



Voluntary Dental Insurance

For Great Falls Public Schools

How the Plan Works

Voluntary Dental Coverage helps ensure you and your family get the preventive care you need for your chompers. Plus, you'll save money in the long run.

- Eligibility Requirement**
 If you are a full-time active employee working a minimum of 30 hours per week, you will be covered with these benefits.
- Who pays for the coverage?**
 Voluntary Dental Insurance premiums are paid by you, the employee through payroll deduction.
- Dependent Eligibility Requirement**
 Dependents must be a Legal spouse, State Certified Domestic Partner and or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- LifeMap Network**
 There is no dental network so keep any dentist you like. The plan pays at the 90th percentile of usual, customary, and reasonable charges.

Monthly Rates

Individual	\$35.66 per month
Employee plus Spouse	\$71.32 per month
Employee plus Child(ren)	\$74.89 per month
Family	\$105.19 per month

LifeMapCo.com
1 (800) 794-5390

Benefits Summary

Plan Benefits

Deductible (per calendar year)	\$50 per member \$150 per family
Calendar Year Maximum Benefit	\$1,000 per member

Coinsurance (Percentage of the allowed amount the plan pays)

	In-Network	Out of Network
Class A (Preventive)	100% (deductible waived)	
Class B (Basic)	80%	
Class C (Major)	50%	

Benefit Waiting Periods

	Initial Enrollment
Class A Services	0 Months
Class B Services	6 Months
Class C Services	12 Months

Plan Features

Class A (Preventive) Services	<ul style="list-style-type: none"> Oral Exams Dental Cleanings Fluoride Treatment Space Maintainers Intraoral Bitewing, Periapical and Occlusal X-rays Complete and Panoramic X-Rays Sealants and Preventive Resin
Class B (Basic) Services	<ul style="list-style-type: none"> Fillings Emergency Treatment General Anesthesia Oral Surgery Periodontic Treatment, including Scaling and Root Planing and Periodontal Surgery Endodontic Treatment, including Root Canals and Pulp Capping
Class C (Major) Services	<ul style="list-style-type: none"> Crowns, Inlays, and Onlays Crown Build-ups/ Core and Post Fixed Bridges Implants Dentures Tissue Conditioning

This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.



Limitations & Exclusions

- Aesthetic Dental Procedures
- Antimicrobial Agents
- Benefits Not Stated
- Collection of Cultures and Specimens
- Connector Bar or Stress Breaker
- Cosmetic/Reconstructive Services and Supplies
- Desensitizing
- Diagnostic Casts or Study Models
- Duplicate X-Rays
- Experimental/Investigational
- Facility Charges
- Fees, Taxes, Interest, etc.
- Fractures of the Mandible
- Gold Foil Restorations
- Home Visits
- Medication and Supply Charges
- Military Service-Related Conditions
- Motor Vehicle Coverage and Other Insurance Liability
- Nitrous Oxide
- Non-Direct Patient Care
- Occlusal Treatment
- Oral Hygiene Instructions
- Orthodontic Dental Services
- Personal Comfort Items
- Photographic Images
- Pin Retention in Addition to Restoration
- Precision Attachments
- Prosthesis Services
- Provisional Splinting
- Riot, Rebellion, War and Illegal Acts
- Self-Help, Non Dental Self-Care, Training, or Instructional Programs
- Separate Charges
- Services and Supplies Provided by a Member of your Immediate Family
- Services Performed in a Laboratory
- Surgical Procedures
- Temporomandibular Joint (TMJ) Dysfunction Treatment Services
- Third Party Liability
- Tooth Transplantation Services
- Travel and Transportation Expenses
- Treatment, Procedures, Techniques or Therapies Outside Generally Accepted Dental Care Practices.
- Treatment started prior to the Member's Effective Date
- Work-Related Conditions

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