Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC)

Part I: GENERAL INFORMATION

Insurer Name: Colonial Life & Accident Insurance Company **Plan Name: Dental - Level 2**
Policy Type: Fixed Indemnity **Insurer Phone #: 1-800-325-4368**
Effective Date: 01/28/2022 **Insurer Website: www.ColonialLife.com**

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND WHAT YOU WILL PAY FOR COVERED SERVICES. THIS IS A SUMMARY ONLY AND DOES NOT INCLUDE THE PREMIUM COSTS OF THIS DENTAL BENEFITS PACKAGE. PLEASE CONSULT YOUR EVIDENCE OF COVERAGE AND DENTAL CONTRACT FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. FOR MORE INFORMATION ABOUT YOUR COVERAGE, VISIT THE INSURER WEBSITE AT WWW.COLONIALLIFE.COM OR CALL 1-800-325-4368.

THIS MATRIX IS NOT A GUARANTEE OF EXPENSES OR PAYMENT.

Part II: DEDUCTIBLES

Deductible	All Providers
Dental	N/A

- **There is no deductible.**
- A **deductible** is the amount you are required to pay for covered dental services each policy year before the insurer begins to pay for the cost of covered dental treatment.
- **In-network services** are dental care services provided by dentists or other licensed dental care providers that contract with your insurer for alternative rates of payment for dental services.
- **Out-of-network services** are dental care services provided by dentists or other licensed dental care providers that have not contracted with your insurer for alternative rates of payment.

Part III: MAXIMUMS POLICY WILL PAY

Maximums	All Providers
Annual Maximum	$1,600
Lifetime Maximum for Orthodontia	Not Covered

- **Annual maximum** is the maximum dollar amount your policy will pay toward the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period. Not all services accrue to the annual maximum.
- **Lifetime maximum** means the maximum dollar amount your policy providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.

Part IV: WAITING PERIODS

Waiting Periods: A waiting period is the amount of time that must pass before you are eligible to receive benefits for all or certain dental treatments. **See your policy for details.**

Benefit Categories	Waiting Periods
Dental Wellness	None
Radiographic Image Procedure (X-Ray)	None
Fillings and Basic Services	3 Months
Pain Management and Adjunctive Services	3 Months
Other Preventive Services	6 Months
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months
Crowns and Major Services	12 Months
Major Prosthetic Services	24 Months

Part V: WHAT YOU WILL PAY

All copayments and coinsurance costs shown in this chart apply after your deductible has been met, if a deductible applies. The Common Dental Procedures fit into one of the following applicable categories: Preventive & Diagnostic, Basic or Major. The Benefit Limitations and Exclusions column includes common limitations and exclusions only. For a full list, see the full disclosure document referenced in the Benefit Limitations and Exclusions column.

Common Dental Procedures	Category	All Providers[1]	Benefit Limitations and Exclusions
Oral Exam	Preventive & Diagnostic (Class A)	Any amount > $50	Dental Wellness visits must be separated by at least 150 days, Maximum of two visits per calendar year per covered person. See your Policy Schedule Addendum, Page 5.

Common Dental Procedures	Category	All Providers[1]	Benefit Limitations and Exclusions
Bitewing X-ray	Preventive & Diagnostic (Class A)	Any amount > $35	Payable once per visit, regardless of the number of Radiographic Images (X-rays) received. Payable once per calendar year per covered person, See your Policy Schedule Addendum, Page 6.
Cleaning	Preventive & Diagnostic (Class A)	Any amount > $50	Dental Wellness visits must be separated by at least 150 days, Maximum of two visits per calendar year per covered person. See your Policy Schedule Addendum, Page 5.
Filling	Basic (Class B)	Any amount > $55	3-month waiting period. This benefit is subject to the calendar year maximum per covered person and must be performed by a Dentist. See your Policy Schedule Addendum, Page 11.
Extraction, Erupted Tooth or Exposed Root	Basic (Class B)	Any amount > $45	6-month waiting period. This benefit is subject to the calendar year maximum per covered person and must be performed by a Dentist. See your Policy Schedule Addendum Page 11
Root Canal	Major (Class C)	Any amount > $325	12-month waiting period. This benefit is subject to the calendar year maximum per covered person and must be performed by a Dentist. See your Policy Schedule Addendum, Page 11.
Scaling and Root Planing	Major (Class C)	Any amount > $60	6-month waiting period. This benefit is subject to the calendar year maximum per covered person and must be performed by a Dentist. See your Policy Schedule Addendum, Page 9.
Ceramic Crown	Major (Class C)	Any amount > $325	12-month waiting period. This benefit is subject to the calendar year maximum per covered person and must be performed by a Dentist. See your Policy Schedule Addendum, Page 10.
Removable Partial Denture	Major (Class C)	Any amount > $325	24-month waiting period. Maximum of 1 per 5-year period per tooth. See your Policy Schedule Addendum, Page 12.
Orthodontia	Orthodontia (Class D)	Not Covered	N/A

Part VI: COVERAGE EXAMPLES

THESE EXAMPLES DO NOT REPRESENT A COST ESTIMATOR OR GUARANTEE OF PAYMENT. The examples provided represent commonly used services in the categories of Diagnostic and Preventive, Basic and Major Services for illustrative purposes and to compare this policy to other dental policies you may be considering. Your actual costs will likely be different from those shown in the chart below depending on the actual care you receive, the prices your providers charge and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and the summary of excluded services under the plan.

Dana Has a Dental Appointment with a New Dentist	**Sam Needs a Tooth Filled**	**Maria Needs a Crown**
New patient exam, x-rays (FMX) and cleaning	Resin-based composite – one surface, posterior	Crown – porcelain/ceramic substrate[2]

Dana's Visit	**Dana's Cost**	**Sam's Visit**	**Sam's Cost**	**Maria's Visit**	**Maria's Cost**
Total Cost of Care	In-network: $250 Out-of-network: $450	Total Cost of Care	In-network: $150 Out-of-network: $250	Total Cost of Care	In-network: $950 Out-of-network: $1,400
Deductible	All Providers: N/A	Deductible	All Providers: N/A	Deductible	All Providers: N/A
Annual Maximum (Plan Will Pay)	All Providers: $1,600	Annual Maximum (Plan Will Pay)	All Providers: $1,600	Annual Maximum (Plan Will Pay)	All Providers: $1,600
Patient Cost (copayment or coinsurance)	All Providers: Provider charge minus fixed benefit amount	Patient Cost (copayment or coinsurance)	All Providers: Provider charge minus fixed benefit amount	Patient Cost (copayment or coinsurance)	All Providers: Provider charge minus fixed benefit amount

Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
In this example, Dana would pay (includes copays/coinsurance and deductible, if applicable):	**In-network:** NA[3] **Out-of-network:** $315	**In this example, Sam would pay (includes copays/coinsurance and deductible, if applicable):**	**In-network:** NA[3] **Out-of-network:** $195	**In this example, Maria would pay (includes copays/coinsurance and deductible, if applicable):**	**In-network:** NA[3] **Out-of-network:** $1,075
Summary of what is not covered or subject to a limitation:	Dental Wellness visits must be separated by at least 150 days, Maximum of two visits per calendar year per covered person. Payable once per visit, regardless of the number of Radiographic Images (X-rays) received. Payable once per calendar year per covered person	Summary of what is not covered or subject to a limitation:	3-month waiting period. This benefit is subject to the calendar year maximum per covered person and must be performed by a Dentist	Summary of what is not covered or subject to a limitation:	12-month waiting period. This benefit is subject to the calendar year maximum per covered person and must be performed by a Dentist.

1. This policy has a fixed schedule of benefits which means benefit amounts for each covered procedure pay exactly as defined in the policy.
2. Assumes crown for anterior tooth
3. Dental Fixed Indemnity does not have network with negotiated rates.