





A PARTNER YOU CAN TRUST

Dentist Direct offers clients robust national access & financial stability without sacrificing personalized service.

Over 270,000 Providers nationwide:

Dentist Direct's unique combination of both the DenteMax provider network and directly contracted Dentist Direct providers gives Dentist Direct members an expansive national network with over 270,000 contracted providers nationwide – that's a lot of dentists to choose from. Simply visit *www.usdentistdirect.* com to search for providers by zip code, city, distance, etc. You can even print customized directories right from our website.

Dentist Direct members don't have to worry about which network their provider has contracted with. Simply show the participating dentist your Dentist Direct insurance card and they will take care of the rest. All the required logos and information are located right on your card. It really is that simple.

Financial Strength and Stability:

Dentist Direct dental plans are underwritten by a carrier rated "A" or better by A.M. Best Company. This allows us to offer a wide variety of plans. Every employer can find the plan (or plans) that fit their needs and budget.

Personalized Service

Even though Dentist Direct offers many of the benefits of a large national corporation, we maintain the personalized service and entrepreneurial mindset of a local company. When you or your clients need help, you won't be transferred to an impersonal 'call center' in some other country. You will speak with a well-trained service representative that can see all of the information necessary to ensure you are taken care of—on the first phone call.

With Dentist Direct, members enjoy the benefits of a large national company – without the drawbacks.

StoneHill National Pooled Plans



<u>Plan Highlights</u>

Visit ANY dentist

100% Coverage for Preventive Care ALL PARTICIPATING DENTISTS ARE ACCEPTING NEW PATIENTS

Composite fillings covered on all teeth with no downgrade!

Preferred pricing through the StoneHill Pool

Eligible Industries - All except Education and Legal

	5				
Plan Name Provider Network:	Summit Co Summit Networ		Pinnacle Essentials Active PPO Pinnacle Network (280,000+ providers Nationwide		
	In-Network	Out of Network	In-Network	Out of Network	
Preventive: Cleanings & Exams (1 per 6 months), Bitewing X-rays, Fluoride, etc.	100% See Co-Pay Schedule	See Schedule	100%	80%	
Basic: Fillings (no downgrade on molar composites), Simple Extractions, Emergency Pain, etc.	Up to 70% See Co-Pay Schedule	See Schedule	80%	50%	
Major: Crowns, Bridges, Dentures, Endodontics, Periodontal Services, etc.	Up to 50% See Co-Pay Schedule	See Schedule	50%	40%	
Specialists:	PAID AS SP	PECIALISTS	PAID AS SPECIALISTS		
Annual Maximum Benefit	No	ne	\$1,0	000	
Orthodontia: Adults	Discount Only Average of 20-25% off regular pricing	None	Discount Only Average of 20-25% off regular pricing	None	
Dependents to age 19	Discount Only Average of 20-25% off regular pricing	None	Discount Only Average of 20-25% off regular pricing	None	

None

Lifetime Ortho Max

	In-Network	Out of Netw
less	\$50 per person up Waived fo r	to \$150 per family Preventive
	No	ne
	Discount Only Average of 20-25% off regular pricing	None

None

None

None

Deductible	No Deductible - \$15 co-pay at each visit for groups with less than 6 enrolled			
Waiting Periods	In-Network Out of Network			
Preventive	None	None		
Basic	None	None		
Major	None	None		
Orthodontia	None	None		

* if not insured on current plan and no takeover: 12 month waiting period

None if insured on employer's current comparable plan.*

	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Reimbursement Basis	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule
Rates:	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
EE Only	\$17.30	\$19.03	\$19.61	\$21.57	\$21.36	\$23.50
EE + 1 Dependent	\$33.36	\$36.70	\$37.63	\$41.39	\$42.57	\$46.83
Family	\$60.51	\$66.56	\$75.26	\$82.79	\$83.98	\$92.38

Underwriting Requirements

	Contributory	Voluntary
Minimum Participation	75% of eligible (100% for groups of 2-4), Minimum of 5 enrolled for Essentials Passive with Ortho	Greater of 5 enrolled or 20% (100% for groups of 2-4), Minimum of 5 enrolled for Essentials Passive w/Ortho
Required Employer Contribution	50% of EE Only Rate	None

1. Late Enrollees - If you do not apply for coverage on your initial eligibility date, coverage may not be applied for until the next Policy Anniversary. This quote assumes an ANNUAL Open Enrollment

2. Rate Guarantee: 12 months from effective date.

3. Final rates subject to home office underwriting verification of participation and other factors.

4. This is only an outline. This outline provides a very brief description of some of the important features of the dental policy. This is not the

and only the actual policy provisions will prevail.

To accept this quote, please sign: (Circle Plan/Rates to be offered)

Administered by Dentist Direct, LLC

Out of Network

None

None

None

To Find Participating Providers visit: www.usdentistdirect.com

Pinnacle Essentials PPO - Passive w/Ortho Pinnacle Network (280,000+ providers Nationwide)					
In-Network Out of Network					
100%	100%				
80%	80%				
50%	50%				
PAID AS S	PECIALISTS				
\$1,	000				
Discount Only Average of 20-25% off regular pricing	None				
50%	50%				
\$1,000 (minimum of 5 enrolled)					

\$50 per person up to \$150 per family Waived for Preventive				
In-Network Out of Network				
None None				
None None				
None if insured on employer's current comparable plan.*				
None None				

* if not insured on current plan and no takeover: 12 month waiting period

STONE HILL NATIONAL SERVICE O DRIVEN O BROKERAGE

Effective Dates through 12/31/2024

Custom Options	Price Increase (decrease)
Rate Adjustments Offer Dual Choice (Co-pay and PPO) - adjustment is applied to BOTH plans	10%
PPO Plans Only	
Raise Annual Max to \$1,250	4%
Raise Annual Max to \$1,500	7%
Raise Annual Max to \$2,000	13%
Raise Dep. Ortho to \$1,500	4%
Change OON Reimb. To DMR	14%
Move Endo & Perio from Major to Basic	7%
Add Implant Coverage (Major)	2%
Exams/Cleanings 2 in 12 not 1 in 6	2%
Add Annual Maximum Carryover	2%

HOW TO CALCULATE CUSTOM OPTIONS

To calculate the price of adding custom options, simply add all of the selected options together and multiply each tier of the chosen plan by:

1 + (total % price increase)

For example:

To increase the annual maximum to 1500 (7%) and add implant coverage (2%) on the Contributory Pinnacle Essentials PPO Active (7% + 2% = 9% total increase), multiply rates by 1.09:

EE Only: \$19.61 x 1.09 = **\$21.37** EE + 1: \$37.63 x 1.09 = **\$41.02** Family: \$75.26 x 1.09 = **\$82.03**

Date: ___

Policy is underwritten by a carrier rated 'A' or better by A.M. BEST

Dentist Direct - ADVANTAGE Copay - HIGH <u>Sample</u> In-Network Co-pays and Out of Network Plan Payments

FOR ALL COUNTIES IN UTAH

Specialist co-pays may vary from those described below.

Please contact a Customer Service Representative at 1-866-696-6527 to request plan payment information for Specialists

		CoPay Esse	ntials - HIGH
Code	Procedure Description	In Network Co-pay	Out of Network Plan Payment
D0120	Oral Evaluation - Routine	\$0.00	\$23.00
D0150	Oral Evaluation - Comprehensive	\$0.00	\$32.00
D0270	X-Rays - Bitewing - 1st film	\$0.00	\$11.00
D0272	X-Rays - Bitewing - 2 films	\$0.00	\$21.00
D0273	X-Rays - Bitewing - 3 films	\$0.00	\$23.00
D0274	X-Rays - Bitewing - 4 films	\$0.00	\$27.00
D1110	Prophylaxis - Adult	\$0.00	\$43.00
D1120	Prophylaxis - Child	\$0.00	\$29.00
D1208	Topical Fluoride	\$0.00	\$15.00
D1351	Sealant - per tooth	\$13.00	\$7.00
D2140	Filling - Amalgam (silver) - 1 surface	\$12.00	\$42.00
D2150	Filling - Amalgam (silver) - 2 surface	\$21.00	\$45.00
D2160	Filling - Amalgam (silver) - 3 surface	\$28.00	\$55.00
D2330	Filling - Resin Composite (white) - 1 surface anterior	\$35.00	\$32.00
D2331	Filling - Resin Composite (white) - 2 surface anterior	\$38.00	\$46.00
D2332	Filling - Resin Composite (white) - 3 surface anterior	\$45.00	\$52.00
D2740	Crown - Porcelain/Ceramic Substrate	\$450.00	\$155.00
D2750	Crown - Porcelain - High Noble Metal	\$395.00	\$225.00
D2751	Crown - Porcelain - Pred. Base Metal	\$299.00	\$211.00
D2752	Crown - Porcelain - Noble Metal	\$325.00	\$215.00
D2930	Crown - Stainless - Primary Tooth	\$92.00	\$0.00
D2931	Crown - Stainless - Perm Tooth	\$117.00	\$0.00
D3310	Root Canal - Anterior	\$250.00	\$100.00
D3320	Root Canal - Bicuspid	\$275.00	\$125.00
D3330	Root Canal - Molar	\$355.00	\$150.00
D4341	Periodontal Scaling & Root Planning	\$82.00	\$30.00
D4910	Periodontal Maintenance	\$57.00	\$9.00
D5110	Complete Denture - Upper	\$630.00	\$100.00
D5120	Complete Denture - Lower	\$630.00	\$100.00
D7111	Extract Coronal Remants of Deciduous Tooth	\$43.00	\$10.00
D7140	Extract Erupted Tooth - Exposed root	\$51.00	\$10.00
D7210	Surgical Extraction	\$61.00	\$48.00
D7220	Surgical Extraction - Impacted	\$80.00	\$44.00
D9110	Emergency Pain - Palliative Treatment	\$40.00	\$0.00



ANNUAL MAXIMUM CARRYOVER BENEFIT FROM DENTIST DIRECT

A Dental Plan that INCREASES in value:

Most people don't hit their maximum every year. But, when you do wouldn't it be nice to have an 'extra' benefit from those years when you don't hit your maximum? With the Annual Maximum Carryover Benefit Rider, plan members can 'carryover' a portion of their unused annual maximum benefit into future years. Your dental benefits become more valuable every year and you get to keep a portion of what you don't use!

It's Simple:

Enroll in a dental plan with Dentist Direct Dental plans that has the Annual Maximum Carryover Benefit. Then, just use your plan as you normally would. If you have claims below the 'threshold limit' you can 'roll-over' a portion of your unused annual maximum benefit into the next year. You can continue to increase your maximum until you hit your Carryover Account Maximum. See the table below for threshold limits and Carryover Account Maximums.

Base Annual Plan Max.	Threshold Limit	Carryover Amount	Carryover Account Max.
\$500	\$200	\$100	\$500
\$750	\$300	\$150	\$500
\$1,000	\$500	\$250	\$1,000
\$1,250	\$600	\$300	\$1,250
\$1,500	\$700	\$350	\$1,250
\$2,000	\$800	\$400	\$1,500

Other Specifications:

- An Insured's Carryover Account will be eliminated, and the accrued Carryover Benefits lost, if the Insured has a break in coverage of any length of time, for any reason.
- Eligibility for a Carryover Benefit will be established or reestablished at the time the first Qualifying Claim in a benefit year is received for Covered Expenses incurred during that benefit year.
- If the effective date of an Insured's dental coverage is less than three months prior to the start of the next Policy Year, this benefit rider will not apply to the Insured until the next Policy Year.
- Only claims incurred on or after the start of the next Policy Year will count toward the Threshold Limit.

Definitions:

- "Benefit Year" means Calendar Year or Policy Year, according to the type of plan applicable under the Policy/Certificate to which this rider is attached.
- "Carryover Account" means the amount of an Insured's accrued Carryover Benefits.
- "Carryover Account Maximum" means the maximum amount of cumulative Carryover Benefits that an Insured can store in his or her Carryover Account.
- "Carryover Benefit" means the dollar amount, which will be added to an Insured's Carryover Account when he or she received benefits in a benefit year that do not exceed the Threshold Limit.

- Carryover Benefits will not be applied to an Insured's Carryover Account until one year from the effective date of the rider.
- If the charges for Class C Services are not payable for an Insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the Insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the Insured until the next benefit year.
- "Qualifying Claim" means a claim under Procedure Classes A, B, and C, but not Class D (Orthodontia), and must include one exam and cleaning per benefit year.
- "Threshold Limit" means the maximum amount of benefits that an Insured can receive during a benefit year and still be entitled to receive the Carryover Benefit.

For Example:

Below is an example of a plan member's use of the Annual Maximum Carryover Benefit. It really is this simple.

ase Annual Plan Max.	Threshold Limit	Carryover Amount	Carryover Account Max
\$1000	\$500	\$250	\$1000
Year 1		Year 2	
Carryover Account = \$0		Carryover Account =	\$250
Paid Claims = \$400		Paid Claims = \$750	
The paid claims do not exceed therefore \$250 is credited ove		The paid claims exceed to amount is carried over to	he threshold limit therefore no year 3.
Year 3	50	Year 4	- \$100
Carryover Account = \$2 Paid Claims = \$1150	50	Carryover Account = Paid Claims = \$1100	
			, ,
 The paid claims exceed to therefore \$150 of the car No amount is carried over exceeding threshold limit 	ryover account was used. er due to paid claims	therefore the remain account was used.	eed the Base Plan Maximum ing balance in the carryover I over due to paid claims nold limit.
Year 5			
Carryover Account = \$0			
D 11 01 1 00 1			

Paid Claims = \$200

The paid claims do not exceed the \$500 threshold limit, therefore \$250 is carried over to year 6.



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WELCOME TO YOUR **VISION BENEFIT!**





Vision benefits never looked so good

- Have access to one of the nation's largest networks of independent eye doctors and national retail and regional retail providers.
- Receive care when it's convenient for you - with extended weeknight and weekend hours and online appointment scheduling.
- Get to choose frames from popular designer brands, so your eyewear meets your needs and suits your style.
- Can use Glasses.com and ContactsDirect.com as in-network providers to easily find and purchase glasses and contacts – all shipped directly to your front door.
- Have tools and resources that make using your benefit an experience you'll appreciate:
 - Enhanced provider searches to find the right provider
 - Optimized web and mobile resources
 - Award-winning, customer care available day and night

Learn more at www.eyemedvisioncare.com/dD



Ο ΟΡΤΙCΑΙ



JCPenney | optica

² Not insured benefits. Discounts on non-covered services may not be available through all

Plus...

40% off additional pairs of glasses or prescription sunglasses¹

20% off any remaining balance over the frame allowance²

20% off non-prescription sunglasses²

StoneHill National Pooled Plans

<u> Plan Highlights</u>

One of the Nations Largest Vision Networks

Online purchases at Glasses.com and ContactsDirect.com are In-Network

Includes LASIK Discount

Conveniently bundled with your dental plan - single enrollment, etc.

Combined Dental and Vision card

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