patient as a laid-off or retired employee or the dependent of a laid-off or retired employee shall be determined after those of a plan covering the patient as an employee or the dependent of an employee. However, if the other plan does not have a provision similar to this provision, then this exception shall not apply.

Claims

Claims for Benefits must be filed on a standard Attending Dentist Statement that you or your Dentist may obtain from:

Standard Life and Accident Insurance Company
P.O. Box 30567
Salt Lake City, UT 84130-0567
(866) 605-2644

Claims not paid within 45 days of due written proof of loss are subject to a charge of 1 and ½ percent interest per month.

Predeterminations

A Dentist may file an Attending Dentist's Statement before treatment, showing the services to be provided to an Enrollee. Standard Life will predetermine the amount of Benefits payable under this Contract for the listed services. Predeterminations are valid for 60 days from the date of the Predetermination but not longer than the Contract's term or beyond the date of the patient's coverage ends.

Claims Appeal

Standard Life will notify the Enrollee if any services submitted on a claim are denied coverage as Benefits, in whole or in part, stating the reason or reasons for the denial. Within 60 days after the receipt of a notice of denial the Enrollee may make a written request for a review of the denial by addressing a letter to Standard Life stating the reason(s) for review or reconsideration and providing any pertinent documents which the Enrollee wishes Standard Life to review.

Standard Life will make a full and fair review. Standard Life may ask for more documents if needed. Some appeals may be referred to a dental consultant or to a peer review committee of your local dental society. A decision will be sent to the Primary Enrollee within 30 days after your request for an appeal is received, unless it is referred to a peer review committee or other unusual circumstances arise. In no event will the decision take longer than 60 days.

Cancellation of Program

Standard Life may cancel the program only:

a) On an anniversary of the Effective Date; or
b) If your employer does not pay the monthly premiums; or
c) If your employer does not provide a list of who is eligible; or
d) If less than the minimum number of Primary Enrollees required under the Contract reported eligible for three months or more.

Proof of Loss

Before approving a claim, Standard Life will be entitled to receive, to such extent as may be lawful, from any attending or examining Dentist, or from hospitals in which a Dentist's care is provided, such information and records relating to attendance to or examination of, or treatment provided to, an Enrollee as may be required to administer the claim, or that an Enrollee be examined by a dental consultant retained by Standard Life, in or near his community or residence. Standard Life shall in every case hold such information and records confidential.

Standard Life will give any Dentist or Enrollee, on request, a standard Attending Dentist's Statement to make a claim for Benefits. To make a claim, the form must be completed and signed by the Dentist who performed the services and by the Enrollee (or the parent or guardian if the patient is a minor) and submitted to Standard Life. If the form is not furnished by Standard Life within 15 days after requested by a Dentist or Enrollee, the requirements for proof of loss set forth in the next paragraph will be deemed to have been complied with upon the submission to Standard Life, within the time established in said paragraph for filing proofs of loss, of written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Affirmative proof of loss must be furnished to Standard Life at its office within 90 days after termination of care for which Benefits are payable hereunder. Failure to furnish proof of loss within that time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof of loss and that such proof of loss was furnished as soon as was reasonably possible.

Time of Payment

Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss.

Subject to due written proof of loss, all accrued indemnities for loss which this policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payments will be made within 45 days if any claim is not denied for valid and proper reasons within 45 days after receipt of due written proof. The Company pays interest at the rate of 1 and ½ percent per month on the amount of the claim until it is finally settled or adjudicated. If the Company does not pay a claim when due, the insured may bring action to recover benefits and any other damages.

To Whom Benefits are Paid

Payment for services provided by a Participating Dentist shall be made directly to the Dentist. Any other payments provided by this Contract shall be made to the Primary Enrollee, unless the Primary Enrollee requests when filing proof of loss that the payment be made directly to the Dentist providing the services. All Benefits not paid to the Dentist shall be payable to the Primary Enrollee, or to his estate, except that if the person is a minor or otherwise not competent to give a valid release, Benefits may be payable to his parent, guardian or to their person actually supporting him.

Legal Actions

No action at law or in equity shall be brought to recover on the Contract prior to expiration of 60 days after proof of loss has been filed in accordance with requirements of the Contract, nor shall an action be brought at all unless brought within 3 years from expiration of the time within proof of loss is required by the Contract.

This Certificate of Insurance constitutes only a summary of the dental service insurance Contract. The complete Contract must be consulted to determine the exact terms and conditions of coverage.

APPENDIX A
STANDARD LIFE UNIFORM PROCEDURE CODE AND NOMENCLATURE

The following is a Complete list of the dental procedures for which benefits are payable under this policy and each procedure's Schedule Maximum, if any. No benefits are payable for a procedure if it is not listed.

DIAGNOSTIC AND PREVENTIVE (TYPE I PROCEDURES)

Diagnostic

Clinical Oral Examinations

0120 Periodic oral examination.
0140 Emergency oral examination.

Radiographs

0210 Intraoral - complete series (including bitewings).
0220 Intraoral periapical - first film.
0230 Intraoral periapical - each additional film up to 12.
0240 Intraoral - occlusal film.
0250 Extraoral - first film.
0260 Extraoral - each additional film.
0270 Bitewing - single films.
0272 Bitewings - two films.
0273 Bitewings – three films.
0274 Bitewings - four films.
0277 Vertical Bitewings – 7 to 8 films. (This does not constitute a full mouth intraoral radiograph series.)
0330 Panographic film.
0350 Oral/facial photographic images.
0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and Malignant lesions, not to include cytology or biopsy procedures. (one time per consecutive twelve months)
0460 Pulp vitality tests

0470 Diagnostic Casts

Preventive

Dental Prophylaxis

1110 Prophylaxis - adult.
1120 Prophylaxis - child.

Topical Fluoride Treatment (Office Procedure)

1203 Topical application of fluoride (excluding prophylaxis) - child.
1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.

Other Preventive Services

Space Maintenance (Passive Appliances)

1510 Space Maintainer - fixed unilateral.
1515 Space Maintainer - fixed-bilateral.
1520 Space Maintainer - removable-unilateral.
1525 Space Maintainer - removable-bilateral.
1550 Re-cementation of space maintainer.

BASIC BENEFITS (TYPE II PROCEDURES)

Preventive

1351 Sealant - per tooth.

Restorative

Amalgam Restorations (including Polishing)

2110 Amalgam - one surface, primary.
2120 Amalgam - two surfaces, primary.
2130 Amalgam - three surfaces, primary.
2140 Amalgam - one surface, permanent.
2150 Amalgam - two surfaces, permanent.
2160 Amalgam - three surfaces, permanent.

Silicate Restorations

2210 Silicate cement - per restoration.

Filled or Unfilled Resin Restorations

2310 Acrylic or plastic.
2330 Resin - one surface.
2331 Resin - two surface.
2332 Resin - three surfaces.
2390 Resin – based composite crown
2391 Resin –based composite –one surface, posterior

Restorative

Inlay Restorations

2510 Inlay, metallic – one surface (excluding gold).
2520 Inlay, metallic – two surfaces (excluding gold).
2530 Inlay, metallic – three surfaces (excluding gold).
2542 Onlay, metallic – two surfaces.
2543 Onlay, metallic – three surfaces.
2544 Onlay, metallic – four or more surfaces.
2610 Inlay, porcelain/ceramic – one surface.
2620 Inlay, porcelain/ceramic – two surfaces.
2630 Inlay, porcelain/ceramic –three or more surfaces.
2642 Onlay, porcelain/ceramic – two surfaces.
2643 Onlay, porcelain/ceramic – three surfaces.
2644 Onlay, porcelain/ceramic – four or more surfaces.
2650 Inlay, resin-based composite – one surface.
2651 Inlay, resin-based composite – two surfaces.
2652 Inlay, resin-based composite – three or more surfaces.
2662 Onlay, resin-based composite – two surfaces.
2663 Onlay, resin-based composite- three surfaces.
2664 Onlay, resin-based composite – four or more surfaces.

Other Restorative Service

2920 Re-cement Crowns
2930 Prefabricated stainless steel crown – primary tooth.
2931 Prefabricated stainless steel crown – permanent tooth.
2932 Prefabricated resin crown.
2933 Prefabricated stainless steel crown with resin window.
2934 Prefabricated esthetic coated stainless steel crown – primary tooth.
2940 Sedative filling.

Oral Surgery

Extractions - Includes Local Anesthesia and Routine Postoperative Care

7110 Single tooth.
7140 Each additional tooth.

Surgical Extractions - Includes Local Anesthesia and Routine Postoperative Care

7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal lap and removal of bone and/or section of tooth.
7220 Removal of impacted tooth - soft tissue.
7230 Removal of impacted tooth - partially bony.
7240 Removal of impacted tooth - completely bony.

Other Surgical Procedures

7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments).

Alveoloplasty - Surgical Preparation of Ridge for Dentures

7310 Alveoloplasty in conjunction with extractions - per quadrant.
7320 Alveoloplasty not in conjunction with extractions - per quadrant.

Vestibuloplasty

7340 Vestibuloplasty - ridge extension (secondary epithelialization).

Surgical Incision

7510 Incision and drainage of abscess - intraoral soft tissue.

Adjunctive General Services

Unclassified Treatment

9110 Palliative (emergency) treatment of dental pain - minor procedures.

MAJOR BENEFITS (TYPE III PROCEDURES)

Crowns - Single Restorations Only

2710 Crown - Plastic (acrylic).
2712 Crown – ¾ resin-based composite (indirect).
2720 Crown – resin with high noble metal.
2721 Crown - resin with predominantly base metal.
2722 Crown – resin with noble metal.
2740 Crown - porcelain/ceramic substrate.
2750 Crown – porcelain fused to high noble metal.
2751 Crown – porcelain fused to predominantly base metal.
2752 Crown - porcelain fused to noble metal.
2780 Crown – ¾ cast high noble metal.
2781 Crown – ¾ cast predominantly base metal.
2782 Crown – ¾ cast noble metal.
2783 Crown – ¾ porcelain/ceramic.
2790 Crown – full cast high noble metal.
2791 Crown – full cast predominantly base metal.
2792 Crown – full cast noble metal.
2794 Crown – titanium.
2799 Provisional crown.
2810 Crown – ¾ cast metallic.
2830 Crown - Stainless steel.
2950 Crown buildup – pin retained.
2951 Pin retention – per tooth, in addition to restoration.
2953 Cast post as part of crown.
2954 Prefabricated post and core in addition to crown.

Prosthodontics (Removable)

Complete Dentures (Including Routine Post Delivery Care)

5110 Complete upper.
5120 Complete lower.
5130 Immediate upper.
5140 Immediate lower.

Partial Dentures (Including Routine Post Delivery Care)

5211 Upper partial - acrylic base (including any conventional clasps and rests).
5212 Lower partial - acrylic base (including any conventional clasps and rests).
5213 Upper partial - cast chrome base with acrylic saddles (including any Conventional clasps and rests).
5214 Lower partial - cast chrome base with acrylic saddles (including any conventional clasps and rests).
5216 Lower partial - cast gold base with acrylic saddles (including any conventional clasps and rests).
5281 Removable unilateral partial denture - one-piece chrome casting, clasp attachments - per unit (including pontics).

Adjustments to Dentures

5410 Adjust complete denture - upper (more than six months after installation).
5411 Adjust complete denture - lower (more than six months after installation).
5421 Adjust partial denture - upper (more than six months after installation).
5422 Adjust partial denture - lower (more than six months after installation).

Repairs to Dentures

5520 Replace missing or broken teeth - complete denture (each tooth)
5640 Replace broken teeth or denture, no other repairs.
5650 Add tooth to existing partial denture.
5660 Add clasp to existing partial denture.

Denture Reline Procedures

5730 Reline complete upper denture (chair side).
5731 Reline complete lower denture (chair side).
5740 Reline upper partial denture (chair side).
5741 Reline lower partial denture (chair side).
5750 Reline complete upper denture (laboratory).
5751 Reline complete lower denture (laboratory).
5760 Reline upper partial denture (laboratory).
5761 Reline lower partial denture (laboratory).

Endodontics

Pulp Capping

3110 Pulp cap - direct (excluding final restoration).
3120 Pulp cap - indirect (excluding final restoration).

Pulpotomy

3220 Therapeutic pulpotomy (excluding final restoration).

Root Canal Therapy (Including Treatment Plan, Clinical Procedures, and Follow-up Care)

3310 One canal (excluding final restoration).
3320 Two canals (excluding final restoration).
3330 Three canals (excluding final restoration).
3340 Four or more canals (excluding final restoration).
3350 Apexification (treatment may extend over period of 6 to 18 months).

Periapical Services

3410 Apicoectomy (per tooth) - first root.

Periodontics

Surgical Services (Including Unusual Postoperative Services)

4210 Gingivectomy or gingivoplasty - per quadrant.
4211 Gingivectomy or gingivoplasty - per tooth.
4220 Gingival curettage, by report.
4240 Gingival flap curettage (including root planning).
4260 Osseus surgery (including flap entry and closure) - per quadrant.

Adjunctive Periodontal Services

4340 Root Planning - entire mouth.
4341 Root Planning - per quadrant.
4910 Periodontal Prophylaxis.

Prosthodontics, Fixed (Each Abutment and Each Pontic Constitutes a Unit in a Bridge)

Bridge Pontics

6205 Pontic- indirect resin based composite.
6211 Pontic - cast predominantly base metal.
6241 Pontic - porcelain fused to predominantly base metal.
6251 Pontic - resin with predominantly base metal.

Bridge Retainers - Crowns

6710 Crown - resin.
6721 Crown - resin with predominantly base metal.
6751 Crown - porcelain fused to predominantly base metal.
6791 Crown - full cast predominantly base metal.
6794 Crown – titanium.

Other Fixed Prosthetic Services

6930 Recement bridge.

Adjunctive General Services

Anesthesia

9220 General anesthesia.

Type IV Procedures

9972 external bleaching – per arch – performed in office.
9973 external bleaching – per tooth.
9974 internal bleaching – per tooth.