

## IMPORTANT NOTICE

### How To Read The Dental Insurance Plan Summary and Comparison

When a dental insurance company issues a Plan Summary, there is a difference between what they promise and what they deliver. Two key facts explain why this is true.

**Fact One – Dental insurance plans cannot pay the maximum benefit to the average plan member.**

In traditional insurance, those who don't use the policy pay for those who do. Dental differs from normal insurance because many people who buy the plan need to use it. Here is why that matters:

If the premium for the year for one person is \$400, and the maximum benefit is \$1,500, the insurance company loses \$1,100 more on that person than it received.

If 1 million people were allowed to behave that way, the dental insurance company would lose \$1.1 billion.

Obviously, the dental insurer won't lose money, so your members won't get the maximum.

**Fact Two – The real benefit value delivered by your Dental Plan can be estimated by a LOSS RATIO.**

Instead of profiting from those who don't use the plan, because they can't, the dental insurer profits from ADJUDICATION. In simple language, that means the insurer can reduce or deny claims using the fine print in the detailed insurance contract, which is not in the plan summary.

To see what you will REALLY receive from the Plan Summary, you need to know the loss ratio on the plan. You can find that loss ratio, for this particular dental insurance company, [HERE](#).

**To save you time, we looked up the loss ratio for you, and just multiplied it by the price you are being charged for this Dental Insurance Plan.**

**For the Dental Insurance Plan in this comparison, the AVERAGE BENEFIT is \$310**

In a PlansURITY plan, the benefit offered CANNOT BE ADJUDICATED. We are NOT an insurance company, and we don't make any money from adjudication. What you see is what you get. That's why the ACTUAL average benefit delivered by the other plan really matters.

## PlanSURITY Plan Comparison

This is a summary of benefits and is designed to highlight some of the benefits available under this plan. A complete description regarding the terms of coverage will be provided in your full plan description.

**\*\*Loss Ratio** is what the insurance carrier is likely to allow you to receive on average; it describes what percentage of the premium collected will be used to provide actual dental care. **Example:** One place to see this for yourself: <http://www.insurance.ca.gov/01-consumers/110-health/60-resources/Dental-MLR.cfm>

Network Options	In-Network Benefits for: Competitor		Benefits For: PlanSURITY	
<b>Reimbursement Levels</b>	Based on Provider Contracted Fees		Based on Provider UCR	
<b>Calendar Year Benefits Promised Maximum</b> <small>Applies to: Class I, II &amp; III expenses</small>	\$2,000*** (Subject to Actual Loss Ratio)		<b>UNLIMITED</b> with a \$10,000 "soft-cap"	
<b>**Loss Ratio - SMB Market</b>	<b>63.2%</b>			
<b>Average Real Claims Allowed Per Person Using Loss Ratio</b> <i>(Based on Single Pricing Below for 12 Months)</i>	\$310**** (Per Loss Ratio Above)		Economic value delivered will be reported regularly, not hidden. Expected to be significantly <b>higher</b> than premium paid.	
<b>Annual Deductible</b> Individual Family	\$0 \$0		\$0 \$0	
<b>Benefit Highlights</b>	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I: Diagnostic &amp; Preventive</b> Oral Exams Cleanings and scaling Polishing twice a year Space maintainers Fluoride Application Sealants: Per tooth (child only)	100%	No Charge	100%	No Charge
<b>Class II: Basic Restorative</b> X-Rays: Routine and non-routine Restorative: Fillings Endodontics: Minor and major Periodontics: Minor and major Oral Surgery: Minor and major Anesthesia: General and IV sedation Space Maintainers: Non-orthodontic Emergency Care to Relieve Pain Onlay/Inlay Stainless Steel/Resin Crowns (Child)	80%	20%	100%	No Charge
<b>Class III: Major Restorative</b> Implants services Prosthesis Over Implant Crowns, Bridges and Dentures Repairs: Bridges, Crowns and Inlays Repairs: Dentures Orthodontics* Denture Relines Rebase Adjustments	50%	50%	50%	50%

<b>Benefit Plan Provisions:</b>		
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered services up to the plan maximum. Once the annual maximum is met, patients will be responsible for all cost of treatment. All treatment must still be approved by the insurance company.	The plan will pay for treatment, as per the Class categories outlined above, for all services up to \$10,000 annually. Beyond the \$10,000 soft cap, patients will receive a 50% discount for any additional treatment during the remaining calendar year of benefits.
<b>Alternative Benefit Provision</b>	Alternative Benefits invoked at the discretion of the insurance carrier.	No Alternative Benefit decisions will be made.
<b>Annual Deductible</b>	No annual deductible required.	No annual deductible required.
<b>Filing of Claims</b>	All in-network providers are required to accept assignment of benefit. Your dentist will file your claim. Each claim is subject to review and adjudication. Claims are approved or denied at the discretion of the insurance carrier.	Claims are not required. All services are covered up to the plan maximum. All participating providers agree to strict clinical quality care guidelines to maintain membership with ProCare.
<b>Provider Network/ProCare Dentists</b>	Large network. Entry requirements for participating dentists are very limited. Provider network is open for any provider to apply to become a participating provider.	Exclusive. All providers are screened and must meet the highest quality care standards. Participation is limited and extended to high quality providers by invitation only.

<b>Benefit Limitations:</b>		
<b>Missing Tooth Limitations</b>	50% coverage for replacement of missing teeth.	No limitations.
<b>Waiting Period</b>	Preventative: None Basic (fillings): 6 months Basic (all other): 12 months Major: 24 months Ortho: 24 months	No waiting period.
<b>Oral Exams</b>	2 per year.	Unlimited at doctor discretion.
<b>X-Rays: Routine</b>	Not specified.	Unlimited at doctor discretion.
<b>X-Rays: Non-routine</b>	Full mouth series, 1 per 5 years.	Unlimited at doctor discretion.
<b>Cleanings: Routine hygiene</b>	2 per year.	Unlimited at doctor discretion.
<b>Fluoride Application</b>	2 per year for children under age 19.	Unlimited at doctor discretion.
<b>Sealants (per tooth)</b>	1 per 3 years for children under age 16.	Class I for children under age 14. Class III for adults.
<b>Space Maintainers</b>	Dependents under age 19 only.	Covered as Class II for patients age 19 and Class III for ages 20 and older.
<b>Periodontal Treatment</b>	Necessary treatment to gum disease. Periodontal splinting is not covered.	Covered under Class II. No restrictions.
<b>Inlays, Crowns and Bridges</b>	Metal crowns only. Porcelain crowns on anterior teeth only. Inlays not covered.	Covered under Class III. No restrictions.
<b>Dentures and Partials</b>	Denture repairs only.	Covered under Class III. No restrictions.
<b>Dentures and Bridge Repairs</b>	Covered with limitations.	Covered under Class III. No restrictions.
<b>Denture Adjustments</b>	Covered if more than 6 months after installation.	Covered under Class III. No restrictions.
<b>*Orthodontics</b>	50% coverage, up to \$1,000 lifetime maximum.	Orthodontics is a Class III benefit covered under the Calendar Year of Maximum Benefits outlined above.
<b>Rollover Benefits</b>	None.	Available. Please contact PlanSURITY for more details.
<b>Annual Rate increase to plan premium.</b>	Rate increase will be based upon market standards and inflation.	No Rate increase for 3 years.
<b>Prosthesis Over Implant</b>	Limited coverage.	Covered under Class III. No restrictions.

<b>Benefit Exclusions Comparison:</b>	
This section illustrates the difference in coverage and exclusions between traditional dental insurance and PlansURITY.	
<b>Competitor</b> (Covered expenses will not include and no payment will be made for the following)	<b>PlansURITY</b>
Procedures and services not listed under Benefit Highlights;	Procedures not listed are covered as Class III.
Restorative: Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;	No restrictions.
Periodontics: bite registration; splinting; Prosthodontic: precision or semi precision attachments;	No restrictions.
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension, diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth: or restore occlusion;	No restrictions.
Athletic mouth guards; replacement of a lost or stolen appliance; services performed primarily for cosmetic reasons; personalization;	No restrictions.
Services that are deemed to be medical in nature; Services and supplies received from a hospital; Drugs: prescription drugs;	Same policy.
Charges in excess of the Maximum Reimbursable Charge;	The plan covers treatment, as per the Class category outlined above, for all services up to \$10,000 annually. Beyond this \$10,000 limit, patients will receive a 50% discount for any additional treatment during the remaining calendar year of benefits.
*Orthodontic coverage, 50% up to \$2,000 lifetime maximum.	No restrictions.

Major Plan Differences	Competitor	PlanSURITY
Preventive Care (including hygiene)	Limited Coverage	Unlimited Coverage
Deductibles	No annual deductible required.	No annual deductible required.
Annual Maximum	\$2,000	<b>UNLIMITED</b> with a \$10,000 "soft cap"
Orthodontics	50% coverage, up to \$1,000 lifetime maximum.	Class III benefit coverage (effectively unlimited 50% coverage, no annual or lifetime cap).
Limitations	Many.	No limitations on dental treatment.
Adult Benefit Limitations	Restrictions on Sealants and Fluoride.	No Restrictions.
Non-Covered Services	Many non-covered services.	All dental services are covered.
Rollover benefits	None.	Included.
Claims review/adjudication	Required for all services.	Not required.
Alternative benefit decisions	At the discretion of insurance carrier.	No alternative benefit restrictions.
Premium inflation	Rate increase will be based upon market standards and inflation.	No rate increase for 3 years.

Rates	Competitor	PlanSURITY Proposed Pricing
Single Employee Employee + Spouse Employee + Child(ren) Family		

For a Single Employee over 12 months, based on the example competitor loss ratio data\*\*, the competitor's plan will pay on average \$310.19 in claims out of \$490.80 in premiums collected, despite promising \$2,000\*\*\* in Annual Benefits Maximum. PlanSURITY will deliver more than the collected premium and will regularly report all economic value delivered to prove it. Therefore, no dental plan identical to the PlanSURITY plan structure is available through any other insurance carrier.

This document provides a plan comparison summary only and is not a contract.