

Summary of Benefits for:

Loewinsohn Flegle Deary Simon

PPO R&C Classic
Platinum Network

90th R&C

Contracted Dentist		Non-Contracted Dentist	
Preventive			
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	100% of R&C	
Basic			
Composite fillings, extractions, endodontics, periodontics, oral surgery, space maintainers, sealants	80%	80% of R&C	
No Waiting Period			
Major			
Crowns, bridges, dentures, full implants	50%	50% of R&C	
No Waiting Period			
Orthodontics			
Children under 19	50%	50%	
Waiting Periods	No Waiting Period		
Lifetime Maximum	\$2,000.00		
Maximum Benefit			
Applies to Preventive, Basic and Major Services	Benefit Period is:	\$2,500.00	
	Per Calendar Year		
Deductible			
Applies to Basic and Major Services	Per Benefit Period		
	Per Person:	\$50.00	\$50.00
	Family Maximum:	\$150.00	\$150.00

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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.

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Dental Notes for:

Loewinsohn Flegle Deary Simon

Dental Plan Notes

PPO R&C Plans

- Contracted: All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Members may receive a discount on orthodontic services from contracted orthodontists.
- Non-Contracted: Dental Select will allow up to the Reasonable & Customary amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

Co-Pay Plans (Available in Texas and Utah only)

- Contracted: All payments made to contracted General Dentists are based on the contracted dental fee schedule for co-pay plans. Contracted General Dentists accept a combination of fixed co-payments and insurance plan payments as payment in full. Contracted specialists offer members a discount of up to 20% on their usual billed charges. There is no plan payment to contracted specialists.
- Non-Contracted: All payments made to non-contracted General Dentists are based on the contracted dental fee schedule for co-pay plans. The member is responsible for paying the difference between the plan payment and the General Dentist's usual charges. Non-contracted specialists do not offer members a discount and there is no plan payment to non-contracted specialists.

PPO MAC Plans

- Contracted: All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Members may receive a discount on orthodontic services from contracted orthodontists.
- Non-Contracted: Dental Select will allow up to the contracted dental fee schedule amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

Dependent Eligibility

Eligible dependents are covered up to age 26.

This summary of benefits is current as of 02/28/2019. To verify up to date benefits, please contact Dental Select Customer Care.

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Summary of Benefits for:

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Discount Vision

In-Network Only

Member Cost	
Exam with Dilation as Necessary	
	\$5 off routine exam
	\$10 off contact lens exam
<i>Complete pair of glasses (frame, lenses, and lens options) must be purchased in the same transaction to receive full discount. Items purchased separately will be discounted 20% off the retail price</i>	
Frames	
Any frame at provider location	35% off retail price
Standard Plastic Lenses	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Progressive	\$135
Lens Options	
UV Coating	\$15
Tint(Solid and Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective	\$45
Other Add-ons and Services	20% off retail price
Contact Lenses	
(Discount Applied to Materials Only)	
Conventional	15% off retail price
Laser Correction (US Laser Network)	
Lasik or PRK	15% off retail price -or- 5% off promotional price

Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6).

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