

Group Dental and Eye Care

GROUP DENTAL

We offer a variety of dental programs tailored to fit the needs of groups with 10 or more lives. Not only are the plans flexible, but they can be written either as stand-alone coverage or as part of a package with other employee benefits. Managed Care* and Voluntary Plans are also available. Managed Care plans help cut costs for insureds by encouraging them to visit a Participating Provider Organization (PPO) network dentist. Voluntary Dental Plans, called Flex Plans, are designed for use with Section 125 of the Internal Revenue Service code and allow employees to pay for benefits with pre-tax dollars.

*Managed Care is not available in all states. The PPO is contracted and maintained through an agreement between RSL and Ameritas Life Insurance Corp.

- Premium Dental Solutions — traditional tailored indemnity plans
- Maximum RewardsSM Option — can increase annual dental maximum amount
- Managed Care Plans include PPO Two-Tier and MAC (Maximum Allowable Charge) — PPO dental network available in most states
- Dental Basics — contains costs through procedure limitation
- Dental Value Plus[®] — a combination of traditional benefits and cost controls
- High/Low Dental Solutions — employees select from two plans based on dental procedure reimbursement level desired, employees contribute some or all of premium
- Buy-Up Dental Solutions — employees may opt for the core plan (employer paid) or “buy up” for additional benefits
- SmartDollarSM — benefits are based on dollar amounts instead of procedure types for simplicity and cost control
- Administrative Services Only — plan options are available for self-insured groups
- Orthodontia — benefits available for child and/or adult
- Dental Implants, Tooth Bleaching, Composites on Molars — available with most dental plans (there may be taxes associated with cosmetic benefits such as tooth bleaching; please consult a tax or legal adviser)
- RSL SmartChoice[®] Benefits Package for Groups of 2–19 — includes Life, AD&D, LTD, STD, Dental/Eye Care (3–19 for dental/eye care unless sold with two other lines of RSL coverage)
- Non-contributory Plans — all eligible employees and dependents are insured, employer pays full premium
- Contributory Plans — 60% participation is required, eligible employees and dependents who enroll contribute to cost, employer contribution of 25% or more required
- Voluntary Plans — Section 125 pre-tax environment, various levels of participation are required, eligible employees and dependents who enroll pay premiums with pre-tax dollars, no employer money required

DENTAL PLAN PROCEDURES AND CATEGORIES

Here are some examples of covered procedures. Employer groups have the flexibility to move certain procedures to different categories. Check with your RSL representative for details.

Type 1/Preventive Procedures

- Cleanings
- X-Rays
- Exams
- Fluoride

NOTE: X-Rays can be in Preventive, Basic or Split between Preventive and Basic

Type 2/Basic Procedures

- Fillings
- Extractions
- Oral Surgery
- Periodontics (gum disease)
- Endodontics (root canal)

NOTE: Periodontics and Endodontics can be in Basic, Major or Split between Basic and Major

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Type 3/Major Procedures

- Full and partial dentures
- Crowns
- Inlays

Group dental plans may be written to provide Type 1/Preventive, Type 2/Basic and Type 3/Major procedures, or Type 1 and Type 2 only, or Type 1 only.

Maximum Options

Options for the maximum dental benefit payable per person per benefit period for Type 1 and Type 2 procedures only, or for Type 1, Type 2 and Type 3 procedures combined, range from \$500 to \$2,500 annually. Maximum lifetime benefit options for Orthodontia also range from \$500 to \$2,500.

Claim Allowance Options

- Usual and Customary (U&C) at the 95th, 90th, 85th, 80th or 75th percentile
- SMART (an area's median cost for a procedure)
- Maximum Covered Expense (defined benefit)
- Maximum Allowable Charge (MAC), the discounted fee per procedure available through the PPO network

Deductible Options

Deductible options are available up to \$250 and can be met on a common calendar year, plan year or lifetime basis. This option may be waived for Type 1 care. The employer may elect to have a common calendar year deductible for Type 1, Type 2 and Type 3 procedures. With a regular or accumulative family maximum deductible option, when three family members have satisfied their individual deductible amounts, the entire deductible or any remaining portion of the deductible amount for any other family member will be waived for the rest of the calendar year. There is usually no deductible for Orthodontia.

Coinsurance Options

- A common plan choice for coinsurance levels is 100-80-50% (Type 1, Type 2 and Type 3) with Orthodontia covered at 50%.
- The standard option for Type 1 and Type 2 procedures allows a choice of any coinsurance percentage up to 100%.
- The incentive coinsurance option requires a set of three- or four-step percentages such as 70-80-90-100% where insureds begin at the lowest level and work their way up in subsequent years for Type 1 and/or Type 2 procedures.

Termination of Group Dental

The group insurance is renewable annually. The insured's coverage will terminate if any of the following occur:

- The policy terminates
- The date the insured no longer meets the eligibility requirements
- If the required premium is not paid within the grace period

Note: Obtain a complete list of covered benefits and exclusions/limitations for your specific plan by contacting your sales representative.

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GROUP EYE CARE

We offer a variety of eye care plans tailored to fit the needs of groups with 10 or more lives. These plans can be written either as stand-alone coverage or as part of a package with other employee benefits. A comprehensive eye exam can detect numerous medical conditions including diabetes, glaucoma and high blood pressure.

Group Eye Care Plan Highlights

- Basic Vision — maximum covered expense reimbursement plan with optional network
- Sharper Vision — features the VSP Network or VSP Choice Network
- TrueView Vision® — features the EyeMed Access Network or EyeMed Select Network
- Exam Plus Plan — VSP eye exam plus VSP price reductions available with most dental plans
- LASIK AdvanceSM — LASIK and PRK benefits available with most dental plans
- Materials-Only or Materials-Optional Plans
- Exam frequency is 12 months, lenses/contacts and frame frequencies may be 12 or 24 months
- RSL TriChoice — three streamlined voluntary plans with set rates
- Non-contributory Plans (all eligible employees and dependents are insured, employer pays full premium)
- Contributory Plans (eligible employees and dependents who enroll contribute to cost, employer contribution of 25% or more required)
- Voluntary Plans — Section 125 pre-tax environment (eligible employees and dependents who enroll pay premiums with pre-tax dollars, no employer money required)

Basic Vision

Basic Vision is a maximum covered expense reimbursement plan with no network doctors. However, network price reductions through EyeMed may be added to offer employees additional savings (check for availability in your state).

With Basic Vision, each insured individual can select a physician to provide eye care services based on his/her own preferences. Benefits are reimbursed solely on the plan design chosen by the employer, so there are no insurance coverage surprises for employees.

Basic Vision Plan Participation, Contribution

- Non-contributory — Participation is 10 or more enrolled insureds when non-contributory or if tied to dental or medical. When participation is tied to dental or medical, all employees and dependents in those plans must participate in the eye care plan. Employers may choose no deductible or a lifetime deductible that is waived for exams.
- Contributory — Participation is 10 enrolled insureds with an employer contribution of 25% or more, unless in a voluntary pre-tax environment.

The employer may choose no deductible or a lifetime deductible that is waived for exams.

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Basic Vision Plan Coverage

So that the employer can design a plan that fits the employees' needs, several allowance options for the exam and frame are available. Select Lens Schedule 1, 2 or A. When services are performed, the insured individual pays the provider for the total cost of the services and then submits a claim form to us. Benefits are reimbursed directly to the insured according to the selected plan allowances:

Exam & Materials Allowances	Schedule 1	Schedule 2	Schedule A
Annual Eye Exam	Select from \$25 to \$75		
Single Vision Lenses	\$35	\$40	\$60
Bifocal Lenses	\$50	\$60	\$80
Trifocal Lenses	\$65	\$75	\$95
Progressive & Lenticular Lenses	\$70	\$80	\$100
Contacts (includes disposables)	Frame Allowance + Single Vision Lenses Allowance		
Frame	Select from \$30 to \$150		

- Calendar-year deductible: Select from \$0 to \$50 for exam/materials (doesn't apply to contacts)
- Lifetime deductible: Select from \$0 to \$100 for frames/contacts
- Frequencies for Exam-Lenses-Frame: 12-12-12 months OR 12-12-24 months (eye glasses and contacts are not both covered in the same 12-month period)
- Annual maximums: For calendar or benefit year for exam/materials, selections are in \$50 increments from \$50 to \$350. Note: With a Flat Annual Max, insureds have one annual dollar amount to spend, and there are no allowances or frequencies.

Sharper Vision

Sharper Vision features the VSP Network, one of the largest eye doctor networks in the U.S., or the VSP Choice Network for additional savings. With a VSP doctor, covered-in-full expenses include annual eye exams and eyeglass lenses. Employers may select from various frame and contact lenses allowances.

Sharper Vision Plan Participation, Contribution

- Non-contributory — Participation is 10 or more enrolled insureds when non-contributory or if tied to dental or medical. When participation is tied to dental or medical, employees and dependents in those plans must participate in the eye care plan.
- Contributory — Participation is 10 enrolled insureds (or 60% of eligible employees, whichever is greater) with an employer contribution of 25% or more, unless in a voluntary pre-tax environment.

Sharper Vision Plan Coverage

With Sharper Vision, employees have the option of obtaining services from any VSP member doctor nationwide, or they can visit any other (out-of-network) doctor and be reimbursed according to the plan schedule:

VSP Network

VSP Network Benefits	VSP Network Doctor Allowance	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$52
Single Vision Lenses	Covered in full	Up to \$55
Bifocal Lenses	Covered in full	Up to \$75
Trifocal Lenses	Covered in full	Up to \$95
Lenticular Lenses	Covered in full	Up to \$125

- Exam/Materials deductible options: \$10/0, \$10/25, \$15/15, \$20/0, \$20/20, \$20/25, \$25/25.
- Eyeglasses and Contacts are not both available during the same 12- or 24-month period. Frequency options for Exam-Lenses-Frame: A) 12-12-12 months, B) 12-12-24 months, C) 12-24-24 months.
- With the 12-12-24 frequency, contacts are in lieu of eyeglasses and normal frequency rules apply; however, selecting contacts doesn't reset the frame frequency.

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VSP Network Doctor		Out-of-Network	
Frame	Contacts	Frame	Contacts
up to \$120	up to \$120	up to \$45	up to \$105
up to \$120	up to \$105	up to \$45	up to \$105
up to \$80	up to \$80	up to \$40	up to \$80
up to \$50	up to \$50	up to \$35	up to \$50

- For contacts purchased through the VSP Network, get 15% off the cost of a contact lens exam fitting and evaluation. New and current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or a VSP doctor for details.

VSP Choice Network

VSP Choice Network Benefits	VSP Choice Network Doctor Allowance	- Out-of-Network
Annual Eye Exam	Covered in full	Up to \$43
Single Vision Lenses	Covered in full	Up to \$26
Bifocal Lenses	Covered in full	Up to \$43
Trifocal Lenses	Covered in full	Up to \$60
Lenticular Lenses	Covered in full	Up to \$91

- Exam/Materials deductible options: \$10/0, \$10/25, \$15/15, \$20/20.
- Eyeglasses and Contacts are not both available during the same 12- or 24-month period. Frequency options for Exam-Lenses-Frame: A) 12-12-12 months and B) 12-12-24 months.
- With the 12-12-24 frequency, contacts are in lieu of eyeglasses and normal frequency rules apply; however, selecting contacts doesn't reset the frame frequency.

VSP Choice Network Doctor		Out-of-Network	
Frame	Contacts	Frame	Contacts
up to \$120	up to \$120	up to \$40	up to \$100
up to \$120	up to \$105	up to \$40	up to \$100

- For contacts purchased through the VSP Choice Network, get 15% off the cost of a contact lens exam fitting and evaluation. Current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or a VSP doctor for details.
- VSP doctor allowances referenced as "covered in full" are subject to the plan's chosen deductibles.

TrueView Vision®

This eye care plan features the nationwide EyeMed Access and Select Networks. While both offer a diverse network of private practitioners and leading optical retailers such as LensCrafters®, the Select Network offers fewer EyeMed providers and locations for a lower-cost option.

TrueView Vision® Plan Participation, Contribution

- Non-contributory — Participation is 10 or more enrolled insureds when non-contributory or if tied to dental or medical. When participation is tied to dental or medical, employees and dependents in those plans must participate in the eye care plan.
- Contributory — Participation is 10 enrolled insureds with an employer contribution of 25% or more, unless in a voluntary pre-tax environment.

TrueView Vision Plan Coverage

When visiting a provider in the EyeMed Access or EyeMed Select Network, insured employees will enjoy covered annual eye exams and their choice of eyeglass lenses. The employer may choose from various frame and contact lenses allowances. Following is an outline of benefit options.

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Eye Care Services	PLAN A — Allowance		PLAN H — Allowance	
	EyeMed Access Network	Out-of-Network	EyeMed Access Network	Out-of-Network
Annual eye exam	covered in full	\$35	covered in full	\$35
Frame/Contacts	\$100/\$80	\$45/\$64	\$100/\$115	\$45/\$92
	\$130/\$100	\$65/\$80	\$130/\$130	\$65/\$104
	contact allowance for materials only		\$150/\$150	\$75/\$120
			\$180/\$180	\$90/\$144
			contact allowance for materials only	
Contact fit & follow-up				
Standard	covered in full	\$40	member cost not to exceed \$55	not applicable
Premium	\$55 + 10% off retail	\$40	10% off retail	not applicable
Single Vision lenses	covered in full	\$25	same as Plan A	same as Plan A
Bifocal lenses	covered in full	\$40	same as Plan A	same as Plan A
Trifocal lenses	covered in full	\$55	same as Plan A	same as Plan A
Lens options	member cost			
Ultraviolet coating	\$15	not applicable	same as Plan A	not applicable
Tint (solid or gradient)	\$15	not applicable	same as Plan A	not applicable
Scratch resistant	\$15	not applicable	same as Plan A	not applicable
Polycarbonate	\$40	not applicable	same as Plan A	not applicable
Standard Progressive (add-on to bifocal)	\$65	not applicable	same as Plan A	not applicable
Anti-reflective coating	\$45	not applicable	same as Plan A	not applicable
Other add-ons	20% off retail	not applicable	same as Plan A	not applicable

For the Select Network, plan allowances are the same except for the annual eye exam and contact fit and follow-up.

Eye Care Services	PLAN A — Allowance		PLAN H — Allowance	
	EyeMed Select Network	Out-of-Network	EyeMed Select Network	Out-of-Network
Annual eye exam	covered in full	\$30	covered in full	\$30
Contact fit & follow-up				
Standard	covered in full	\$40	member cost not to exceed \$40	not applicable
Premium	\$40 + 10% off retail	\$40	10% off retail	not applicable

- Benefits shown here presume plan deductibles have been met. Benefits shown may not be available in all states. Please check with your sales representative regarding availability.
- Exam/Eyeglass lenses deductible options (in-network only): \$0/0, \$0/10, \$0/20, \$10/0, \$10/10, \$10/20, \$10/25, \$15/15, \$20/20 or \$25/25.
- Eyeglass lenses and contact lenses are not both available in the same 12- or 24-month period.
- Frequencies for Exam-Lenses-Frame are 12-12-12, 12-12-24 or 12-24-24 months.
- With EyeMed providers, receive 15% off a remaining balance in excess of the allowance for conventional contacts, and 20% off a remaining balance in excess of the frame allowance.
- Standard contact fitting refers to spherical clear contact lenses, conventional wear, frequent replacement, disposables.
- Premium contact fitting refers to all lens designs/materials/specialty fittings (other than Standard), toric, multifocal.

NOTE: Managed Care dental plans are not available in all states. The dental PPO is contracted and maintained through an agreement between Reliance Standard Life Insurance Company and Ameritas Life Insurance Corp. Certain plan designs may not be available in all states. The Group Dental and Eye Care portion of this brochure is intended for use by agents and brokers only, and is not intended for distribution to the general public. Coverage is provided by policy form series: REL-9000 Rev. 03-08 or newer.