

PLAN SUMMARIES

| | CO-PAY PLAN | CO-INSURANCE PLAN |
|--|--|--|
| WHICH NETWORKS SHOULD I USE? | GOLD & PLATINUM General Dentists Only | GOLD & PLATINUM |
| WHEN IS MY PLAN EFFECTIVE? | 1st day of the following month from the date we receive your enrollment | 1st day of the following month from the date we receive your enrollment |
| WHO CAN I INCLUDE ON MY PLAN? | Spouse & any unmarried children up to age 26 | Spouse & any unmarried children up to age 26 |
| WHAT IF I REQUIRE SPECIALIST SERVICES? Most covered services can be performed by a general dentist and do not need specialist care. | *Members receive up to 20% discount off submitted fees by all contracted specialists. No waiting periods or deductibles apply to the discount. | After waiting periods and deductibles are met, members receive a paid benefit for covered services provided by both contracted general and specialist providers. |

| TYPE OF PLAN | INSURED | | INSURED | | | |
|--|--------------------|--|---|----------------------|---------------------|----------------------|
| | Contracted | Non- Contracted | OPTION 1 | | OPTION 2 | |
| | | | Contracted | Non-Contracted** | Contracted | Non-Contracted** |
| PREVENTIVE Cleanings (2 per year), exams, fluoride & x-rays | 100% | Refer to website for partial schedule of Co-Payments Non-Contracted D.S. Payment | 100% | 100% of fee schedule | 100% | 100% of fee schedule |
| BASIC Fillings & oral surgery | UP TO 70% COVERAGE | | 70% | 70% of fee schedule | 80% | 80% of fee schedule |
| MAJOR Crowns, bridges, endodontics, periodontics, & dentures | UP TO 50% COVERAGE | | 50% | 50% of fee schedule | 50% | 50% of fee schedule |
| DEDUCTIBLE Per person, effective date year Applies to all basic and major services | \$25/\$75 | | \$75/\$225 | | \$50/\$150 | |
| MAXIMUM BENEFIT Per person, effective date year Applies to preventive, basic & major services | UNLIMITED | | \$1,000 (or which \$500 per year can be used for Major Services) | | | |
| WAITING PERIODS | Basic | 6 MONTHS | 6 MONTHS | | 6 MONTHS | |
| | Major | 12 MONTHS | 18 MONTHS | | 15 MONTHS | |
| | Orthodontic | NONE | NONE | | INSURED - 24 MONTHS | |

| | | | | | |
|---|-------------------|---|-------------|---|--|
| ORTHODONTICS No waiting periods Non-Insured coverage | Children & Adults | UP TO 20% DISCOUNT Contracted Provider | NO COVERAGE | UP TO 20% DISCOUNT Contracted Provider | ADULTS - 20% DISCOUNT Contracted Providers CHILDREN 18 & UNDER 50% INSURED AFTER 20% DISCOUNT Contracted Provider |
| ORTHODONTIC MAXIMUM | | UNLIMITED | | UNLIMITED | \$500 PER YEAR \$1,000 LIFETIME MAXIMUM |

*Discounts on products and services are not insured benefits and not underwritten by ACE American Insurance Company.

**For services rendered by out-of-network, providers the patient is responsible for the difference between the plan payment and the provider's standard fee. No balance billing for services rendered by a contracted provider.

Claim payments are subject to review. We strongly recommend a pre-estimate for implants & all major services. This is a summary only. For complete details, refer to your dental policy.

IMPORTANT NOTICE: This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE: CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

CHUBB[®] All plans of insurance are marketed by Dental Select, an insurance agency, and underwritten by ACE American Insurance Company, a member insurer of the Chubb Group of Companies.

Included on Every Dental Plan



Dental Select's vision products are provided through EyeMed Vision Care which offers access to more than 75,000 independent practitioners and optical retail providers at more than 27,000 locations nationwide.

Plan Highlights

- ✓ No Maximums
- ✓ No Waiting Periods
- ✓ No Claims to Submit
- ✓ No Visit Limitations

To find a Discount Network provider near you, visit dentalselect.com or call member services at **1-800-999-9789**.

DISCOUNT VISION - SUMMARY OF VISION BENEFITS

| VISION CARE SERVICES | MEMBER COST |
|--|---|
| Exam with Dilation as Necessary:* | \$5 OFF ROUTINE EXAM \$10 OFF CONTACT LENS EXAM |
| Complete Pair of Glasses Purchase: frame, lenses and lens options must be purchased in the same transaction to receive full discount. | |
| STANDARD PLASTIC LENSES: | |
| Single Vision | \$50 |
| Bifocal | \$70 |
| Trifocal | \$105 |
| Progressive | \$135 |
| FRAMES: | |
| Any frame available at provider location | 35% off retail price |
| LENS OPTIONS: | |
| UV Coating | \$15 |
| Tint (Solid & Gradient) | \$15 |
| Standard Scratch-Resistance | \$15 |
| Standard Polycarbonate | \$40 |
| Standard Anti-Reflective Coating | \$45 |
| Other Add-ons & Services | 20% Discount |
| CONTACT LENS MATERIALS: | |
| (Discount applies to materials only) | |
| Disposable | N/A |
| Conventional | 15% off retail price |
| LASER VISION CORRECTION: | |
| Lasik or PRK | 15% off retail price -or- 5% off promotional price |
| * Under contract, ACCESS Vision Providers may charge usual & customary rates for a comprehensive exam up to a contracted fee per region. | |

The EyeMed network offers convenient availability of independent providers and leading optical retail providers such as:



The EyeMed Discount Vision Plan is a fee for service discount plan, it is not an insured product. This program provides discounts only from a certain network of vision providers. The member is responsible to pay for all services but will receive a discount from vision providers who are contracted on the EyeMed Network.