

Group Dental and Vision Insurance

Help protect your health care budget with flexible Dental and Vision insurance benefits.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental and vision care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Dental Plan Summary *(subject to PolicyLink Dental + Vision plan design listed below)*

Effective Date: 4/1/2021

Plan Benefit	
Type 1 (Preventive)	80%
Type 2 (Basic)	80%
Type 3 (Major)	80%
Waiting Period	None
Deductible	\$25/Calendar Year Type 2 & 3 Waived Type 1 \$75/family
Maximum <i>(per person)</i>	\$1,500 per calendar year
Allowance	95% usual and customary
Max Builder SM	Included
Annual Eye Exam	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	Usual and customary
Plan Benefit	50%
Lifetime Maximum <i>(per person)</i>	\$1,500
Waiting Period	None

Vision Summary *(subject to PolicyLink Dental + Vision plan design listed below)*

Plan Benefit	Allowance	Frequencies (based on date of service)	
Exam	Subject to maximum	Exam	None
Lenses (per pair)		Lenses	None
Single Vision	Subject to maximum	Frames	None
Bifocal	Subject to maximum		
Trifocal	Subject to maximum		
Lenticular	Subject to maximum	Maximum per benefit period	\$150
Progressive	Subject to maximum	Deductibles (None)	\$0
Contacts			
Elective/Medically Necessary	Subject to maximum		
Frames	Subject to maximum		

**Deductible applies to the first service received*

PolicyLink Dental + Vision Plan Design

	Dental	Vision	Combined
Maximum	\$1,500	\$150	No more than \$1,500

PolicyLink Dental + Vision combines dental and vision benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans. Total benefits paid between the two coverages will not exceed the PolicyLink maximum of \$1,500. Participants can visit the vision provider of their choice.

Dental Procedure Summary (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (1 per benefit period) • Space Maintainers 	<ul style="list-style-type: none"> • Sealants (age 16 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

eCard

Once you are enrolled in the plan, your plan participant ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. Go to standard.com, click on log in (at top right). Enrolled participants may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.

Max BuilderSM

This dental plan includes a valuable feature that allows plan participants to carry over part of their unused annual maximum. A participant must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member provider are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit <http://www.standard.com/services> and click on "Find a Dentist."

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.



Submitting a claim

Your policy requires all claims be received by The Standard within 90 days of the date of service. You may submit a claim, or your Dentist can file your claim on your behalf and you can assign payment to your Dentist. If the 90 day deadline is missed, you will be responsible for covering the cost of the service. *Requirements for claims submission vary by state, please consult your group certificate for details.

Prior Extraction Limitation

Your policy has a prior extraction limitation, also known as the "missing tooth clause". This means that if you had a tooth extracted prior to enrolling in your plan with The Standard, we may or may not pay for any benefits towards replacing that tooth. Please review your policy or contact Customer Service for details.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Domestic Partner

California state law requires that coverage shall be provided to Registered Domestic Partners that is equal to, and subject to the same terms and conditions as, the coverage provided to a spouse. Registered Domestic Partner means a partner of the Insured as long as the partnership meets the requirements for such relationship as defined in Section 297 of the California Family Code or the functional equivalent registration of any other state or local jurisdiction.

Customer Service

Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to locate the nearest network provider, view plan benefit information and more.

Call Center: 800.547.9515

- Service representative hours:
 - 5 a.m. to 10 p.m. Pacific Monday through Thursday
 - 5 a.m. to 4:30 p.m. Pacific Friday
- Interactive Voice Response available 24/7

View plan benefit information at:

www.standard.com/services.

City of Pacific Grove



About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.