

Group Dental Insurance

Protection for Employees' Smiles



Your Proposed Dental Plan

Standard Insurance Company appreciates the opportunity to provide you with a Group Dental plan proposal. This booklet and the dental proposal together outline the basic features of your proposed dental plan. These documents are not a contract, and they are not part of any contract that may be issued.

Establishing Group Dental insurance with The Standard requires your completed, signed application for group insurance and our acceptance of it. When we approve your application, we will issue you a *group policy* containing our customary language. It will not duplicate the language of any existing policies you may have.

Each Group Dental policy with The Standard will contain provisions and defined terms not described in this booklet or your dental proposal. If any discrepancies exist between the *group policy*, the dental proposal and this booklet, the *group policy* will control.

The *group policy* will become effective on the date determined by The Standard. This date will be clearly stated on the policy. We will issue certificates of insurance that describe the coverage in detail. These are for you to distribute to your insured employees.

The proposed premium rate and plan design for your dental coverage are based on the underwriting data we received from you. We will determine final premium rates and plan provisions based on:

- State law
- *Policyholder* contributions
- Confirmation of occupations
- The composition of the group of employees you wish to insure
- Our current underwriting rules and practices

The proposal will expire on the date shown in your dental proposal.

Thank you for considering The Standard for your dental insurance needs. Should you have questions or desire any additional information, please contact your insurance advisor or your Employee Benefits Sales Consultant.

Group Dental Insurance

A vital piece of your employee benefits package

Standard Insurance Company offers a selection of flexible dental plans, each with the high level of customer service expected from a leading dental carrier. Our dental products provide a choice of plan designs and provisions that help employers find the right coverage for their employees.

Variety and Plan Flexibility

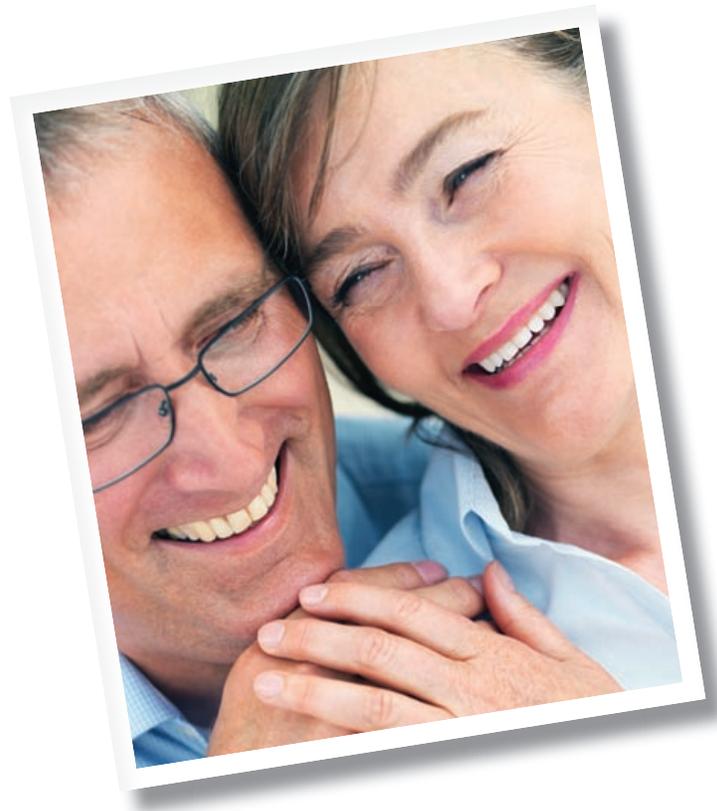
The Standard offers a wide range of dental plans to meet the needs of diverse employer groups. With variable designs ranging from traditional indemnity to voluntary, we work with employers to create dental coverage that satisfies demands for quality care as well as affordable rates.

For information on the dental plan or plans proposed for your group, please consult the proposal accompanying this booklet. Following is a listing of our plans with descriptions of groups for which each is typically appropriate.

Optima CareSM dental coverage suits the needs of employers who want a dental plan with a high level of customization. It offers the greatest choice of claim allowances, deductibles, coinsurance choices and plan maximums. The flexibility of this plan design enables employers to provide dental coverage that meets the specific needs of their employees.

Banner Dental CareSM coverage provides employers with a comfortable, lower cost alternative to Optima Care Dental. It includes the most frequently used dental benefits that employers can enhance with additional options.

Balanced CareSM dental coverage balances quality care and cost by covering essential procedures to maintain oral health and controlling expenses through procedure limitations. This plan design offers value and affordability for employers and excellent dental care for employees.



Voluntary Dental CareSM plans can be designed to meet the needs of small and large organizations. All plans are tied to Section 125 of the Internal Revenue Code, enabling employees to save money by purchasing their dental coverage with pretax dollars.

Preferred CareSM dental plans offer affordability to employers and choice to employees. With the option of using Participating Provider Organization (PPO)¹ dentists or non-PPO dentists, employees can control their out-of-pocket expenses. By using PPO dentists, employees receive expert dental care and usually reduce their own costs. If employees choose a non-PPO dentist, they will still receive coverage though they may experience higher out-of-pocket dental expenses.

High/Low Optima CareSM dental plans from The Standard enable employees to choose the level of dental insurance they need. The plans feature two reimbursement levels and two premiums – all in one policy.

¹ Contact your Employee Benefits Sales Consultant for information about the availability of a PPO in your area.

Max BuilderSM Option

The Max Builder option² allows employers to reward insured employees who care for their teeth but use only a portion of their annual benefit maximum. When employees see a dentist yearly and use less than half of their annual benefit maximum, they receive an increase in their annual benefit maximum for the next plan year. The Max Builder option allows insured employees to save their benefits to cover future dental procedures, potentially reducing their out-of-pocket expenses.

LASIK AssistSM Option

The LASIK Assist option² allows employees to receive a benefit for a variety of laser vision correction procedures. The benefit, which increases over time, provides a lifetime flat dollar amount per eye for employees and covered dependents age 18 or older.

Procedure Classifications

Plans classify covered dental procedures in four categories — *type 1*, *type 2*, *type 3* and *orthodontia*. Consult the proposal that accompanies this booklet for information about procedures covered under each category.

A Choice of Dentists

Employees may select the dentist of their choice. In many cases, employees can reduce their out-of-pocket expenses when they choose a PPO member dentist. Employees in most states have access to a nationwide network of member dentists. The cost-saving benefits of visiting a PPO member dentist are automatically available to all employees who are covered by any of The Standard's dental plans and who live in select areas where the nationwide PPO is available. Please check with your Employee Benefits Sales Consultant for information on the availability of a PPO in your area.



Discounts on Non-covered Procedures

For persons covered under plans with access to our PPO nationwide network of member dentists, many of the PPO dentists provide discounts on Dental procedures even if they are not covered expenses under the policy. Examples include cosmetic procedures and orthodontia procedures.

Toll-free Customer Service Numbers

The Standard makes it easy for covered employees and dentists to contact us to confirm eligibility or request information on claims. Our customer service representatives are available Monday through Friday from 6:00 a.m. until 5:00 p.m. Pacific Time. An interactive voice response system for eligibility and claim information is accessible from 5:00 a.m. to midnight Pacific Time Monday through Thursday and from 5:00 a.m. to 5:30 p.m. on Friday.

² Not available with all Group Dental plans. Refer to the dental proposal.

State-of-the-art Technology

Claims are handled by an accurate processing system that speeds payments. Approximately one-third of claims are received electronically from dental providers. Of these, two-thirds are processed by an automatic claims adjudication system.

The Standard also uses an imaging system that provides our customer service representatives with online claims documentation and enables them to respond efficiently to customer inquiries.

Online Plan Administration Tools

Plan administrators are able to perform a number of functions online, including: enrolling members, changing enrollment records, creating and paying premium bills, viewing eligibility reports and viewing policy, certificate and amendment documents.

Cost Containment Features

The Standard delivers reduced costs for employers by using:

- Dental consultants, familiar with dental specialties, who evaluate the need for dental procedures and appropriate costs
- A claims system that automatically verifies employee and dependent eligibility, claims duplication, plan coverage or lifetime maximums and whether fees are within the range of usual, customary and reasonable (UCR) charges; calculates coordination of benefits (COB); and generates explanations of benefits (EOB)
- UCR charges that are updated based on industry standards

COBRA Administration

The Standard offers complete COBRA administration of dental insurance. The service includes notification, enrollment, billing, premium collection, eligibility maintenance, termination and reporting.

Limitations

This policy has limitations, exclusions, reductions of benefits and terms under which the policy may be continued in force or discontinued. Please consult the proposal accompanying this booklet for costs and complete details of the proposed dental plan or plans.

Employee Participation

Noncontributory dental plans require that all eligible employees receive coverage.

For voluntary plans, participation levels vary based on plan design. If a voluntary plan is proposed for your group, please consult the proposal or Voluntary Dental Care insert accompanying this booklet for information on participation levels.

Effective Dates of Coverage

For noncontributory plans, coverage is effective on the first day of the month following the date that an employee or dependent becomes eligible. For voluntary plans, coverage is effective on the later of:

- The date the employee or dependent becomes eligible
- The date the employee applies for coverage under the plan, if application is made within 31 days of becoming eligible

An employee or dependent who applies 31 days after becoming eligible will be considered a late entrant. Please consult the proposal accompanying this booklet for more information about late entrants.

When Insurance Ends

Provisions for when insurance coverage ends vary by plan. Please ask your Employee Benefits Sales Consultant for additional details.

Thank You

We appreciate the opportunity to work with you in meeting your employees' needs for dental insurance. If you have any questions about our proposal or would like further information about our products and services, please contact your insurance advisor or your Employee Benefits Sales Consultant.



Founded in Portland, Oregon in 1906, The Standard is a nationally recognized insurance provider offering group disability, life, dental and vision insurance and individual disability insurance. We provide insurance to more than 27,900 groups covering approximately 7.4 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building longterm relationships.

We always strive to do what's right — for our policyholders and their employees. This dedication has resulted in a national reputation for quality products, superior service and industry expertise.

To learn more about group dental insurance from The Standard, contact your insurance advisor, call the Employee Benefits Sales and Service Office for your area at 800.633.8575 or visit us at www.standard.com.

* As of December 31, 2008, based on internal data developed by Standard Insurance Company.

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