

› Voluntary Dental Insurance



More Than a Pretty Smile

Taking good care of your teeth and mouth is an important part of a healthy lifestyle. Practicing proper dental hygiene, like brushing, flossing, and avoiding sugary foods and drinks, is only part of the oral health equation. Visiting a dentist on a regular basis is also very important.

As an active employee of West Central Missouri Community Action Agency, you have access to a dental insurance policy.

You have so many reasons to keep your teeth and gums healthy. Ongoing dental care will help you maintain the best possible oral – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 27 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

CALENDAR YEAR DEDUCTIBLES AND MAXIMUMS		IN-NETWORK	OUT-NETWORK
Type A		Waived	Waived
Type B & C Deductible			
Individual		\$50	\$50
Family		3 times Individual	3 times Individual
Annual Maximum		\$1,500	\$1,500
The same expenses may be used to satisfy both the In-Network and Out-Network deductible.			
COVERED SERVICES		IN-NETWORK	OUT-NETWORK
Type A Services		100%	80%
• Examinations/Evaluations • Bitewing X-rays • All Other X-Rays • Fluoride Treatments • Cleaning/Prophylaxis • Sealants • Space Maintainers • Brush Biopsy/Cancer Screening • Harmful Habit Appliances • Full Mouth X-rays, Panoramic Film			
Type B Services		80%	60%
• Palliative Treatment • Periodontal Maintenance • Fillings • Stainless Steel Crowns • Simple Extractions • Oral Surgery • Endodontics • Repair of Full or Partial Removable Dentures • Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures • Repair/Recementation of Bridges • Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers • Surgical Extractions • Surgical Periodontics • Non-Surgical Periodontics			
Type C Services		50%	40%
• Full or Partial Removable Dentures • Bridges • Cast Crowns, Inlays, Onlays, Labial Veneers • General Anesthesia or I.V. Sedation			

The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.

This plan provides different coverage levels for In-Network and Out-Network services. By using an In-Network provider, plan members will save more through the predetermined fee arrangement and better benefit coverage.

Out-Network allowances are based on Mutual of Omaha's Maximum Allowance. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

ROLLOVER BENEFIT PROVISION

The Rollover Benefit provision allows you and your dependents to save your dental benefit dollars for when you need them most. With this provision, Mutual of Omaha will "roll over" a percentage of the Policy Year Maximum Benefit for each insured person in a given calendar year, increasing the following Policy Year maximum for that insured person (subject to certain conditions). Rollover calculations are determined based on In-Network provisions.

ANNUAL OPEN ENROLLMENT PERIOD

The plan has an Annual Open Enrollment Period. Any Benefit Waiting Periods or Late Entrant Waiting Periods will be waived during this time period.

LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 36 month period.
- Fluoride – For dependent children up to age 16. 1 service in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 2 services in a 12 month period.
- Sealants – For dependent children up to age 16; One service per occlusal surface of first and second permanent molars without existing fillings in any 60 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 16, includes recementations.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 24 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 7 years.
- Bridges – Replacement allowed once in 7 years.
- Dentures – Replacement allowed once in 7 years.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
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PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE

Coverage Tier	Premium Amount (24 Payroll Deductions Per Year)
Employee/Member	\$11.05
Employee/Member + Spouse	\$22.27
Employee/Member + Child(ren)	\$22.78
Employee/Member + Family	\$36.71

To enroll for dental coverage:

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Voluntary Dental Coverage election section on your enrollment form. Place a $\sqrt{}$ or an x in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 27 hours per week.

If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP or state equivalent (in NC: G2018MP NC).

