

EPIC DENTAL – TRADITIONAL PPO OR VOLUNTARY PPO

Insert to EPIC Dental Brochure (#E11592)

BENEFIT OPTIONS

Traditional PPO — Available for Group Size of 2+ • Voluntary PPO — Available for Group Size of 10+

		Preferred Provider Plan					
Plan Designs	Deductibles and coinsurance percentages paid by you are lower when services are provided by in-network (preferred) providers.						
Annual Deductible Options	\$25 In Network, \$50 Out of Network, or \$50 In Network, \$100 Out of Network The family deductible maximum is three times the individual deductible.						
Coinsurance Options	Plan A (Group Size 10+)*		Plan B (Group Size 10+)*		Plan C (Group Size 2+)*		
Providers	Preferred In Network	All Other Out of Network	Preferred In Network	All Other Out of Network	Preferred In Network	All Other Out of Network	
Preventive	100%	80%	100%	100%	100%	80%	
Basic	90%	80%	90%	80%	80%	60%	
Major	50%	50%	60%	50%	50%	50%	
Calendar-year Maximum Options	\$1,000 (Group Size 2-9) \$1,000 (Group Size 10+)* \$1,500 (Group Size 10+)* \$2,000 (Group Size 10+)*						
Endodontics & Periodontics Services	Major Services (Group Size 2+)* Basic Services (Group Size 10+)*						
Orthodontia	50% Coinsurance • (Group Size 10+)* For Lifetime Maximum and other Benefits, see Dental Brochure (#E11592)						

*“Group Size +” — Groups with that size or greater, of eligible employees, have the option to choose the indicated benefit. Eligible employees who elect to waive coverage are included in the Group Size. Example: 100+ groups would have all choices indicated.

PPO Reasonable Charge

Reasonable charge for services provided by out-of-network providers is based on the 85th percentile. At the 85th percentile, 85 of 100 claims submitted for a specific service or procedure in an area will be accepted as an allowable charge. A discounted fee has been negotiated for services provided by in-network providers, and the lesser of billed charges or this discounted fee will be the allowable charge.

A Note for Groups with Current Dental Coverage from Another Carrier

We want to make sure your employees have continuous dental coverage. If you choose to replace your existing dental plan with the EPIC Dental Plan, you may be eligible to waive existing plan limitations, provided those services are also covered under the new EPIC plan. We'll waive applicable waiting periods for members who were previously covered through your group dental coverage. Please see more information under “Waiting Periods.”

And, we offer Prior Carrier Deductible Credit. When the EPIC plan replaces another plan, we apply the amounts of covered charges used to satisfy that person's prior calendar-year deductible under the prior plan to help satisfy their new deductible under the EPIC plan.

Other Benefit Options

“Waiting Periods,” “Minimum Group Size,” “Minimum Participation,” and “Eligibility” benefits are the same as those offered in the Dental Brochure (#E11592).

Network Provider Information

Information on network providers is available upon request through the EPIC Website at www.epiclife.com.

**Contact EPIC Marketing Services
at 1-800-236-8809
for availability in your area.**

