

MEDICAL
Horizon BCBS of NJ

Benefit	In-Network	Out-of-Network*
Benefit Period	Calendar year	
Deductible		
Individual	\$2,000	\$2,000
Family	Two deductibles per family	Two deductibles per family
	Deductible is Calendar year.	
<i>*ONLY Horizon's USUAL AND CUSTOMARY allowance for services will be paid, nothing more than that will be paid nor go towards the MOOP & the participant will be balanced billed for everything above this. The out of network MOOP is irrelevant for charges above usual and customary, no matter how high the costs are.</i>		
Coinsurance	80%	60%
Maximum Out of Pocket		
Individual	\$4,000	\$4,000
Family	\$8,000	\$8,000
Benefit Period Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after \$40 copay A primary care physician is a general or family practitioner, internist or pediatrician	60% after deductible
Specialist Office Visit	100% after \$60 copay A referral is not required to visit a specialist.	60% after deductible
Maternity Visits	100% after \$60 copay; Copay applies to 1st Visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.	60% after deductible
Allergy Testing and Treatment	100% in office setting* *Copay only applies if office visit is billed	60% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	60% (no deductible)
Well Child Exams	100%	60% (no deductible)
Well Child Immunizations and Lead Screening	100%	60% (no deductible)
Diagnostic Procedures		
Laboratory	100% in office or Labcorp/Quest 80% after deductible in Outpatient facility	60% after deductible
Outpatient X-ray/Radiology Services	100% in office 80% after deductible in Outpatient facility	60% after deductible
Hospital Care		
Inpatient Admission (including maternity)	80% after deductible	60% after deductible
Room and Board	80% after deductible	60% after deductible
Pre-admission Testing	80% after deductible	60% after deductible
Surgery in Hospital	80% after deductible	60% after deductible
Inpatient Physician Services	80% after deductible	60% after deductible
Outpatient Dept. Services	80% after deductible	60% after deductible
Emergency Care		
Emergency Room	80% after \$100 facility copayment Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	80% after deductible	60% after deductible
Outpatient Surgery		
Hospital Outpatient Surgery	80% after deductible	60% after deductible
Surgery in an Ambulatory SurgiCenter	80% after deductible	60% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
Mental Health Services		
Inpatient	80% after deductible	60% after deductible
Outpatient department	80% after deductible	60% after deductible
Office setting	100% after \$60 copay	60% after deductible
Substance Abuse Services		
Inpatient	80% after deductible	60% after deductible
Outpatient department	80% after deductible	60% after deductible
Office setting	100% after \$60 copay	60% after deductible



Alcohol Abuse Services		
Inpatient	80% after deductible	60% after deductible
Outpatient department	80% after deductible	60% after deductible
Office setting	100% after \$60 copay	60% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Acupuncture	Not Covered	Not Covered
Bariatric Surgery	80% after deductible	60% after deductible
Diabetic Education	100% after office copayment	60% after deductible
Diabetic Supplies	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Orthotics and Prosthetics	100% after office copayment	60% after deductible
Home Health Care	80% after deductible	60% after deductible up to 100 visits
Hospice Care	80% after deductible	60% after deductible
Infertility	80% after deductible	60% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$20 office copayment 80% after deductible in Outpatient facility 30 visit maximum per therapy, per benefit period	60% after deductible
Physical Rehabilitation Facility Inpatient Services	80% after deductible Limited to 60 days per benefit period	60% after deductible
Private Duty Nursing	80% after deductible Limited to 30 visits per benefit period (8-hour shifts)	60% after deductible
Skilled Nursing Facility/Extended Care Center	80% after deductible Limited to 100 days per benefit period	60% after deductible Limited to 60 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after office copayment 25 visit maximum per benefit period	60% after deductible
Vision - Routine Eye Exam	Not covered	Not covered
Vision Hardware	Not covered	Not covered
Telemedicine	100% (\$0 Copay)	Not Covered
Prescription Drugs	Covered under freestanding program	
Eligibility	Dependent children, including full-time students are covered until the end of the month in which they reach age 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to the age 31.	
Pre-Existing Conditions*	Not applicable	
Grandfathered	Not applicable	
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at www.HorizonBlue.com .	
24/7 Nurse Line	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.	

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

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OMNIA
Georgian Court University
Plan Option #2

Benefit	OMNIA Tier 1	Tier 2
Benefit Period	Calendar Year	
Deductible		
Individual	\$1,000	\$2,500
Family	\$2,000	\$5,000
	Deductible is Calendar Year	
Coinsurance	90%	70%
Maximum Out of Pocket		
Individual	\$3,500	\$6,500
Family	\$7,000	\$13,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Consolidated Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, prescription, and copayments apply to the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after \$20 copay A primary care physician is a family practitioner, internist, pediatrician, or nurse practitioner	100% after \$40 copay
Specialist Office Visit	100% after \$40 copay A referral is not required to visit a specialist.	100% after \$50 copay
Maternity Visits	100% after \$40 copay Copay applies to 1st visit only Dependent children are ineligible for maternity/obstetrical benefits.	100% after \$50 copay
Allergy Testing and Treatment	100% in office setting* *Copay only applies to office visit if billed. 90% after deductible outpatient facility	70% after deductible outpatient facility
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
Diagnostic Procedures		
Laboratory	100% in office or LabCorp/Quest 90% after deductible in outpatient facility	100% in office or LabCorp/Quest 70% after deductible outpatient facility
X-ray/Radiology Services	100% in office 90% after deductible in outpatient facility	100% in office 70% after deductible outpatient facility
Complex Imaging (CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology)) require prior authorization and may pay at a different benefit level than X-ray/Radiology services. The ordering physician should request the prior authorization by calling eviCore at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore at 1-866-969-1234 to schedule an appointment.		
<i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore replace the need for a paper referral.</i>		
Hospital Care		
Inpatient Admission (including maternity)	90% after deductible	70% after deductible
Room and Board	90% after deductible	70% after deductible
Pre-admission Testing	90% after deductible	70% after deductible
Surgery in Hospital	90% after deductible	70% after deductible
Inpatient Physician Services	90% after deductible	70% after deductible
Outpatient Department Services (Non-Surgical)	90% after deductible	70% after deductible
Emergency Care		
Emergency Room	\$100 facility copay then deductible then 90% Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	\$100 facility copay then deductible then 90%
Ambulance	100% after Tier 1 deductible	100% after Tier 1 deductible
Outpatient Surgery		
Hospital Outpatient Surgery	90% after deductible	70% after deductible

Surgery in an Ambulatory SurgiCenter	90% after deductible	70% after deductible
Mental Health Services		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	100% after \$40 copay	100% after \$50 copay
Substance Abuse Services		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	100% after \$40 copay	100% after \$50 copay
Alcohol Abuse Services		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	100% after \$40 copay	100% after \$50 copay
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Bariatric Surgery	90% after deductible	70% after deductible
Diabetic Education	100% after office copayment	100% after office copayment
Diabetic Supplies	90% after deductible	70% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible
Orthotics and Prosthetics	100% after \$20 copay	100% after \$40 copay
Home Health Care	100% after \$20 copay	100% after \$40 copay
Hospice Care	90% after deductible	70% after deductible
Infertility	90% after deductible	70% after deductible
Physical Rehabilitation Facility Inpatient Services	90% after deductible	70% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$20 copay 90% after deductible in outpatient facility 30 visit maximum per therapy, per benefit period	100% after \$30 copay 70% after deductible in outpatient facility
Private Duty Nursing	90% after deductible in outpatient facility Limited to 30 visits per benefit period (8-hour shifts)	70% after deductible
Skilled Nursing Facility/Extended Care Center	90% after deductible Limited to 100 days per benefit period	70% after deductible
Therapeutic Manipulation (Chiropractic Care)	100% after \$30 copay 25 visit maximum per benefit period	100% after \$30 copay
Adult Vision	Not Covered	Not Covered
Adult Vision Hardware	Not Covered	
Pediatric Vision and Vision Hardware	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to \$150	
Telemedicine Services	100% after \$10 copay	
Prescription Drugs	Covered under freestanding prescription program	
Eligibility	Dependent children, including full-time students are covered until the end of the month in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31. Please refer to your benefit booklet for further information as this benefit highlight is not an exhaustive list.	
Pre-Existing Conditions	Not Applicable	
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at www.HorizonBlue.com .	

The OMNIA plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergent situations.

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Three Penn Plaza East, Newark, New Jersey 07105

Benefit	OMNIA Tier 1	Tier 2
Benefit Period	Calendar Year	
Deductible		
Individual	\$1,650	\$2,500
Family	\$3,300	\$5,000
	Deductible is Calendar Year	
Coinsurance	90%	70%
Maximum Out of Pocket		
Individual	\$3,300	\$6,000
Family	\$6,600	\$12,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Consolidated Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, prescription, and copayments apply to the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	\$15 copay after deductible A primary care physician is a family practitioner, internist, pediatrician, or nurse practitioner	\$30 copay after deductible
Specialist Office Visit	\$25 copay after deductible A referral is not required to visit a specialist.	\$50 copay after deductible
Maternity Visits	\$25 copay after deductible Copay applies to 1st visit only Dependent children are ineligible for maternity/obstetrical benefits.	\$50 copay after deductible
Allergy Testing and Treatment	90% after deductible outpatient facility	70% after deductible outpatient facility
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
Diagnostic Procedures		
Laboratory	100% after deductible in office or LabCorp/Quest 100% after deductible outpatient facility	100% after deductible in office or LabCorp/Quest 70% after deductible outpatient facility
X-ray/Radiology Services	100% after deductible in office 100% after deductible outpatient facility	100% after deductible in office 70% after deductible outpatient facility
Complex Imaging (CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology)) require prior authorization and may pay at a different benefit level than X-ray/Radiology services. The ordering physician should request the prior authorization by calling eviCore at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore at 1-866-969-1234 to schedule an appointment.		
<i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore replace the need for a paper referral.</i>		
Hospital Care		
Inpatient Admission (including maternity)	90% after deductible	70% after deductible
Room and Board	90% after deductible	70% after deductible
Pre-admission Testing	90% after deductible	70% after deductible
Surgery in Hospital	90% after deductible	70% after deductible
Inpatient Physician Services	90% after deductible	70% after deductible
Outpatient Department Services (Non-Surgical)	90% after deductible	70% after deductible

Emergency Care		
Emergency Room	deductible then \$100 copay then 90%	deductible then \$100 copay then 90%
Ambulance	100% after Tier 1 deductible	100% after Tier 1 deductible
Outpatient Surgery		
Hospital Outpatient Surgery	90% after deductible	70% after deductible
Surgery in an Ambulatory SurgiCenter	90% after deductible	70% after deductible
Mental Health Services		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	\$25 copay after deductible	\$50 copay after deductible
Substance Abuse Services		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	\$25 copay after deductible	\$50 copay after deductible
Alcohol Abuse Services		
Inpatient	90% after deductible	70% after deductible
Outpatient Department	90% after deductible	70% after deductible
Office setting	\$25 copay after deductible	\$50 copay after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
Other Services		
Bariatric Surgery	90% after deductible	70% after deductible
Diabetic Education	Office copayment after deductible	Office copayment after deductible
Diabetic Supplies	90% after deductible	70% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible
Orthotics and Prosthetics	\$15 copay after deductible	\$30 copay after deductible
Home Health Care	\$15 copay after deductible	\$30 copay after deductible
Hospice Care	90% after deductible	70% after deductible
Infertility	90% after deductible	70% after deductible
Physical Rehabilitation Facility Inpatient Services	90% after deductible	70% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	\$15 copay after deductible 90% after deductible in outpatient facility 30 visit maximum per therapy, per benefit period	\$30 copay after deductible 70% after deductible in outpatient facility
Private Duty Nursing	90% after deductible Limited to 30 visits per benefit period (8-hour shifts)	70% after deductible
Skilled Nursing Facility/Extended Care Center	90% after deductible Limited to 100 days per benefit period	70% after deductible
Therapeutic Manipulation (Chiropractic Care)	\$25 copay after deductible 25 visit maximum per benefit period	\$30 copay after deductible
Adult Vision	Not Covered	Not Covered
Adult Vision Hardware	Not Covered	
Pediatric Vision and Vision Hardware	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to \$150	
Telemedicine Services	\$5 copay after deductible	
Prescription Drugs	70% after Tier 1 deductible	



OMNIA HSA
Georgian Court University
Plan Option #3

Eligibility	Dependent children, including full-time students are covered until the end of the month in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31. Please refer to your benefit booklet for further information as this benefit highlight is not an exhaustive list.
Pre-Existing Conditions	Not Applicable
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at www.HorizonBlue.com .

The OMNIA plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergent situations.

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Three Penn Plaza East, Newark, New Jersey 07105

PRESCRIPTION
RxBenefits/Express Scripts



Who is RxBenefits?

As your Pharmacy Benefits Optimizer, RxBenefits brings you greater discounts, better access, and improved member services.

RxBenefits® Member Services

Our Member Services representatives are equipped to help you, your physician, and your pharmacy with questions such as:

“Is my pharmacy in the network?”

“Is my drug covered?”

“How do I start using Mail Order for my medications?”

“How do I get a Prior Authorization?”

“Can you assist me with general benefit questions?”

No matter what the issue or need, members can always expect RxBenefits to:

- **Act with urgency**
- **Remain responsive to change**
- **Follow all issues to Resolution**

Contact the RxBenefits Member Services Team at **800.334.8134** or **CustomerCare@rxbenefits.com**

The Member Services team may be limited in their ability to answer very detailed questions until your plan design is finalized, but you can contact them for general questions from **7:00 am to 8:00 PM CST, Monday – Friday**.

On weekends, after hours, and on holidays, members are given the option to speak with a PBM representative or leave a message for the RxBenefits Member Services Team to return their call.



Member Services Quick Reference Card

Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.

800.334.8134 or
CustomerCare@rxbenefits.com
7:00 AM to 8:00 PM CT
Monday – Friday

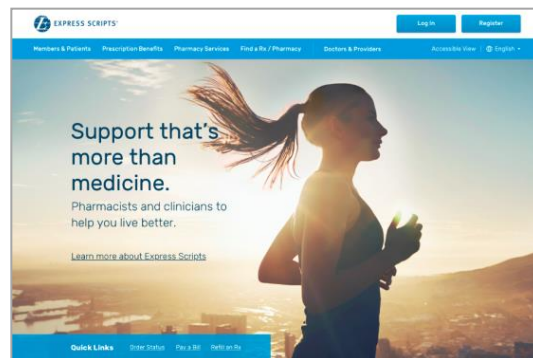


Getting Started with Home Delivery from the Express Scripts PharmacySM

Online access to savings and convenience

Whether you are viewing the member website or using the Express Scripts[®] mobile app,¹ you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more



To access the member website ...

Log in to **express-scripts.com** (Register if it is your first visit. Just have your member ID or SSN handy.)

If you have a NEW prescription ...

Get started by contacting your doctor to request a 90-day prescription that he or she can e-prescribe directly to Express Scripts

Or print a form by selecting “Forms & Cards” from the menu under “Benefits.” Print a mail order form and follow the mailing instructions.

Or call us and we'll contact your doctor for you.

Please allow 10 to 14 days for your first prescription order to be shipped.

If you already have a prescription ...

Check Order Status online or using our app to view details and track shipping.

Transfer retail prescriptions to home delivery. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.

Forms & cards

To mail in a prescription your doctor has already written:

- 1 Print a mail order form by [clicking here](#).
- 2 Mail your prescription(s) along with completed form to the address provided on the mail order form.

Recent Order Status

[Go to full order status](#)

Toprol XL 200 mg tablet 200 mg, brand View details	Rx #: 123- Chris	Address Verification Required
Harvoni 90-400 mg tablet 90 mg - 400 mg, brand View details	Accredo Rx #: 297-44	Shipped on XX/XX/XXXX Tracking # 9374820116460649231480

Prescriptions You Can Order Today

[Find a prescription not listed below](#) [View Rx Archive](#)

Chris		
Omeprazole dr 10 mg capsule 10 mg, generic View details	Rx #: 123 90-day supply 2 refills remaining	Refill past due You may be running low on this medication
		<input checked="" type="checkbox"/> Prescription in cart

Refill and Renew Prescriptions for yourself and your family while online or while using our app. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf, if renewals are included, and take care of the rest.

¹ You can search for “Express Scripts” in your app store and download it for free. Then register, if first visit, or log in.
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VOLUNTARY DENTAL
Aetna Dental



Starting strong

Choose the dental plan that's right for you
DMO® vs. PPO

Dental benefits and dental insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Aetna.com

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Great choices for your best smile

Your employer offers two dental plan options — a DMO* benefits plan or a preferred provider organization (PPO) insurance plan. Here's a guide to help you choose which plan is best for you. No matter which plan you choose, you'll be able to find providers, schedule appointments and get cost estimates online at **Aetna.com**.



DMO* plan

- With this plan, you'll need to choose a primary care dentist (PCD) who's in our network.
- Generally, your premiums are lower.
- There are no deductibles or yearly dollar limits.
- Referral is needed for specialists. No referral is needed for orthodontists.

Consider a DMO plan if ...

- Your dentist is in our network. Check out our provider search tool on **Aetna.com** to see if your dentist participates in our DMO plan.
- You expect major dental services, and your dentist is in network. The DMO has no lifetime limit for major services.
- The cost is most important — the DMO has lower premiums, and you can end up saving money.

PPO plan

- With this plan, you can choose any licensed dentist; they don't have to be in our network.
- If you visit a network dentist, your rates will be lower.
- Generally, you'll have higher premiums.
- There are deductibles and yearly dollar limits.
- No referral is needed for specialists.

Consider a PPO plan if ...

- The ability to visit any dentist is most important. You can see any licensed dentist with this plan, so the network is generally larger than the DMO network.
- You are looking to see a specialist without having to get a referral. You don't need a referral to see a specialist with this plan.

Visit **Aetna.com** and use our provider search tool to see if your dentist is in our network.

*For DMO plans, some states allow limited benefits when you go out of network for covered services. In Illinois, DMO plans provide limited out-of-network benefits, but to receive maximum benefits, members must select and have care coordinated by a participating PCD. In Illinois, the DMO plan is not a health maintenance organization (HMO). In Virginia, the DMO plan is known as the Dental Network Only plan (DNO). DNO in Virginia is not an HMO. In California, your dentist may refer you to out-of-network dentists for some services.

In Texas, the PPO plan is known as the Participating Dental Network (PDN).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain benefits. Dental benefits and insurance plans contain exclusions and limitations. Not all dental services are covered. Plan features and availability may vary by location and/or group size and are subject to change. Check your plan documents for details. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to dental services. Information is believed to be accurate as of the production date; however, it is subject to change.

Policy forms issued in Idaho include: GR-9/GR-9N, GR-23, GR-29/GR-29N, AL HGrpPol-Dental 01.

Policy forms issued in Missouri include: AL HGrpPol-Dental 01, DM HGrpAg 01.

Policy forms issued in Oklahoma include: GR-9N, GR-23, GR-29N.

See if your dentist is in our network — or find a new one

Important: DMO members must select a Primary Care Dentist (PCD) in order to have services covered.

You can locate a dentist through **our provider search tool**, which is updated six days a week. Please keep in mind that the availability of any particular dentist cannot be guaranteed.

Steps to locating a doctor

1. [Click here](#) to access our provider look up.
2. Enter your ZIP code or city/state and click search.

Already a member?

Login to Secure Site

Register Now

Not registered with Aetna yet?

Why Register?

You will be able to find all your coverage information online when you need it.

Searching as a member is better

You Can:

Get results for your plan

View cost estimates

Select a primary care doctor

Continue as a guest

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

Enter location here

Traveling?

You can change your location after you select your plan

Look within

25 Miles

0 Miles

100 Miles

Search

3. Select a plan choice — “ex. DMO®/DNO” and click continue to search for dentist.

Select a Plan to find providers in Chicago, Illinois [Change location »](#)

If you are an Aetna member, you may find your plan name on your member [ID Card](#) or in your [Enrollment Documents](#)

[Skip plan selection »](#)

Why is choosing a plan so important?

- **Pay less** if you use a provider that accepts the plan
- **Find the highest level of coverage** from a provider under the plan
- **Confirm** doctors are accepting the plan

Select a Plan

Q DMO

Enter plan name to narrow list below, e.g. Managed Choice

Show all plans (including those not in my area)


DMO/DNO/Managed Dental

DMO® /DNO

DMO® /DNO - Select

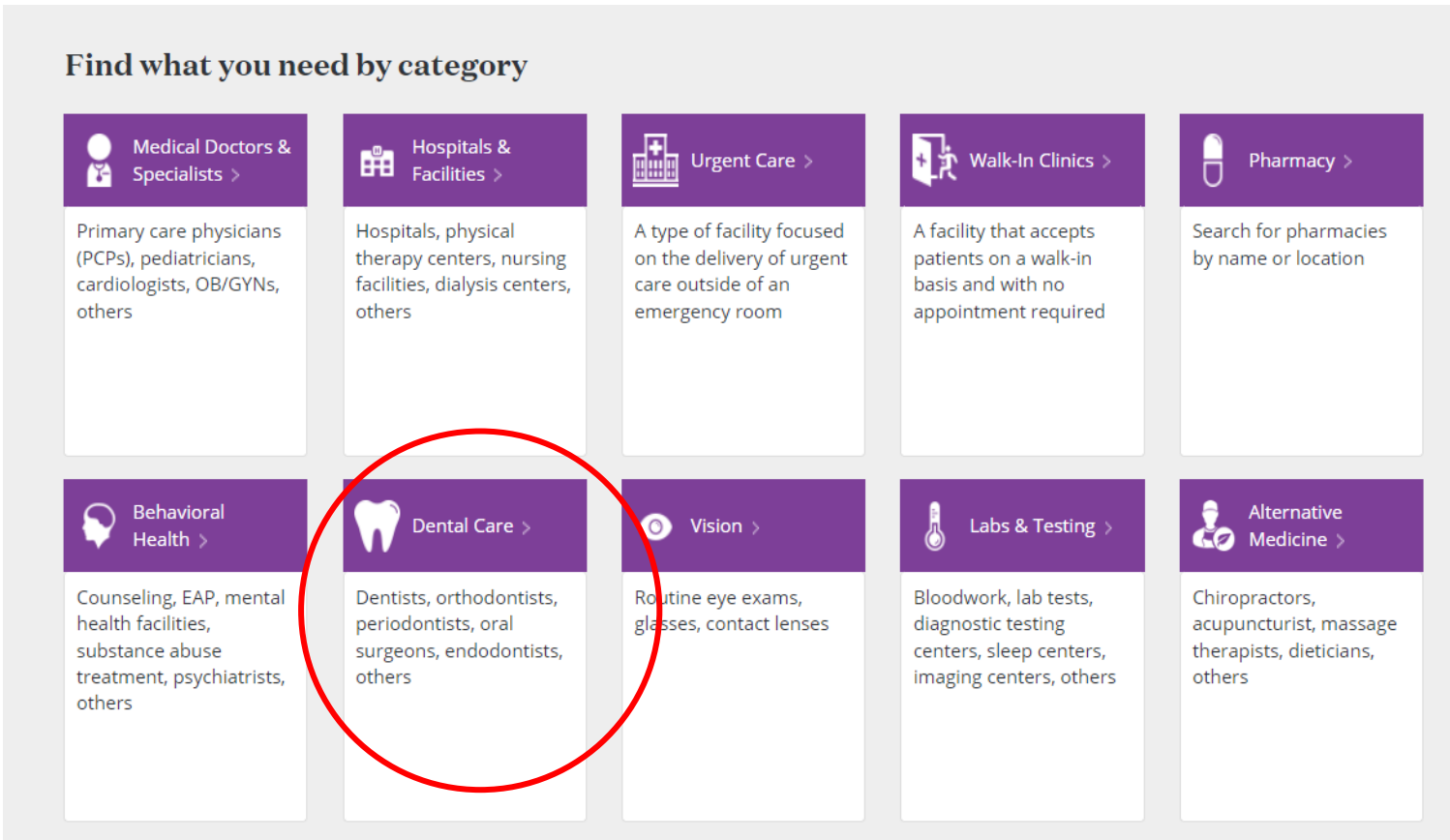
Aetna Advantage™ Dental

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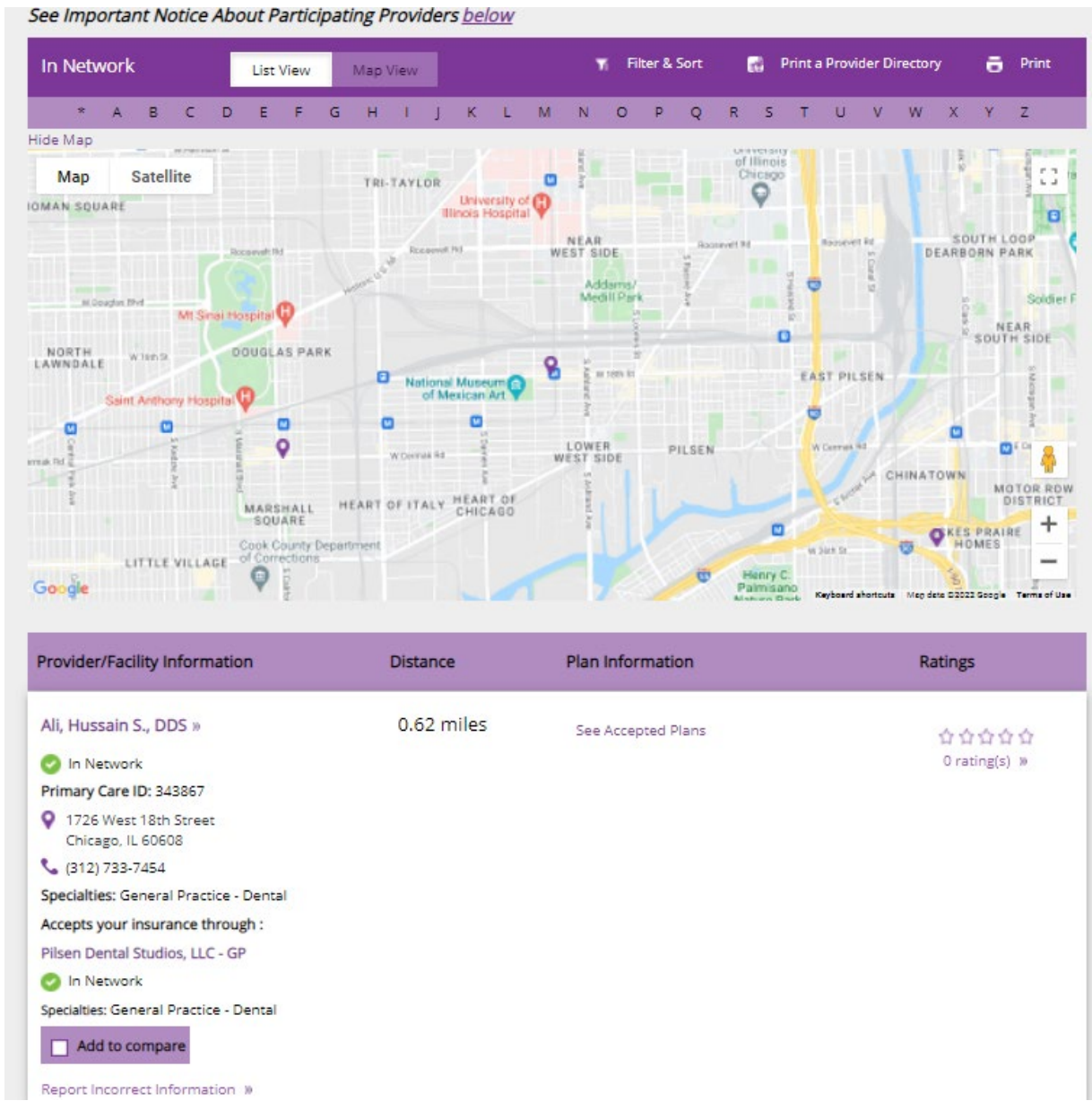


4. Search by dentist name or select “Dental Care.”

If selecting “Dental Care,” you can search by primary care, pediatric dentists, orthodontists, oral surgeons, and more.



5. Click or search for a specific provider type and your list will appear.



This material is for information only. Providers are independent contractors and are not agents of Aetna. Provider participation may vary. DMO® plans are insured by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. (Aetna). Each insurer has sole financial responsibility for its own products.

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Already a member?

Login to Secure Site

Not registered with Aetna yet?

Register Now

Why Register?

You will be able to find all your coverage information online when you need it.

Searching as a member is better

You Can:

✓ Get results for your plan

✓ View cost estimates

✓ Select a primary care doctor

Continue as a guest

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

Enter location here

Traveling? You can change your location after you select your plan

Look within

25 Miles

0 Miles

100 Miles

Search

3. Select a plan choice — “ex. Dental PPO/PDN with PPO II and ExtendSM and click continue to search for dentist.

Select a Plan to find providers in Chicago, Illinois [Change location »](#)

If you are an Aetna member, you may find your plan name on your member [ID Card](#) or in your [Enrollment Documents](#)

[Skip plan selection »](#)

Why is choosing a plan so important?

- Pay less if you use a provider that accepts the plan
- Find the highest level of coverage from a provider under the plan
- Confirm doctors are accepting the plan

Select a Plan

Dental PPO/PDN with PPO II and Extend

Enter plan name to narrow list below, e.g. Managed Choice

Show all plans (including those not in my area)

Dental PPO/PDN with PPO II and Extend Network

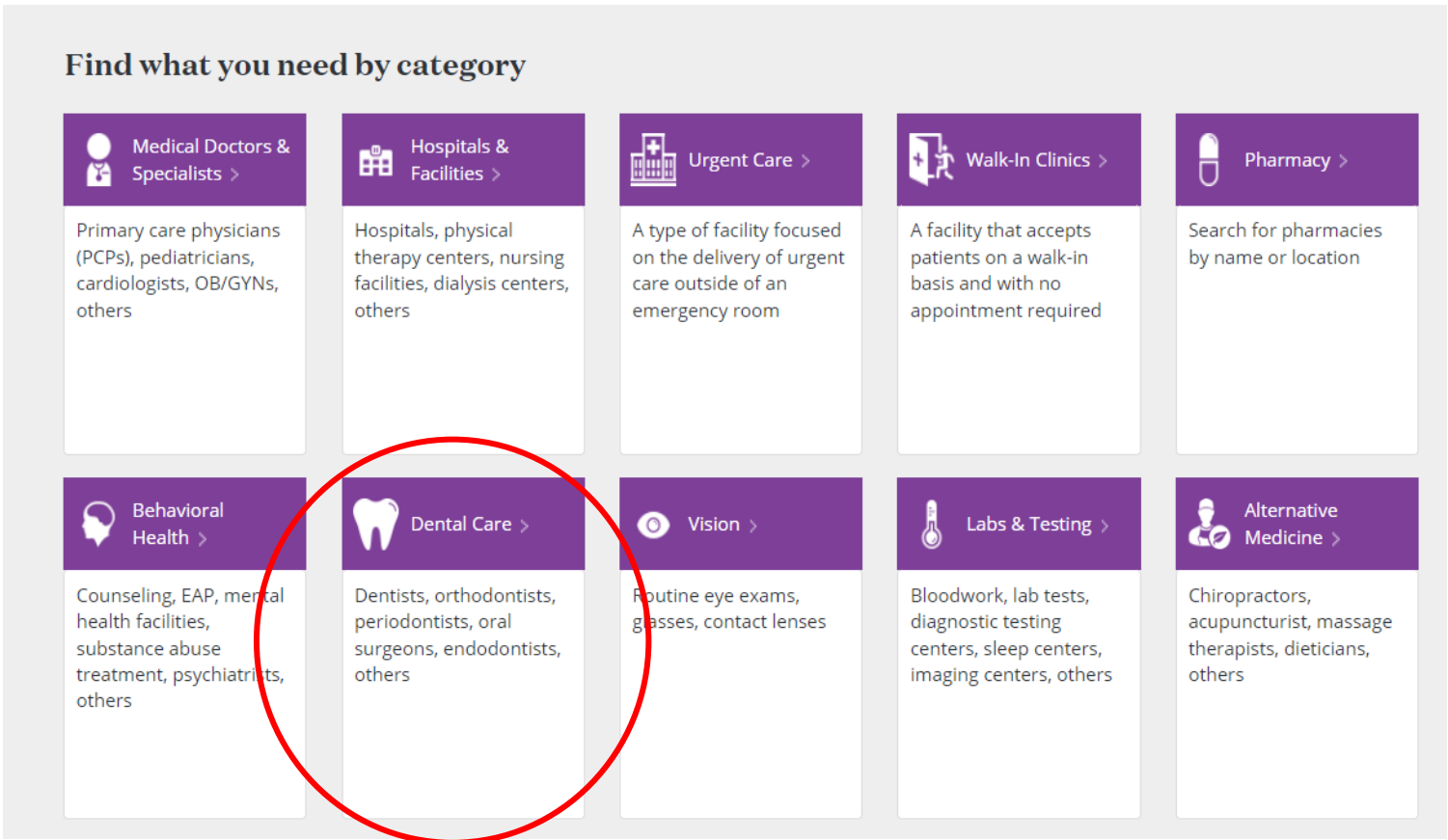
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Dental PPO/PDN with PPO II and ExtendSM

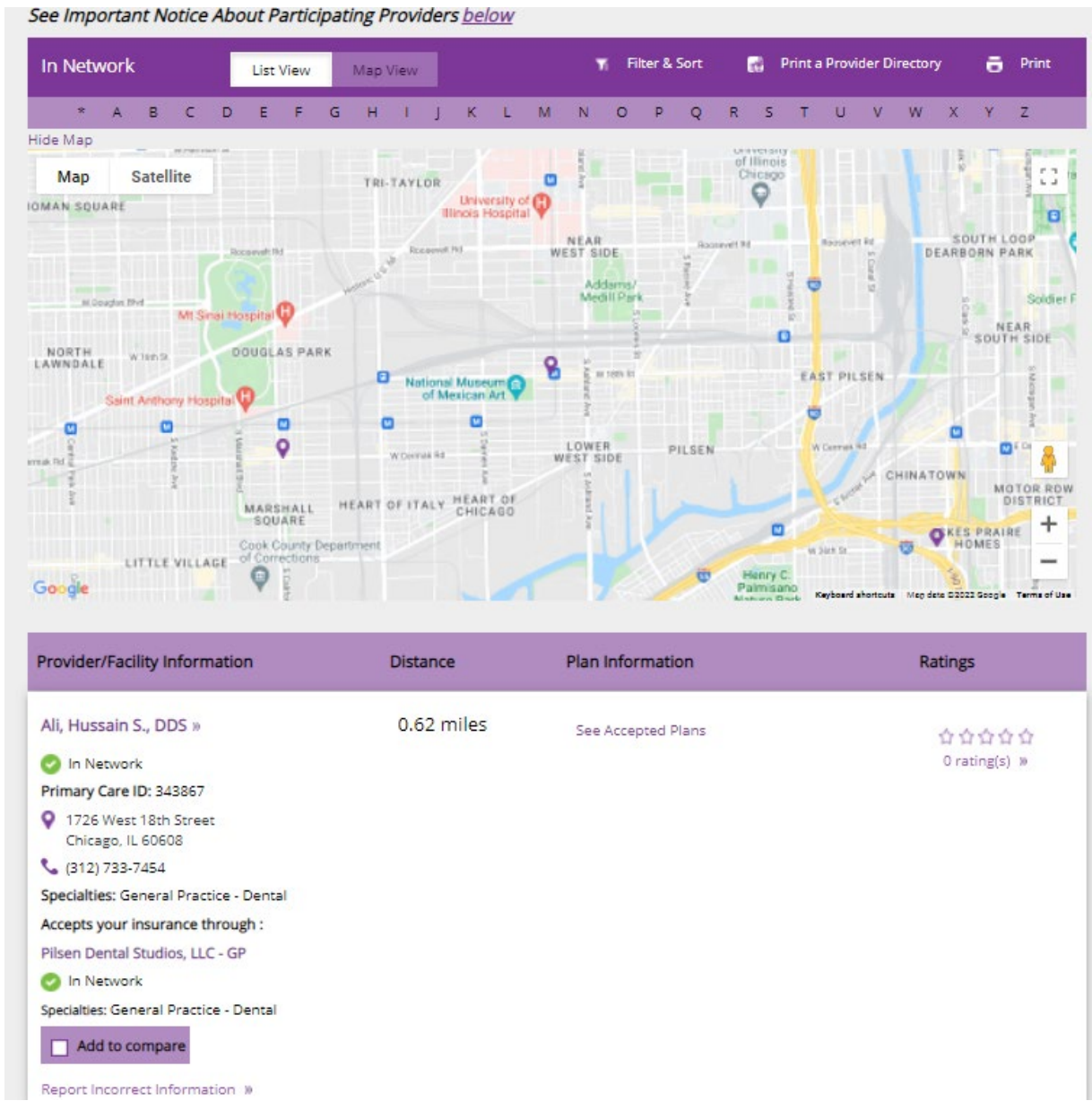
[Skip plan selection »](#)

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Dental Benefits Summary

	Active PPO	
	With PPOII and ExtendSM Networks	
	<u>Participating</u>	<u>Non-participating</u>
Annual Deductible*		
Individual	\$50	\$75
Family	\$150	\$225
Preventive Services	100%	80%
Basic Services	80%	80%
Major Services	50%	50%
Annual Benefit Maximum	\$2000	\$2000
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$1000	\$1000
*The deductible applies to: Basic & Major services only		
**Orthodontia is covered only for children (appliance must be placed prior to age 20).		
Preventive		
Oral examinations (a)	100%	80%
Cleanings (a) Adult/Child	100%	80%
Fluoride (a)	100%	80%
Sealants (permanent molars only) (a)	100%	80%
Bitewing Images (a)	100%	80%
Full mouth series Images (a)	100%	80%
Space Maintainers	100%	80%
Basic		
Root canal therapy, anterior teeth and bicuspid teeth	80%	80%
Root canal therapy, molar teeth	80%	80%
Scaling and root planing (a)	80%	80%
Gingivectomy (a)*	80%	80%
Amalgam (silver) fillings	80%	80%
Composite fillings (anterior teeth only)	80%	80%

Dental Benefits Summary

Stainless steel crowns	80%	80%
Incision and drainage of abscess*	80%	80%
Uncomplicated extractions	80%	80%
Surgical removal of erupted tooth*	80%	80%
Surgical removal of impacted tooth (soft tissue)*	80%	80%
Osseous surgery (a)*	80%	80%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%	80%
General anesthesia/intravenous sedation*	80%	80%
Crown Lengthening	80%	80%
Major		
Inlays	50%	50%
Onlays	50%	50%
Crowns	50%	50%
Full & partial dentures	50%	50%
Pontics	50%	50%
Denture repairs	50%	50%
Crown Build-Ups	50%	50%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.		
(a) Frequency and/or age limitations may apply. Limits are described in the booklet/certificate.		

Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) plan, you may choose at the time of service a PPO participating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates.

Out-of-Network plan payments are based on the 90th percentile of allowed amount for the geographic area.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

Dental Benefits Summary

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Partial List of Exclusions and Limitations* - Coverage is not provided for the following (unless otherwise noted in the member booklet):

1. Charges for services or supplies
 - Provided by a network provider in excess of the negotiated charge.
 - Provided by an out-of-network provider in excess of the recognized charge.
 - Provided for your personal comfort or convenience, or the convenience of any other person, including a dental provider
 - Provided in connection with treatment or care that is not covered under the plan
 - Cancelled or missed appointment charges or charges to complete claim forms
 - Charges for which you have no legal obligation to pay
 - Charges that would not be made if you did not have coverage, including:
 - Care in charitable institutions
 - Care for conditions related to current or previous military service
 - Care while in the custody of a governmental authority
2. Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits.
3. Cosmetic services and supplies.
4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.
5. Acupuncture, acupressure and acupuncture therapy
6. Crown, inlays and onlays, and veneers unless for one of the following:
 - It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material
 - The tooth is an abutment to a covered partial denture or fixed bridge.
7. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion.
8. Dental work that began before you were covered by the plan.
9. First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to replace teeth, all of which were lost while you were not covered.
10. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service.
11. Instruction for diet, tobacco counseling and oral hygiene.

Dental Benefits Summary

12. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.
13. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible Dental Services section of the schedule of benefits.
14. Services and supplies provided in connection with treatment or care that is not covered under the plan.
15. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.
16. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services.
17. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
18. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.
19. Temporomandibular joint dysfunction/disorder
20. Dental services and supplies that are covered in whole or in part:
 - Under any other part of this plan
 - Under any other plan of group benefits provided by the policyholder
21. Experimental or investigational drugs, devices, treatments or procedures.
22. Services, including but not limited to, those treatments, services, prescription drugs and supplies which are not medically necessary (as determined by Aetna) for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services. This applies even if they are prescribed, recommended or approved by your physician or dentist.
23. Payment for a portion of the charge that another party is responsible for as the primary payer.
24. Prescribed drugs, pre-medication or analgesia.
25. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a dentist. These are:
 - Scaling of teeth
 - Cleaning of teeth
 - Topical application of fluoride.
26. Work related illness or injuries.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Dental Benefits Summary

Alternate treatment rule Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.

- If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply.
- If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service.
- You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover.

Replacement rule Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing:

- Crowns
- Inlays
- Onlays
- Veneers
- Complete dentures
- Removable partial dentures
- Fixed partial dentures (bridges)
- Other prosthetic services

These eligible dental services are covered only when you give us proof that:

- While you were covered by the plan:
 - You had a tooth (or teeth) extracted after the existing denture or bridge was installed.
 - As a result, you need to replace or add teeth to your denture or bridge.
- The present item cannot be made serviceable, and is:
 - A crown installed at least 8 years before its replacement.
 - An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 8 years before its replacement.
- While you were covered by the plan:
 - You had a tooth (or teeth) extracted.
 - Your present denture is an immediate temporary one that replaces that tooth (or teeth).
 - A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed.

Tooth missing but not replaced rule

The first installation of complete dentures, removable partial dentures, fixed partial dentures (bridges), and other prosthetic services will be covered if:

Dental Benefits Summary

- The dentures, bridges or other prosthetic items are needed to replace one or more natural teeth that were removed while you were covered by the plan. (The extraction of a third molar tooth does not qualify.)

- The tooth that was removed was not an abutment to a removable or fixed partial denture installed during the prior 8 years

Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Late entrant rule (Does not apply to Maine contract state and Maine residents): The plan does not cover services and supplies given to a person age 5 or older if that person did not enroll in the plan during one of the following:

- The first 31 days the person is eligible for this coverage or
- Any period of open enrollment agreed to by the employer and us

This does not apply to charges incurred for any of the following:

- After the person has been covered by the plan for 12 months
- As a result of injuries sustained while covered by the plan
- Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to orthodontia).

Finding Participating Providers

Consult Aetna Dentals online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

Telehealth Services: the plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

Dental Benefits Summary

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.

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Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Dental Benefits Summary

Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်တၢ်မၤစၢၤအတၢ်တံးတၢ်မၤတၢ်တံး လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်ဒီးအဂီၢ်, ကိးတၢ်လီၤတၢ်စီၣ်နီၣ်ဂီၢ်လၢအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလီၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەستگیراگەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບທາງເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតតម្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'éhjí bee níká a'doowol doo b'ááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dólzínígíí béesh bee hane'í biká'ígíí áájí' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kor keek tēnɔŋ yîn. Ke yin col ran ye koc kuony nē namba de abac tö nē ID kard duön de tiit de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

DMO[®] Dental Benefits Summary

CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	\$5
D0120	Periodic oral evaluation - established patient	No Charge
D0140	Limited oral evaluation - problem focused	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary care giver	No Charge
D0150	Comprehensive oral evaluation - new or established patient	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge
D0170	Re-evaluation- limited, problem focused (established patient; not post-operative visit)	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge
D0210	Intraoral - complete series of radiographic images	No Charge
D0220	Intraoral - periapical first radiographic image	No Charge
D0230	Intraoral - periapical each additional radiographic image	No Charge
D0240	Intraoral, Occlusal Image	No Charge
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and dectector	No Charge
D0251	Extra-oral - dental radiographic image	No Charge
D0270	Bitewing - single radiographic image	No Charge
D0272	Bitewing - two radiographic images	No Charge
D0273	Bitewing - three radiographic images	No Charge
D0274	Bitewing - four radiographic images	No Charge
D0277	Vertical Bitewings - 7 to 8 images	No Charge
D0330	Panoramic Image	No Charge
D0391	Interpretation of Diagnostic Image	No Charge
D0470	Diagnostic Casts	No Charge
D0472	Accession of tissue, gross examination, prepration and transmission of written report	No Charge

DMO[®] Dental Benefits Summary

D0473	Accession of tissue, gross and microscopic examination, prepration and transmission of written report	No Charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, prepration and transmission of written report	No Charge
D1110	Prophy - Adult	No Charge
D1120	Prophy - Child	No Charge
D1206	Application of Topical Fluoride Varnish (child)	No Charge
D1208	Topical application of fluoride - excluding varnish (child)	No Charge
D1330	Oral Hygiene Instruction	No Charge
D1351	Sealant - per tooth	No Charge
D1352	Preventive Resin Restoration	No Charge
D1353	Sealant Repair - Per Tooth	No Charge
D1354	Interim caries arresting medicament application, per tooth	No Charge
D1355	Caries preventive medicament application, per tooth	No Charge
D1510	Space Maintainer - Fixed Unilateral	\$92
D1516	Space maintainer - fixed - bilateral, maxillary	\$92
D1517	Space maintainer - fixed - bilateral, mandibular	\$92
D1520	Space Maintainer - Removable Unilateral	\$92
D1526	Space maintainer - removable - bilateral, maxillary	\$92
D1527	Space maintainer - removable - bilateral, mandibular	\$92
D1551	Recement or rebond bilateral space maintainer - maxillary	\$15
D1552	Recement or rebond bilateral space maintainer - mandibular	\$15
D1553	Recement or re-bond unilateral space maintainer - per quad	\$8
D1556	Removal of fixed unilateral space maintainer - per quad	\$8
D1557	Removal of fixed bilateral space maintainer - maxillary	\$15
D1558	Removal of fixed bilateral space maintainer - mandibular	\$15
D1575	Distal shoe space maintainer - fixed - unilateral	\$101
D2140	Amalgam - 1 Surf Primary or Permanent	No Charge
D2150	Amalgam - 2 Surf Primary or Permanent	No Charge

DMO[®] Dental Benefits Summary

D2160	Amalgam - 3 Surf Primary or Permanent	No Charge
D2161	Amalgam - 4+ Surf Primary or Permanent	No Charge
D2330	Resin-Based Composite 1 Surf, Anterior	No Charge
D2331	Resin-Based Composite 2 Surf, Anterior	No Charge
D2332	Resin-Based Composite 3 Surf, Anterior	No Charge
D2335	Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle)	\$72
D2390	Resin-Based Composite Crown, Anterior	\$72
D2391	Resin-Based Composite 1 Surf, Posterior	\$49
D2392	Resin-Based Composite 2 Surf, Posterior	\$63
D2393	Resin-Based Composite 3 Surf, Posterior	\$77
D2394	Resin-Based Composite 4+ Surf, Posterior	\$106
D2510	Inlay - Metallic 1 Surf	\$236
D2520	Inlay - Metallic 2 Surf	\$236
D2530	Inlay - Metallic 3 Surf	\$236
D2542	Onlay - Metallic 2 Surf	\$253
D2543	Onlay - Metallic 3 Surf	\$253
D2544	Onlay, Metallic - 4 or More Surf	\$253
D2610	Inlay, Porcelain/Ceramic - 1 Surf	\$236
D2620	Inlay, Porcelain/Ceramic - 2 Surf	\$236
D2630	Inlay, Porcelain/Ceramic - 3 or More Surf	\$236
D2642	Onlay, Porcelain/Ceramic - 2 Surf	\$253
D2643	Onlay, Porcelain/Ceramic - 3 Surf	\$253
D2644	Onlay, Porcelain/Ceramic - 4 or More Surf	\$253
D2650	Inlay, Composite/Resin - 1 Surf	\$236
D2651	Inlay, Composite/Resin - 2 Surf	\$236
D2652	Inlay, Composite/Resin - 3 Surf	\$236
D2662	Onlay, Composite/Resin - 2 Surf	\$253
D2663	Onlay, Composite/Resin - 3 Surf	\$253
D2664	Onlay, Composite/Resin - 4 or More Surf	\$253

DMO[®] Dental Benefits Summary

D2710	Crown - Resin-Based Composite, Indirect	\$362
D2712	Crown - 3/4 Resin-Based Composite, Indirect	\$265
D2720	Crown - Resin With High Noble Metal	\$362
D2721	Crown - Resin With Predominantly Base Metal	\$362
D2722	Crown - Resin With Noble Metal	\$362
D2740	Crown - Porcelain/Ceramic Substrate	\$362
D2750	Crown - Porcelain Fused to High Noble Metal	\$362
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$362
D2752	Crown - Porcelain Fused to Noble Metal	\$362
D2753	Crown - Porcelain fused to titanium and titanium alloys	\$362
D2780	Crown - 3/4 Cast High Noble Metal	\$362
D2781	Crown - 3/4 Cast Predominantly Based Metal	\$362
D2782	Crown - 3/4 Cast Noble Metal	\$362
D2783	Crown - 3/4 Porcelain/Ceramic	\$362
D2790	Crown - Full Cast High Noble Metal	\$362
D2791	Crown - Full Cast Predominantly Base Metal	\$362
D2792	Crown - Full Cast Noble Metal	\$362
D2794	Crown - Titanium	\$362
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	\$15
D2915	Recement Cast or Prefab Post and Core	\$8
D2920	Recement Crown	\$15
D2921	Reattachment of tooth fragment, incisal edge or dusp	\$7
D2929	Prefab Porcelain/Ceramic Crown - Primary Tooth	\$54
D2930	Prefab, Stainless Steel Crown - Primary Tooth	\$54
D2931	Prefab, Stainless Steel Crown - Permanent Tooth	\$65
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$54
D2940	Placement of interim direct restoration	\$8
D2950	Core Buildup, Including Any Pins	\$141
D2951	Pin Retention - In Addition to Restoration	\$14

DMO[®] Dental Benefits Summary

D2952	Post & Core in Addition to Crown	\$140
D2989	Excavation of a tooth resulting in the determination of non-restorability	No Charge
D2990	Resin Infiltration of Lesion	\$10
D3110	Pulp Cap - Direct (excluding final restoration)	No Charge
D3120	Pulp Cap - Indirect (excluding final restoration)	No Charge
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$77
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$14
D3222	Partial Pulpotomy	\$70
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	\$77
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	\$77
D3310	Root Canal Therapy - Anterior (excluding final restoration)	\$135
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	\$216
D3330	Root Canal Therapy - Molar (excluding final restoration)	\$331
D3331	Treatment of Root Canal Obstruction, Nonsurgical Access	\$135
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$99
D3333	Internal Root Repair of Perforation Defects	\$110
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$242
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$308
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$433
D3410 (1)	Apicoectomy/Periradicular Surgery - Anterior	\$179
D3421 (1)	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$179
D3425 (1)	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$179
D3426 (1)	Apicoectomy/Periradicular Surgery- Each Additional Root	\$110
D3430 (1)	Retrograde Filling - Per Root	\$80
D3450 (1)	Root Amputation - Per Root	\$88
D3471 (1)	Surgical repair of root resorption, anterior	\$80
D3472 (1)	Surgical repair of root resorption, premolar	\$107
D3473 (1)	Surgical repair of root resorption, molar	\$134

DMO[®] Dental Benefits Summary

D3501 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior	\$88
D3502 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar	\$118
D3503 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, molar	\$147
D4210 (1)	Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant	\$131
D4211 (1)	Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant	\$72
D4212 (1)	Gingivectomy to allow access, per tooth	\$24
D4240 (1)	Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant	\$163
D4241 (1)	Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant	\$98
D4245 (1)	Apically Positioned Flap	\$147
D4249	Clinical Crown Lengthening, Hard Tissue	\$236
D4260 (1)	Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant	\$394
D4261 (1)	Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant	\$236
D4268 (1)	Surgical Revision Procedure, Per Tooth	\$158
D4270 (1)	Pedicle Soft Tissue Graft Procedure	\$299
D4273 (1)	Subepithelial Connective Tissue Graft, Per Tooth	\$181
D4275 (1)	Soft Tissue Allograft	\$348
D4276 (1)	Connective Tissue/Pedicle Graft, Per Tooth	\$299
D4277 (1)	Free soft tissue graft - first tooth	\$128
D4278 (1)	Free soft tissue graft - each additional tooth	\$64
D4283 (1)	Autogenous connective tissue graft	\$100
D4285 (1)	Non-autogenous connective tissue graft	\$191
D4341	Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant	\$63
D4342	Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant	\$38
D4346	Scaling in presence of generalized moderate/severe gingival inflammation - full mouth, after oral evaluation	\$35
D4355	Debridement	\$70

DMO[®] Dental Benefits Summary

D4910	Periodontal Maintenance	\$43
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	\$11
D5110 (2)	Complete Denture - Maxillary	\$370
D5120 (2)	Complete Denture - Mandibular	\$370
D5130	Immediate Denture - Maxillary	\$348
D5140	Immediate Denture - Mandibular	\$348
D5211 (2)	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$370
D5212 (2)	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$370
D5213 (2)	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$421
D5214 (2)	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$421
D5221	Immediate max partial dental - resin base (including any conventional clasps, rests and teeth)	\$426
D5222	Immediate mand partial dental - resin base (including any conventional clasps, rests and teeth)	\$426
D5223	Immediate max partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	\$484
D5224	Immediate mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	\$484
D5225 (2)	Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$422
D5226 (2)	Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$422
D5227 (2)	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth).	\$422
D5228 (2)	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth).	\$422
D5282 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - maxillary	\$370
D5283 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - mandibular	\$370

DMO[®] Dental Benefits Summary

D5284 (2)	Removable Unilateral Partial Denture - one piece flex base (including clasps and teeth) - per quad	\$211
D5286 (2)	Removable Unilateral Partial Denture - one piece resin (including clasps and teeth) - per quad	\$185
D5410	Adjust Complete Denture - Maxillary	\$11
D5411	Adjust Complete Denture - Mandibular	\$11
D5421	Adjust Partial Denture - Maxillary	\$11
D5422	Adjust Partial Denture - Mandibular	\$11
D5511	Repair Broken Complete Denture Base - mandibular	\$45
D5512	Repair Broken Complete Denture Base - maxillary	\$45
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	\$45
D5611	Repair Resin Partial Denture Base - mandibular	\$45
D5612	Repair Resin Partial Denture Base - maxillary	\$45
D5621	Repair Cast Partial Framework - mandibular	\$45
D5622	Repair Cast Partial Framework - maxillary	\$45
D5630	Repair or Replace Broken Clasp	\$45
D5640	Replace Broken Teeth - Per Tooth	\$50
D5650	Add Tooth to Existing Partial Denture	\$45
D5660	Add Clasp to Existing Partial Denture	\$50
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$110
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$110
D5710	Rebase Complete Maxillary Denture	\$110
D5711	Rebase Complete Mandibular Denture	\$110
D5720	Rebase Maxillary Partial Denture	\$110
D5721	Rebase Mandibular Partial Denture	\$110
D5725	Rebase Hybrid Prosthesis	\$110
D5730	Reline Complete Maxillary Denture (Chairside)	\$66
D5731	Reline Complete Mandibular Denture (Chairside)	\$66
D5740	Reline Maxillary Partial Denture (Chairside)	\$66



DMO[®] Dental Benefits Summary

D5741	Reline Mandibular Partial Denture (Chairside)	\$66
D5750	Reline Complete Maxillary Denture (Lab)	\$110
D5751	Reline Complete Mandibular Denture (Lab)	\$110
D5760	Reline Maxillary Partial Denture (Lab)	\$110
D5761	Reline Mandibular Partial Denture (Lab)	\$110
D5765	Soft Liner for Complete or Partial Removable Denture - indirect	\$110
D5820 (3)	Interim Partial Denture (Maxillary)	\$132
D5821 (3)	Interim Partial Denture (Mandibular)	\$132
D5850	Tissue Conditioning, Maxillary	\$61
D5851	Tissue Conditioning, Mandibular	\$61
D5876	Add metal substructure to acrylic full denture (per arch)	\$45
D6058	Abutment Supported Porcelain/Ceramic Crown	\$362
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$362
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$362
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$362
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$362
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$362
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$362
D6065	Implant Supported Porcelain/Ceramic Crown	\$362
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$362
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$362
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$362
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	\$362
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$362
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$362

DMO[®] Dental Benefits Summary

D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	\$362
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	\$362
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	\$362
D6075	Implant Supported Retainer for Ceramic FPD	\$362
D6076	Implant Supported Retainer for FPD - porcelain fused to high noble alloys	\$362
D6077	Implant Supported Retainer for FPD - high noble alloys	\$362
D6082	Implant Sup Crown - porcelain/predominantly base alloys	\$362
D6083	Implant Sup Crown - porcelain fused to noble alloys	\$362
D6084	Implant Sup Crown - porcelain/titanium and titanium alloys	\$362
D6086	Implant Sup Crown - predominantly base alloys	\$362
D6087	Implant Sup Crown - noble alloys	\$362
D6088	Implant Sup Crown - titanium and titanium alloys	\$362
D6094	Abutment Supported Crown - (Titanium)	\$362
D6097	Abutment Sup Crown - porcelain/titanium and titanium alloys	\$362
D6098	Implant Sup retainer - porcelain/predominantly base alloys	\$362
D6099	Implant Sup retainer for FPD - porcelain / noble alloys	\$362
D6110	Implant Abut Sup Removable Dent-Max	\$370
D6111	Implant Abut Sup Removable Dent-Mand	\$370
D6112	Implant Abut Sup Removable Dent-Max	\$370
D6113	Implant Abut Sup Removable Dent-Mand	\$370
D6114	Implant Abut Sup Fixed Dent-Max	\$370
D6115	Implant Abut Sup Fixed Dent-Mand	\$370
D6116	Implant Abut Sup Fixed Dent-Max	\$370
D6117	Implant Abut Sup Fixed Dent-Mand	\$370
D6120	Abutment Sup Retainer - porcelain/titanium and titanium alloys	\$362
D6121	Implant Sup Retainer for metal FPD- predominantly base alloys	\$362
D6122	Implant Sup Retainer for metal FPD- noble alloys	\$362
D6123	Abutment Sup Retainer for metal FPD- titanium and titanium alloys	\$362
D6195	Abutment Sup Retainer - porcelain /titanium and titanium alloys	\$362

DMO[®] Dental Benefits Summary

D6197	Replacement of Restorative Material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$49
D6205	Pontic - Indirect Resin Based Composite	\$362
D6210	Pontic - Cast High Noble Metal	\$362
D6211	Pontic - Cast Predominantly Base Metal	\$362
D6212	Pontic - Cast Noble Metal	\$362
D6214	Pontic - Titanium	\$362
D6240	Pontic - Porcelain Fused to High Noble Metal	\$362
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$362
D6242	Pontic - Porcelain Fused to Noble Metal	\$362
D6243	Pontic - Porcelain fused to titanium and titanium alloys	\$362
D6245	Pontic - Porcelain/Ceramic	\$362
D6250	Pontic - Resin With High Noble Metal	\$362
D6251	Pontic - Resin With Predominantly Base Metal	\$362
D6252	Pontic - Resin With Noble Metal	\$362
D6545	Retainer - Cast Metal for Resin-Bonded Fixed Prosthesis	\$236
D6548	Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis	\$236
D6549	Resin Retainer - Resin Bonded Prosthesis	\$181
D6600	Inlay - Porcelain/Ceramic, 2 Surf	\$236
D6601	Inlay - Porcelain/Ceramic, 3+ Surf	\$236
D6602	Inlay - Cast High Noble Metal, 2 Surf	\$257
D6603	Inlay - Cast High Noble Metal, 3+ Surf	\$257
D6604	Inlay - Cast Predominantly Base Metal, 2 Surf	\$236
D6605	Inlay - Cast Predominantly Base Metal, 3+ Surf	\$236
D6606	Inlay - Cast Noble Metal, 2 Surf	\$257
D6607	Inlay - Cast Noble Metal, 3+ Surf	\$257
D6608	Onlay - Porcelain/Ceramic, 2 Surf	\$253
D6609	Onlay - Porcelain/Ceramic, 3+ Surf	\$253
D6610	Onlay - Cast High Noble Metal, 2 Surf	\$274

**DMO[®] Dental Benefits Summary**

D6611	Onlay - Cast High Noble Metal, 3+ Surf	\$274
D6612	Onlay - Cast Predominantly Base Metal, 2 Surf	\$253
D6613	Onlay - Cast Predominantly Base Metal, 3+ Surf	\$253
D6614	Onlay - Cast Noble Metal, 2 Surf	\$274
D6615	Onlay - Cast Noble Metal, 3+ Surf	\$274
D6624	Inlay - Titanium	\$257
D6634	Onlay - Titanium	\$274
D6710	Crown - Indirect Resin Based Composite	\$362
D6720	Crown - Resin With High Noble Metal	\$362
D6721	Crown - Resin With Predominantly Base Metal	\$362
D6722	Crown - Resin With Noble Metal	\$362
D6740	Crown - Porcelain/Ceramic	\$362
D6750	Crown - Porcelain Fused to High Noble Metal	\$362
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$362
D6752	Crown - Porcelain Fused to Noble Metal	\$362
D6753	Crown - porcelain fused to titanium and titanium alloys	\$362
D6780	Crown - 3/4 Cast High Noble Metal	\$362
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$362
D6782	Crown - 3/4 Cast Noble Metal	\$362
D6783	Crown - 3/4 Porcelain/Ceramic	\$362
D6784	Crown 3/4 - titanium and titanium alloys	\$362
D6790	Crown - Full Cast High Noble Metal	\$362
D6791	Crown - Full Cast Predominantly Base Metal	\$362
D6792	Crown - Full Cast Noble Metal	\$362
D6794	Crown - Titanium	\$362
D6930	Recement Fixed Partial Denture	\$25
D7111	Extraction, Coronal Remnants - Deciduous Tooth	No Charge
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	No Charge
D7210 (1)	Surgical Removal of Erupted Tooth	\$57

DMO[®] Dental Benefits Summary

D7220 (1)	Removal of Impacted Tooth - Soft Tissue	\$65
D7230 (1)	Removal of Impacted Tooth - Partially Bony	\$94
D7240 (1)	Removal of Impacted Tooth - Completely Bony	\$145
D7241 (1)	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$145
D7250 (1)	Surgical Removal of Residual Tooth Roots	\$59
D7251	Coronectomy - intentional partial tooth removal	\$66
D7280 (1)	Surgical Access of Unerupted Tooth	\$62
D7282 (1)	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$77
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$15
D7284 (1)	Excisional biopsy of minor salivary glands	\$132
D7285 (1)	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$88
D7286 (1)	Biopsy of Oral Tissue - Soft	\$88
D7287 (1)	Cytological Sample Collection	\$44
D7310 (1)	Alveoloplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$66
D7311 (1)	Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	\$33
D7320 (1)	Alveoloplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$83
D7321 (1)	Alveoloplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant	\$42
D7510 (1)	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$33
D7511 (1)	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$36
D7961 (1)	Buccal / labial frenectomy (frenulectomy)	\$99
D7962 (1)	Lingual frenectomy (frenulectomy)	\$99
D7963 (1)	Frenuloplasty	\$105
D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	\$11
D9222	Deep sedation/general anesthesia - 1st 15 min	\$109
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$87

DMO[®] Dental Benefits Summary

D9239	Intravenous conscious sedation/analgesia - 1st 15 min	\$109
D9243	Intravenous conscious sedation/analgesia - each 15 minute increment	\$87
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	No Charge
D9311	Consultation with a medical health care professional	No Charge
D9932	Denture cleaning and inspection of removable complete denture, maxillary	\$25
D9933	Denture cleaning and inspection of removable complete denture, mandibular	\$25
D9934	Denture cleaning and inspection of removable partial denture, maxillary	\$25
D9935	Denture cleaning and inspection of removable partial denture, mandibular	\$25
D9942	Repair and/or Reline of Occlusal Guard	\$24
D9943	Occlusal guard adjustment	\$24
D9944	Occlusal guard - hard appliance, full arch	\$224
D9945	Occlusal guard - soft appliance, full arch	\$195
D9946	Occlusal guard - hard appliance, partial arch	\$117
D9951	Occlusal Adjustment - limited	\$53
D9952	Occlusal Adjustment - complete	\$120
	Additional Charge per Unit for Full Mouth Rehabilitation.	\$125

(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.

(2) Includes relines, adjustments, rebases within the 1st six months.

(3) Eligible on Anterior Teeth only.

Services may be subject to age and frequency limitations. See your booklet for details.

Charges for crowns and bridgework are per unit. There will be additional charges for the actual cost for gold/high noble metal.

Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan.

ORTHODONTICS

	Comprehensive Orthodontic Treatment - Includes exam, records, retention and appliance	
	Adolescent - excludes transitional dentition	\$2400
	Adult - excludes transitional dentition	\$2400

Other Important Information

DMO[®] Dental Benefits Summary

This Benefit summary of the Aetna Dental Maintenance Organization (DMO[®]) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Out of network benefits may apply. Please refer to your Schedule of Benefits.

Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO[®] service area to be eligible to enroll in the DMO[®].

Due to state law, limited (varying by state) DMO[®] benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY, MA and OH and for members residing in OK (regardless of contract situs state).

Attention Massachusetts residents Before enrolling, you should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Your out of pocket expenses will be higher if you do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.

ed. 2025 "Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

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PLAN EXCLUSIONS AND LIMITATIONS (apply unless otherwise noted in the member booklet):*

Some Services Not Covered Under the Plan Are*:

1. Charges for services or supplies

- Provided by a network provider in excess of the negotiated charge.
- Provided by an out-of-network provider in excess of the recognized charge.
- Provided for your personal comfort or convenience, or the convenience of any other person, including dental provider
- Provided in connection with treatment or care that is not covered under the plan
- Cancelled or missed appointment charges or charges to complete claim forms
- Charges for which you have no legal obligation to pay
- Charges that would not be made if you did not have coverage, including:
 - Care in charitable institutions
 - Care for conditions related to current or previous military service
 - Care while in the custody of a governmental authority

2. Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits.

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3. Cosmetic services and supplies including:

- Plastic surgery
- Reconstructive surgery
- Cosmetic surgery
- Personalization or characterization of dentures or other services and supplies which improve, alter or enhance appearance
- Augmentation and vestibuloplasty and other services to protect, clean, whiten, bleach or alter the appearance of teeth whether or not for psychological or emotional reasons
- Facings on molar crowns and pontics will always be considered cosmetic.

4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.

5. Acupuncture, acupressure and acupuncture therapy

6. Crown, inlays and onlays, and veneers unless for one of the following:

- It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material
- The tooth is an abutment to a covered partial denture or fixed bridge.

7. Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, and other devices to protect, replace or reposition teeth and removal of implants.

8. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion. (Does not apply to California residents covered under the DMO plan)

9. Dental work that began before you were covered by the plan. This means that the following dental work is not covered (Does not apply to Texas residents covered under the DMO plan):

- An appliance, or modification of an appliance, if an impression for it was made before you were covered by the plan
- A crown, bridge, or cast or processed restoration, if a tooth was prepared for it before you were covered by the plan
- Root canal therapy, if the pulp chamber for it was opened before you were covered by the plan

10. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service.

11. Instruction for diet, tobacco counseling and oral hygiene.

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12. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.
13. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible Dental Services section of the schedule of benefits.
14. Services and supplies provided in connection with treatment or care that is not covered under the plan.
15. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.
16. Replacement of teeth beyond the normal complement of 32.
17. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services. (Does not apply to California residents covered under the DMO plan)
18. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
19. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.
20. Temporomandibular joint dysfunction/disorder
21. Dental services and supplies that are covered in whole or in part: <ul style="list-style-type: none">• Under any other part of this plan• Under any other plan of group benefits provided by the policyholder
22. Experimental or investigational drugs, devices, treatments or procedures. (Does not apply to Texas residents covered under the DMO plan)
23. Services, including but not limited to, those treatments, services, prescription drugs and supplies which are not medically necessary (as determined by Aetna) for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services. This applies even if they are prescribed, recommended or approved by your physician or dentist.
24. Payment for a portion of the charge that another party is responsible for as the primary payer.

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25. Prescribed drugs, pre-medication or analgesia.

26. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a dentist. These are:

- Scaling of teeth
- Cleaning of teeth
- Topical application of fluoride.

27. Work related illness or injuries.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Specialty Referrals

1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee.

2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

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Alternate treatment rule: Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.

- If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply.
- If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service.
- You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover.

Replacement rule: Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing:

- Crowns
- Inlays
- Onlays
- Veneers
- Complete dentures
- Removable partial dentures
- Fixed partial dentures (bridges)
- Other prosthetic services

These eligible dental services are covered only when you give us proof that:

- While you were covered by the plan:
 - You had a tooth (or teeth) extracted after the existing denture or bridge was installed.
 - As a result, you need to replace or add teeth to your denture or bridge.
- The present item cannot be made serviceable, and is:
 - A crown installed at least 5 years before its replacement.
 - An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 5 years before its replacement.
- While you were covered by the plan:
 - Your present denture is an immediate temporary one that replaces that tooth (or teeth).
 - A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed.

Late entrant rule: The plan does not cover services and supplies given to a person age 5 or older if that person did not enroll in the plan during one of the following:

- The first 31 days the person is eligible for this coverage or
 - Any period of open enrollment agreed to by the employer and us
- This does not apply to charges incurred for any of the following:
- After the person has been covered by the plan for 12 months

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- As a result of injuries sustained while covered by the plan
- Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to orthodontia).

Finding Participating Providers

Consult Aetna Dental's online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Telehealth Services: the plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.



DMO[®] Dental Benefits Summary

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በማወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խոսհրդաստվություն ստանալու համար զանգահարեք ձեր բժշկական ասպահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hægu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	Ⴄႃ႗ႃ Ⴑႃ႗ႃ႗ႃ Ⴄႃ႗ႃ႗ႃ Ⴄ Ⴄႃ႗ႃ Ⴄႃ႗ႃ႗ႃ Ⴄႃ, Ⴄႃ႗ႃ႗ႃ Ⴄႃ႗ႃ Ⴄႃ႗ႃ Ⴄႃ႗ႃ႗ႃ Ⴄႃ႗ႃ Ⴄႃ႗ႃ Ⴄႃ႗ႃ Ⴄႃ႗ႃ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pillá ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઈ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

DMO[®] Dental Benefits Summary

Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ဂၢ်တၢ်မၤစၢၤအတၢ်ဝံးတၢ်မၤတၢ်ဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်ဒီးအဂီၢ်, ကိးတၢ်လီၤတၢ်စီၣ်နီၣ်ဂီၢ်လၢအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလီၤန့ၢ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەستگیراگەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບທາງເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតតម្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'éhjí bee níká a'doowol doo b'ááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dóizinígíí béesh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kor keek tēnɔŋ yîn. Ke yin col ran ye koc kuony nē namba de abac tö nē ID kard duön de tiit de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

DMO[®] Dental Benefits Summary

[illegible]

VOLUNTARY VISION
EyeMed



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Access Network)

- 866.723.0596
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits.

Log into eyemed.com/member to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$35
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$55; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$60
STANDARD PLASTIC LENSES		
Single Vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$60
Progressive - Standard	\$90 copay	Up to \$40
Progressive - Premium	\$90 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$106
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$106
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$200
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Contact Lenses	Once every 12 months	Once every 12 months

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

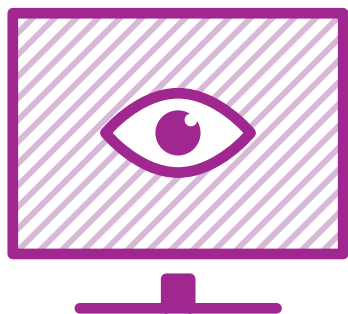
Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



eye
Med



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
VISION

OPTICAL™

VOLUNTARY WHOLE LIFE
Mass Mutual

GROUP WHOLE LIFE INSURANCE: MASS MUTUAL

Mass Mutual's group whole life insurance provides smart, convenient protection that also helps you achieve your financial goals.

CONSIDER THE ADVANTAGES :

MassMutual Group Whole Life Insurance provides coverage at a set premium, builds cash value over time you can borrow from¹ and pays a death benefit to your loved ones. Group Whole Life Insurance may be easier and more affordable than you think.

Provides guarantees:

- Guaranteed death benefit
- Guaranteed level premiums
- Guaranteed cash-value accumulation

Dividend eligible²

MassMutual whole life certificate owners are eligible to receive dividends. During enrollment, you'll have the opportunity to select the dividend option that fits you best. Options include:

- Cash
- Dividend accumulations
- Paid-up additional insurance

Read more about these dividend options when you enroll. While dividends are not guaranteed, MassMutual® has paid them to eligible participating policyowners every year since 1869.

Portable, lifelong coverage

You own the certificate along with the accumulated cash values and you can take it with you even if you leave the company. Additionally, if you leave the company and take your certificate with you, you can change your dividend option and choose to have your dividend payments reduce your premiums.

Tax advantages

Whole life insurance policies offer a combination of valuable tax advantages, including:

- Generally income-tax-free death benefit
- Tax-deferred cash-value growth

Questions?

Contact: **Jacklyn Naselli**

Call: **610-325-6149**

Email: JacklynNaselli@1creative.com

MassMutual.com/EnrollAtWork

Your Login is your social security number

Your Password is your 4-digit birth year

SUPPLEMENTAL TERM LIFE

Reliance Standard

Plan Highlights

Group Supplemental and Dependent Life Insurance



Georgian Court University

BENEFIT AMOUNT

Supplemental Life:

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments, not to exceed 5x annual earnings.

Dependent Life:

Spouse: Choose from a minimum of \$5,000, a maximum of \$250,000 in \$5,000 increments, not to exceed 50% of the employee amount.

Birth to age 26 years: \$10,000

GUARANTEED ISSUE

Initial eligibility period only

Employee: \$250,000

Spouse: \$50,000

Child: all child amounts are guaranteed issue

ELIGIBILITY

Employees: You are eligible when actively-at-work on a full-time basis as defined by your employer, except if you are working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you
- ▶ Your children* birth to 26 years.
*Natural and adopted children; stepchildren and foster children in your custody. Also included are your children beyond the limiting age incapable of self-sustaining employment by reason of intellectual disability or physical handicap and chiefly dependent on you for support and maintenance (may vary by state). For dependents who are confined in a hospital or at home on the date on which they would otherwise become insured, insurance will be effective as of the date the confinement ends.
- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

FEATURES

- ▶ Conversion Privilege
- ▶ FMLA/MSLA Extension
- ▶ Portability
- ▶ Waiver of Premium

VALUE-ADDED SERVICES

- ▶ Bereavement Counseling Services
- ▶ Travel Assistance Services

BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

Age	Original Benefit Reduced to
65	65%
70	40%
75	25%
80	15%

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

EXCLUSIONS

LIMITATIONS:

If you or your insured dependent die by suicide, while sane or insane, within two (2) years of your effective date for Supplemental Life and/or Dependent Life insurance coverage, our payment will be limited to a refund of all life insurance premiums paid prior to the date of death.

For a comprehensive list of exclusions and specific limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

Group Supplemental and Dependent Life Insurance



Georgian Court University

Supplemental Life Insurance Premium Table

Scheduled Benefit: Each eligible employee may elect for himself/herself an amount of insurance shown in the Table below. Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

Employee Premiums:

To find your premium -

- Determine your age band: Your age is calculated by the method specified in your policy.
- Select a benefit amount.
- Employee rates change as insured moves from one age bracket to the next.

Employee Semi-Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$10,000	\$0.20	\$0.20	\$0.20	\$0.35	\$0.55	\$0.85	\$1.30	\$2.10	\$3.50	\$5.60	\$11.00	\$30.59
\$20,000	\$0.40	\$0.40	\$0.40	\$0.70	\$1.10	\$1.70	\$2.60	\$4.20	\$7.00	\$11.20	\$22.00	\$61.18
\$30,000	\$0.60	\$0.60	\$0.60	\$1.05	\$1.65	\$2.55	\$3.90	\$6.30	\$10.50	\$16.80	\$33.00	\$91.77
\$40,000	\$0.80	\$0.80	\$0.80	\$1.40	\$2.20	\$3.40	\$5.20	\$8.40	\$14.00	\$22.40	\$44.00	\$122.36
\$50,000	\$1.00	\$1.00	\$1.00	\$1.75	\$2.75	\$4.25	\$6.50	\$10.50	\$17.50	\$28.00	\$55.00	\$152.95
\$60,000	\$1.20	\$1.20	\$1.20	\$2.10	\$3.30	\$5.10	\$7.80	\$12.60	\$21.00	\$33.60	\$66.00	\$183.54
\$70,000	\$1.40	\$1.40	\$1.40	\$2.45	\$3.85	\$5.95	\$9.10	\$14.70	\$24.50	\$39.20	\$77.00	\$214.13
\$80,000	\$1.60	\$1.60	\$1.60	\$2.80	\$4.40	\$6.80	\$10.40	\$16.80	\$28.00	\$44.80	\$88.00	\$244.72
\$90,000	\$1.80	\$1.80	\$1.80	\$3.15	\$4.95	\$7.65	\$11.70	\$18.90	\$31.50	\$50.40	\$99.00	\$275.31
\$100,000	\$2.00	\$2.00	\$2.00	\$3.50	\$5.50	\$8.50	\$13.00	\$21.00	\$35.00	\$56.00	\$110.00	\$305.90
\$110,000	\$2.20	\$2.20	\$2.20	\$3.85	\$6.05	\$9.35	\$14.30	\$23.10	\$38.50	\$61.60	\$121.00	\$336.49
\$120,000	\$2.40	\$2.40	\$2.40	\$4.20	\$6.60	\$10.20	\$15.60	\$25.20	\$42.00	\$67.20	\$132.00	\$367.08
\$130,000	\$2.60	\$2.60	\$2.60	\$4.55	\$7.15	\$11.05	\$16.90	\$27.30	\$45.50	\$72.80	\$143.00	\$397.67
\$140,000	\$2.80	\$2.80	\$2.80	\$4.90	\$7.70	\$11.90	\$18.20	\$29.40	\$49.00	\$78.40	\$154.00	\$428.26
\$150,000	\$3.00	\$3.00	\$3.00	\$5.25	\$8.25	\$12.75	\$19.50	\$31.50	\$52.50	\$84.00	\$165.00	\$458.85
\$160,000	\$3.20	\$3.20	\$3.20	\$5.60	\$8.80	\$13.60	\$20.80	\$33.60	\$56.00	\$89.60	\$176.00	\$489.44
\$170,000	\$3.40	\$3.40	\$3.40	\$5.95	\$9.35	\$14.45	\$22.10	\$35.70	\$59.50	\$95.20	\$187.00	\$520.03
\$180,000	\$3.60	\$3.60	\$3.60	\$6.30	\$9.90	\$15.30	\$23.40	\$37.80	\$63.00	\$100.80	\$198.00	\$550.62
\$190,000	\$3.80	\$3.80	\$3.80	\$6.65	\$10.45	\$16.15	\$24.70	\$39.90	\$66.50	\$106.40	\$209.00	\$581.21
\$200,000	\$4.00	\$4.00	\$4.00	\$7.00	\$11.00	\$17.00	\$26.00	\$42.00	\$70.00	\$112.00	\$220.00	\$611.80
\$210,000	\$4.20	\$4.20	\$4.20	\$7.35	\$11.55	\$17.85	\$27.30	\$44.10	\$73.50	\$117.60	\$231.00	\$642.39
\$220,000	\$4.40	\$4.40	\$4.40	\$7.70	\$12.10	\$18.70	\$28.60	\$46.20	\$77.00	\$123.20	\$242.00	\$672.98
\$230,000	\$4.60	\$4.60	\$4.60	\$8.05	\$12.65	\$19.55	\$29.90	\$48.30	\$80.50	\$128.80	\$253.00	\$703.57
\$240,000	\$4.80	\$4.80	\$4.80	\$8.40	\$13.20	\$20.40	\$31.20	\$50.40	\$84.00	\$134.40	\$264.00	\$734.16
\$250,000	\$5.00	\$5.00	\$5.00	\$8.75	\$13.75	\$21.25	\$32.50	\$52.50	\$87.50	\$140.00	\$275.00	\$764.75

Employee Semi-Monthly Premiums (cont'd)

\$260,000	\$5.20	\$5.20	\$5.20	\$9.10	\$14.30	\$22.10	\$33.80	\$54.60	\$91.00	\$145.60	\$286.00	\$795.34
\$270,000	\$5.40	\$5.40	\$5.40	\$9.45	\$14.85	\$22.95	\$35.10	\$56.70	\$94.50	\$151.20	\$297.00	\$825.93
\$280,000	\$5.60	\$5.60	\$5.60	\$9.80	\$15.40	\$23.80	\$36.40	\$58.80	\$98.00	\$156.80	\$308.00	\$856.52
\$290,000	\$5.80	\$5.80	\$5.80	\$10.15	\$15.95	\$24.65	\$37.70	\$60.90	\$101.50	\$162.40	\$319.00	\$887.11
\$300,000	\$6.00	\$6.00	\$6.00	\$10.50	\$16.50	\$25.50	\$39.00	\$63.00	\$105.00	\$168.00	\$330.00	\$917.70
\$310,000	\$6.20	\$6.20	\$6.20	\$10.85	\$17.05	\$26.35	\$40.30	\$65.10	\$108.50	\$173.60	\$341.00	\$948.29
\$320,000	\$6.40	\$6.40	\$6.40	\$11.20	\$17.60	\$27.20	\$41.60	\$67.20	\$112.00	\$179.20	\$352.00	\$978.88
\$330,000	\$6.60	\$6.60	\$6.60	\$11.55	\$18.15	\$28.05	\$42.90	\$69.30	\$115.50	\$184.80	\$363.00	\$1,009.47
\$340,000	\$6.80	\$6.80	\$6.80	\$11.90	\$18.70	\$28.90	\$44.20	\$71.40	\$119.00	\$190.40	\$374.00	\$1,040.06
\$350,000	\$7.00	\$7.00	\$7.00	\$12.25	\$19.25	\$29.75	\$45.50	\$73.50	\$122.50	\$196.00	\$385.00	\$1,070.65
\$360,000	\$7.20	\$7.20	\$7.20	\$12.60	\$19.80	\$30.60	\$46.80	\$75.60	\$126.00	\$201.60	\$396.00	\$1,101.24
\$370,000	\$7.40	\$7.40	\$7.40	\$12.95	\$20.35	\$31.45	\$48.10	\$77.70	\$129.50	\$207.20	\$407.00	\$1,131.83
\$380,000	\$7.60	\$7.60	\$7.60	\$13.30	\$20.90	\$32.30	\$49.40	\$79.80	\$133.00	\$212.80	\$418.00	\$1,162.42
\$390,000	\$7.80	\$7.80	\$7.80	\$13.65	\$21.45	\$33.15	\$50.70	\$81.90	\$136.50	\$218.40	\$429.00	\$1,193.01
\$400,000	\$8.00	\$8.00	\$8.00	\$14.00	\$22.00	\$34.00	\$52.00	\$84.00	\$140.00	\$224.00	\$440.00	\$1,223.60
\$410,000	\$8.20	\$8.20	\$8.20	\$14.35	\$22.55	\$34.85	\$53.30	\$86.10	\$143.50	\$229.60	\$451.00	\$1,254.19
\$420,000	\$8.40	\$8.40	\$8.40	\$14.70	\$23.10	\$35.70	\$54.60	\$88.20	\$147.00	\$235.20	\$462.00	\$1,284.78
\$430,000	\$8.60	\$8.60	\$8.60	\$15.05	\$23.65	\$36.55	\$55.90	\$90.30	\$150.50	\$240.80	\$473.00	\$1,315.37
\$440,000	\$8.80	\$8.80	\$8.80	\$15.40	\$24.20	\$37.40	\$57.20	\$92.40	\$154.00	\$246.40	\$484.00	\$1,345.96
\$450,000	\$9.00	\$9.00	\$9.00	\$15.75	\$24.75	\$38.25	\$58.50	\$94.50	\$157.50	\$252.00	\$495.00	\$1,376.55
\$460,000	\$9.20	\$9.20	\$9.20	\$16.10	\$25.30	\$39.10	\$59.80	\$96.60	\$161.00	\$257.60	\$506.00	\$1,407.14
\$470,000	\$9.40	\$9.40	\$9.40	\$16.45	\$25.85	\$39.95	\$61.10	\$98.70	\$164.50	\$263.20	\$517.00	\$1,437.73
\$480,000	\$9.60	\$9.60	\$9.60	\$16.80	\$26.40	\$40.80	\$62.40	\$100.80	\$168.00	\$268.80	\$528.00	\$1,468.32
\$490,000	\$9.80	\$9.80	\$9.80	\$17.15	\$26.95	\$41.65	\$63.70	\$102.90	\$171.50	\$274.40	\$539.00	\$1,498.91
\$500,000	\$10.00	\$10.00	\$10.00	\$17.50	\$27.50	\$42.50	\$65.00	\$105.00	\$175.00	\$280.00	\$550.00	\$1,529.50

Dependent Life Insurance Premium Table

Scheduled Benefit: Each eligible employee may elect for his/her eligible spouse an amount of insurance shown in the Table below.

Benefit amounts are reduced according to the age-based reduction chart shown in the Dependent Life policy.

To find your spouse's premium -

- Determine your spouse's age band. Spouse's age is equal to the employee's age.
- Select a benefit.
- Spouse rates change as employee moves from one age bracket to the next.

Spouse Semi-Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$5,000	\$0.10	\$0.10	\$0.10	\$0.18	\$0.28	\$0.43	\$0.65	\$1.05	\$1.75	\$2.80	\$5.50	\$15.30
\$10,000	\$0.20	\$0.20	\$0.20	\$0.35	\$0.55	\$0.85	\$1.30	\$2.10	\$3.50	\$5.60	\$11.00	\$30.59
\$15,000	\$0.30	\$0.30	\$0.30	\$0.53	\$0.83	\$1.28	\$1.95	\$3.15	\$5.25	\$8.40	\$16.50	\$45.89
\$20,000	\$0.40	\$0.40	\$0.40	\$0.70	\$1.10	\$1.70	\$2.60	\$4.20	\$7.00	\$11.20	\$22.00	\$61.18
\$25,000	\$0.50	\$0.50	\$0.50	\$0.88	\$1.38	\$2.13	\$3.25	\$5.25	\$8.75	\$14.00	\$27.50	\$76.48
\$30,000	\$0.60	\$0.60	\$0.60	\$1.05	\$1.65	\$2.55	\$3.90	\$6.30	\$10.50	\$16.80	\$33.00	\$91.77
\$35,000	\$0.70	\$0.70	\$0.70	\$1.23	\$1.93	\$2.98	\$4.55	\$7.35	\$12.25	\$19.60	\$38.50	\$107.07
\$40,000	\$0.80	\$0.80	\$0.80	\$1.40	\$2.20	\$3.40	\$5.20	\$8.40	\$14.00	\$22.40	\$44.00	\$122.36
\$45,000	\$0.90	\$0.90	\$0.90	\$1.58	\$2.48	\$3.83	\$5.85	\$9.45	\$15.75	\$25.20	\$49.50	\$137.66
\$50,000	\$1.00	\$1.00	\$1.00	\$1.75	\$2.75	\$4.25	\$6.50	\$10.50	\$17.50	\$28.00	\$55.00	\$152.95
\$55,000	\$1.10	\$1.10	\$1.10	\$1.93	\$3.03	\$4.68	\$7.15	\$11.55	\$19.25	\$30.80	\$60.50	\$168.25
\$60,000	\$1.20	\$1.20	\$1.20	\$2.10	\$3.30	\$5.10	\$7.80	\$12.60	\$21.00	\$33.60	\$66.00	\$183.54
\$65,000	\$1.30	\$1.30	\$1.30	\$2.28	\$3.58	\$5.53	\$8.45	\$13.65	\$22.75	\$36.40	\$71.50	\$198.84
\$70,000	\$1.40	\$1.40	\$1.40	\$2.45	\$3.85	\$5.95	\$9.10	\$14.70	\$24.50	\$39.20	\$77.00	\$214.13
\$75,000	\$1.50	\$1.50	\$1.50	\$2.63	\$4.13	\$6.38	\$9.75	\$15.75	\$26.25	\$42.00	\$82.50	\$229.43
\$80,000	\$1.60	\$1.60	\$1.60	\$2.80	\$4.40	\$6.80	\$10.40	\$16.80	\$28.00	\$44.80	\$88.00	\$244.72
\$85,000	\$1.70	\$1.70	\$1.70	\$2.98	\$4.68	\$7.23	\$11.05	\$17.85	\$29.75	\$47.60	\$93.50	\$260.02
\$90,000	\$1.80	\$1.80	\$1.80	\$3.15	\$4.95	\$7.65	\$11.70	\$18.90	\$31.50	\$50.40	\$99.00	\$275.31
\$95,000	\$1.90	\$1.90	\$1.90	\$3.33	\$5.23	\$8.08	\$12.35	\$19.95	\$33.25	\$53.20	\$104.50	\$290.61
\$100,000	\$2.00	\$2.00	\$2.00	\$3.50	\$5.50	\$8.50	\$13.00	\$21.00	\$35.00	\$56.00	\$110.00	\$305.90
\$105,000	\$2.10	\$2.10	\$2.10	\$3.68	\$5.78	\$8.93	\$13.65	\$22.05	\$36.75	\$58.80	\$115.50	\$321.20
\$110,000	\$2.20	\$2.20	\$2.20	\$3.85	\$6.05	\$9.35	\$14.30	\$23.10	\$38.50	\$61.60	\$121.00	\$336.49
\$115,000	\$2.30	\$2.30	\$2.30	\$4.03	\$6.33	\$9.78	\$14.95	\$24.15	\$40.25	\$64.40	\$126.50	\$351.79
\$120,000	\$2.40	\$2.40	\$2.40	\$4.20	\$6.60	\$10.20	\$15.60	\$25.20	\$42.00	\$67.20	\$132.00	\$367.08
\$125,000	\$2.50	\$2.50	\$2.50	\$4.38	\$6.88	\$10.63	\$16.25	\$26.25	\$43.75	\$70.00	\$137.50	\$382.38
\$130,000	\$2.60	\$2.60	\$2.60	\$4.55	\$7.15	\$11.05	\$16.90	\$27.30	\$45.50	\$72.80	\$143.00	\$397.67
\$135,000	\$2.70	\$2.70	\$2.70	\$4.73	\$7.43	\$11.48	\$17.55	\$28.35	\$47.25	\$75.60	\$148.50	\$412.97
\$140,000	\$2.80	\$2.80	\$2.80	\$4.90	\$7.70	\$11.90	\$18.20	\$29.40	\$49.00	\$78.40	\$154.00	\$428.26
\$145,000	\$2.90	\$2.90	\$2.90	\$5.08	\$7.98	\$12.33	\$18.85	\$30.45	\$50.75	\$81.20	\$159.50	\$443.56
\$150,000	\$3.00	\$3.00	\$3.00	\$5.25	\$8.25	\$12.75	\$19.50	\$31.50	\$52.50	\$84.00	\$165.00	\$458.85
\$155,000	\$3.10	\$3.10	\$3.10	\$5.43	\$8.53	\$13.18	\$20.15	\$32.55	\$54.25	\$86.80	\$170.50	\$474.15
\$160,000	\$3.20	\$3.20	\$3.20	\$5.60	\$8.80	\$13.60	\$20.80	\$33.60	\$56.00	\$89.60	\$176.00	\$489.44
\$165,000	\$3.30	\$3.30	\$3.30	\$5.78	\$9.08	\$14.03	\$21.45	\$34.65	\$57.75	\$92.40	\$181.50	\$504.74
\$170,000	\$3.40	\$3.40	\$3.40	\$5.95	\$9.35	\$14.45	\$22.10	\$35.70	\$59.50	\$95.20	\$187.00	\$520.03
\$175,000	\$3.50	\$3.50	\$3.50	\$6.13	\$9.63	\$14.88	\$22.75	\$36.75	\$61.25	\$98.00	\$192.50	\$535.33
\$180,000	\$3.60	\$3.60	\$3.60	\$6.30	\$9.90	\$15.30	\$23.40	\$37.80	\$63.00	\$100.80	\$198.00	\$550.62
\$185,000	\$3.70	\$3.70	\$3.70	\$6.48	\$10.18	\$15.73	\$24.05	\$38.85	\$64.75	\$103.60	\$203.50	\$565.92
\$190,000	\$3.80	\$3.80	\$3.80	\$6.65	\$10.45	\$16.15	\$24.70	\$39.90	\$66.50	\$106.40	\$209.00	\$581.21

Spouse Semi-Monthly Premiums (cont'd)

\$195,000	\$3.90	\$3.90	\$3.90	\$6.83	\$10.73	\$16.58	\$25.35	\$40.95	\$68.25	\$109.20	\$214.50	\$596.51
\$200,000	\$4.00	\$4.00	\$4.00	\$7.00	\$11.00	\$17.00	\$26.00	\$42.00	\$70.00	\$112.00	\$220.00	\$611.80
\$205,000	\$4.10	\$4.10	\$4.10	\$7.18	\$11.28	\$17.43	\$26.65	\$43.05	\$71.75	\$114.80	\$225.50	\$627.10
\$210,000	\$4.20	\$4.20	\$4.20	\$7.35	\$11.55	\$17.85	\$27.30	\$44.10	\$73.50	\$117.60	\$231.00	\$642.39
\$215,000	\$4.30	\$4.30	\$4.30	\$7.53	\$11.83	\$18.28	\$27.95	\$45.15	\$75.25	\$120.40	\$236.50	\$657.69
\$220,000	\$4.40	\$4.40	\$4.40	\$7.70	\$12.10	\$18.70	\$28.60	\$46.20	\$77.00	\$123.20	\$242.00	\$672.98
\$225,000	\$4.50	\$4.50	\$4.50	\$7.88	\$12.38	\$19.13	\$29.25	\$47.25	\$78.75	\$126.00	\$247.50	\$688.28
\$230,000	\$4.60	\$4.60	\$4.60	\$8.05	\$12.65	\$19.55	\$29.90	\$48.30	\$80.50	\$128.80	\$253.00	\$703.57
\$235,000	\$4.70	\$4.70	\$4.70	\$8.23	\$12.93	\$19.98	\$30.55	\$49.35	\$82.25	\$131.60	\$258.50	\$718.87
\$240,000	\$4.80	\$4.80	\$4.80	\$8.40	\$13.20	\$20.40	\$31.20	\$50.40	\$84.00	\$134.40	\$264.00	\$734.16
\$245,000	\$4.90	\$4.90	\$4.90	\$8.58	\$13.48	\$20.83	\$31.85	\$51.45	\$85.75	\$137.20	\$269.50	\$749.46
\$250,000	\$5.00	\$5.00	\$5.00	\$8.75	\$13.75	\$21.25	\$32.50	\$52.50	\$87.50	\$140.00	\$275.00	\$764.75

Dependent Child(ren) Premiums

Benefit Amount	Premium
\$10,000	\$0.70

(One rate and benefit amount for all eligible children in family, regardless of number)

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Child(ren) Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on employee's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent child(ren).

Rates are subject to change.



employee assistance

ACI's Employee Assistance Program (EAP) provides professional and confidential services to help employees and family members address a variety of personal, family, life, and work-related issues.

Confidential and professional assessment and referral services for employees and their family members

EAP and Work-Life Benefits:

From the stress of everyday life to relationship issues or even work-related concerns, the EAP can help with any issue affecting overall health, well-being and life management.

- Unlimited Telephonic Sessions of Professional Assessment for Employees and Family Members
- Unlimited Child Care and Elder Care Referrals
- Legal Consultation for Unlimited Number of Issues per Year
- Financial Consultation for Unlimited Number of Issues per Year
- Unlimited Pet Care Consultation
- Unlimited Education Referrals and Resources
- Unlimited Referrals and Resources for any Personal Service
- Unlimited Community-based Resource Referrals
- Online Legal Resource Center
- Affinity™ Online Work-Life Website
- myACI App for Mobile Access
- Multicultural and Multilingual Providers Available Nationwide

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through ACI's 24/7, live-answer, toll-free number.

EAP services are provided by ACI Specialty Benefits, under agreement with Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product availability and features may vary by state.

Additional Questions?

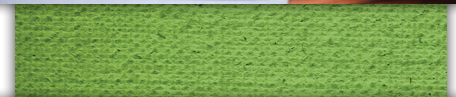
Contact Human Resources or contact
ACI Specialty Benefits toll-free at

855-RSL-HELP

(855-775-4357)

rsli@acieap.com

<http://rsli.acieap.com>



RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

FLEXIBLE SPENDING ACCOUNT
Flores



HEALTH CARE

FLEXIBLE SPENDING ACCOUNT

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

YOUR STEPS TO SAVINGS!

1 REALIZE THE TAX SAVINGS

You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$3,050 you would **save \$762.50 in taxes.**

2 ESTIMATE YOUR EXPENSES

Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.

3 ENROLL AND MANAGE YOUR ACCOUNT

Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account. Contact information can be found on the back of this flyer.

ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Over-the-counter Medications
- Menstrual Care Items
- COVID-19 Related PPE

HEALTH CARE FSA FAQs

FREQUENTLY ASKED QUESTIONS

HOW CAN I SUBMIT A CLAIM? Claims may be uploaded to your account on our participant Flores247 Web Portal, www.flores247.com, or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

WHAT MUST BE INCLUDED ON RECEIPTS? All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

WILL I HAVE A DEBIT CARD? Possibly. If your plan offers the debit card, you can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

DO I NEED TO RE-ENROLL IN THE HEALTH CARE FSA EACH YEAR? Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY HEALTH CARE FSA? After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY HEALTH CARE FSA? Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

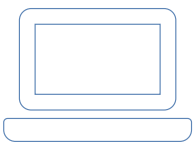
HOW WILL REIMBURSEMENTS BE ISSUED? Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

CAN I CHANGE MY ELECTION DURING THE PLAN YEAR? You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website (www.flores247.com) for further information.

WHAT HAPPENS TO MY HEALTH CARE FSA IF I TERMINATE FROM THE COMPANY? Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

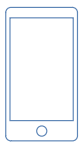
WILL UNUSED FUNDS ROLLOVER TO THE NEXT YEAR? Possibly. If your employer has adopted the FSA carryover, any unused balance up to \$570 that remains in your account as of the last day of the plan year will roll into the new plan year for you to be able to use towards eligible expenses you incur during the new plan year.

HOW DO I OBTAIN MY ACCOUNT DETAILS?



WEBSITE

Visit www.flores247.com and log in using Participant ID or User Name and password



MOBILE APP

Download our mobile app from your app store



PID & PASSWORD ASSISTANCE
Dial 800.840.7684

HOW DO I SUBMIT DOCUMENTS TO FLORES?

ONLINE

Visit www.flores247.com and upload documents securely

MOBILE

Download Flores Mobile app Available for Apple or Android devices

MAIL

Flores & Associates, LLC
PO Box 31397
Charlotte, NC 28231

FAX

800.726.9982 or 704.335.0818

Revised 10/22

CUSTOMER SERVICE 1.800.532.3327



DEPENDENT CARE

FLEXIBLE SPENDING ACCOUNT

THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR DAY CARE EXPENSES PROVIDED FOR YOUR DEPENDENTS SO THAT YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) CAN WORK. CARE MUST BE FOR A DEPENDENT CHILD UNDER AGE 13 OR A DEPENDENT OF ANY AGE THAT LIVES IN YOUR HOUSEHOLD THAT IS INCAPABLE OF SELF-CARE.

ELIGIBLE EXPENSES

- Preschools
- Before and after school care
- Day camps

INELIGIBLE EXPENSES

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child

YOUR STEPS TO SAVINGS!

1 REALIZE THE TAX SAVINGS

You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would save \$1,250 in taxes.

2 ESTIMATE YOUR EXPENSES

Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.

3 ENROLL AND MANAGE YOUR ACCOUNT

Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

DEPENDENT CARE FAQs

FREQUENTLY ASKED QUESTIONS

HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant website, www.flores247.com, or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form.

WILL I HAVE A DEBIT CARD?

No, there is no debit card associated with the Dependent Care FSA. This is considered a "No-Wait" account and, therefore, as long as you have a pending claim on file with us, we will automatically reimburse you each time you make a contribution to your account.

DO I NEED TO RE-ENROLL IN THE DEPENDENT CARE FSA?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

WHAT EXPENSES ARE ELIGIBLE TO BE REIMBURSED FROM THE DEPENDENT CARE FSA?

Your Dependent Care FSA can reimburse you for day care expenses provided for your dependent that allow you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13, or a dependent of any age that lives in your household and is incapable of self-care. See the Allowable Dependent Care Expenses Guide on our website (www.flores247.com) for further information.

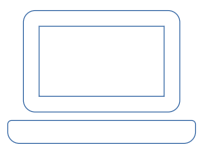
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Revised 12/18

CUSTOMER SERVICE 1.800.532.3327

WELLNESS INITIATIVE
Quit For Life

There are so many good reasons to quit. **WHAT'S YOURS?**



The Quit For Life® Program helps people learn to live without tobacco for all kinds of reasons. Enroll now to receive:

Phone Coaching: Having someone to talk to can really help you quit. Our Quit Coach® team understands what you're going through. Best of all, they know what works. During a series of phone coaching sessions, they'll help you map out a quit plan and give you quit tips that really work.

Quit Smoking Medications: Nicotine cravings and the urge to smoke make quitting hard. That's why we talk with you about prescription and over-the-counter medications that can help reduce cravings and withdrawal symptoms. We'll help you figure out which ones might be right for you. You may even qualify for free nicotine replacement therapy like patches or gum.

Quit Tools: With the Quit For Life Program, you receive powerful print and online tools to help you live tobacco-free.

- ▶ Use the Quit Guide workbook to stay strong between coaching calls.
- ▶ Connect with other people trying to quit and track your progress on the members-only Web Coach® site.
- ▶ Get Text2QuitSM reminders and tips sent right to your mobile device.

1-866-QUIT-4-LIFE ■ www.quitnow.net
(1-866-784-8454)

The Quit For Life® Program can help you quit tobacco.



1. Enroll online or by phone and schedule a time to talk to a Quit Coach.®

2. During your first call, a coach will help you **set a quit date**, identify triggers, talk through barriers, create a personalized plan to quit and schedule your second call.



3. Receive a printed workbook by mail.



4. Access the members-only site online or from your phone for support and to track your progress.



5. Get text message reminders and tips sent directly to your phone.



6. Talk to a Quit Coach about medications that can help you **fight cravings.**



7. Continue with scheduled follow-up coaching calls. Plus, you can call in as much as you want – **any time you need support.**

1-866-QUIT-4-LIFE ■ www.quitnow.net
(1-866-784-8454)

The Quit For Life Program is brought to you by American Cancer Society and Optum, a leading health services company. The Quit For Life Program provides information regarding tobacco cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life Program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

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Quit For Life® Program



IS TODAY YOUR DAY? YOU DECIDE.



While quitting can be tough — and it may take more than one attempt to stop — having support and planning ahead can boost your chances for success. Available at **no additional cost to you***, **Quit For Life®** is here to help you break free from tobacco — for good.

- **Online Support.** Get tips, advice and support that make it easier to quit.
- **Personalized Support.** Work with a Quit Coach® to develop a plan.
- **Quit Medications.** Get nicotine patches or gum, if you qualify.
- **Text2QuitSM.** Get texts to help you prepare to quit, beat urges and more.

JOIN DURING OPEN ENROLLMENT.

quitnow.net
1-866-QUIT-4-LIFE TTY 711

*Provided at no additional cost as part of your benefits plan.

The Quit For Life® Program provides information regarding tobacco-cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life® Program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

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LEGAL INSURANCE

ARAG

Legal Insurance from ARAG

Georgian Court University



What does legal insurance cover?

An UltimateAdvisor legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Wills

What does it cost?

UltimateAdvisor®

\$23.25 monthly



What is legal insurance?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

More details please! →



See the complete list of what your plan covers at:

ARAGlegal.com/myinfo Access Code: **1888ogcu**

Let's Talk! Call ARAG at 800-247-4184

Why should you get legal insurance?



Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.



Save thousands of dollars on average, for each legal matter by avoiding costly legal fees.*



Avoid the hassle of finding a local attorney on your own – access more than **15,000 attorneys** in ARAG's network who **average 20+ years of experience**.



Address your covered legal situations with a network attorney who is only a **phone call away for legal help and representation**.



Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

How does legal insurance work?

- 1 Call 800-247-4184** when you have a legal matter.
- 2 Customer Care will walk you through your options** and help you get connected to network attorneys.
- 3 Meet with your network attorney** over the phone or in person to begin resolving your legal issue.

Reviews from plan members

"ARAG legal insurance has helped me so much – it's taken all the stress out of the process and has provided me with an excellent lawyer. I am so happy I went with ARAG and I have been recommending it to everyone I know that may benefit from their services."

– Nestor Los Angeles, CA



How can legal work for you?

Most of us aren't prepared for the unexpected — like the circumstances caused by the coronavirus outbreak.

Legal insurance provides a benefit you can use to plan for it all — the expected and unexpected times in your life. Go online to view a complete list of coverages and see how a legal plan can protect you.

ARAGlegal.com/myinfo
Access code: 18880gcu

Diversity & Inclusion Coverage

ARAG is constantly adapting so we can meet the needs of all employees. You need benefits that go beyond simple age, gender or income differences – and our legal insurance provides inclusive coverages that apply to any diverse group.

When you enroll, your plan includes services like domestic partnership agreement, funeral directive, gender identifier change, hospital visitation authorization and more –all with network attorney fees that are 100% paid in full for most covered matters.

*Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2018 or 2019 and paid by December 31, 2020, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to "The Survey of Law Firm Economics: 2018 Edition."

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

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Rev 4/21 200332gcu

ARAG Pre-Paid Legal Services for Georgian Court University

Plan Benefit / Coverage	GCU ARAG Plan \$23.25 per month
General Legal Services	
Toll-Free Legal Advice	Paid-in-Full
General Legal Advice and Consultation	Paid-in-Full
Emergency After Hours/Weekend Advice	Paid-in-Full
Client Specific Website for Eligible Employees and Members	Yes
- DIY Legal Documents (Create, Edit, and Store Documents Online)	Yes
- Online Legal Tools and Resources for All Employees	Yes
Mobile App	Yes
Attorney Network	
Number of Network Attorneys Nationwide	15,000+
Attorney Network Guarantee	Guaranteed access to a network attorney within 30 miles of home or work.
Recruit and Credential Network Attorney at Individual or Law Firm Level	Individual
Ratings & Reviews of Network Attorneys Made Available to Members	Yes
Legal Services from an Attorney (includes Legal Advice <u>and</u> Representation)	
Financial Related Legal Matters	
Consumer Protection (<i>Plaintiff & Defendant; Including written, verbal and implied contract disputes</i>)	Paid-in-Full
Credit Record Correction	Paid-in-Full
Debt Collection Defense	Paid-in-Full
Defense of Civil Damage Claims	Paid-in-Full
Defense of Garnishment	Paid-in-Full
Document Preparation	
- Affidavits	Paid-in-Full
- Bill of Sale	Paid-in-Full
- Certification of Trust	Paid-in-Full
- Consumer Credit Contracts	Paid-in-Full
- Deeds	Paid-in-Full
- Demand Letters	Paid-in-Full
- HIPAA Authorization	Paid-in-Full
- Installment Sale Contracts	Paid-in-Full
- Lease Contracts	Paid-in-Full
- Mortgages	Paid-in-Full
- Promissory Notes	Paid-in-Full
Document Review	Paid-in-Full
Elder Law - Member Support	Paid-in-Full

ARAG Pre-Paid Legal Services for Georgian Court University

Plan Benefit / Coverage	GCU ARAG Plan \$23.25 per month
Insurance Disputes <i>(Coverage for both Plaintiff & Defendant)</i>	Paid-in-Full
IRS Collection Defense	Paid-in-Full
IRS Audit Protection	Paid-in-Full
Medicare/Medicaid <i>(Coverage for both Plaintiff & Defendant)</i>	Paid-in-Full
Mechanic's Lien	Paid-in-Full
Personal Bankruptcy	Paid-in-Full (includes post-discharge and post-confirmation amendments)
Personal Property Protection <i>(Coverage for both Plaintiff & Defendant)</i>	Paid-in-Full
Small Claims Assistance <i>(Coverage for both Plaintiff & Defendant)</i>	Paid-in-Full
Social Security <i>(Coverage for both Plaintiff & Defendant)</i>	Paid-in-Full
State and Local Tax Audit	Paid-in-Full
State and Local Tax Collection Defense	Paid-in-Full
Student Loan Debt Collection	Paid-in-Full
Veterans Administration <i>(Plaintiff & Defendant)</i>	Paid-in-Full
Wills and Estate Planning Documents	
Standard Will	Paid-in-Full
Complex Will	Paid-in-Full
Durable/Financial Power of Attorney	Paid-in-Full
Estate Administration and Estate Closing	Paid-in-Full up to 9 hours per event (25% Reduced Fee Benefit for any additional hours)
Health Care Power of Attorney	Paid-in-Full
Living Will	Paid-in-Full
Irrevocable Trust	Paid-in-Full
Revocable Trust	Paid-in-Full
Family Related Legal Matters	
Adoption Proceedings <i>(Uncontested & Contested; Including International Indemnity Benefit)</i>	Paid-in-Full (Includes coverage for both domestic and international attorney fees)
Motion to Enforce - Alimony, Child Custody, Child Support, and Child Visitation (Uncontested; Plaintiff & Defendant)	Paid-in-Full
Motion to Enforce - Alimony, Child Custody, Child Support, and Child Visitation (Contested; Plaintiff & Defendant)	Paid-in-Full up to 8 hours per event (25% Reduced Fee Benefit for any additional hours)
Motion to Modify - Alimony, Child Custody, Child Support, and Child Visitation (Uncontested; Plaintiff & Defendant)	Paid-in-Full
Motion to Modify - Alimony, Child Custody, Child Support, and Child Visitation (Contested; Plaintiff & Defendant)	Paid-in-Full up to 8 hours per event (25% Reduced Fee Benefit for any additional hours)
Creation of Initial Agreement - Child Custody, Child Support and Child Visitation (Uncontested)	Paid-in-Full
Creation of Initial Agreement - Child Custody, Child Support and Child Visitation (Contested)	Paid-in-Full up to 8 hours per event (25% Reduced Fee Benefit for any additional hours)

ARAG Pre-Paid Legal Services for Georgian Court University

Plan Benefit / Coverage	GCU ARAG Plan \$23.25 per month
Dissolution of Marriage (Uncontested)	Paid-in-Full
Dissolution of Marriage (Contested) - 30 hrs	Paid-in-Full up to 30 hours per event (25% Reduced Fee Benefit for any additional hours)
Domestic Partnership Agreement (<i>New in 2021</i>)	Paid-in-Full
Funeral Directive (<i>New in 2021</i>)	Paid-in-Full
Gender Identifier Change (<i>New in 2021</i>)	Paid-in-Full
Guardianship / Conservatorship (<i>Uncontested & Contested</i>)	Paid-in-Full
Immigration	Legal Advice, Document Review, plus 25% Reduced Fee Benefit for Legal Representation
Hospital Visitation Authorization (<i>New in 2021</i>)	Paid-in-Full
Juvenile Court Proceedings	Paid-in-Full
Mental Incompetency Proceedings	Paid-in-Full
Name Change	Paid-in-Full
Parental Responsibilities	Paid-in-Full
Postnuptial Agreements (<i>New in 2021</i>)	Paid-in-Full
Premarital Agreements	Paid-in-Full
Protection from Domestic Violence (<i>Coverage for Named Insured and Insureds</i>)	Paid-in-Full
Restraining Orders (<i>Coverage for Named Insured and Insureds</i>)	Paid-in-Full
School Administrative Hearings (<i>Coverage for Plaintiff & Defendant</i>)	Paid-in-Full
Home-Related Legal Matters	
Boundary / Title Disputes (<i>Coverage for Primary and Secondary Residence; Coverage for Plaintiff & Defendant</i>)	Paid-in-Full
Building Codes (<i>Coverage for Primary and Secondary Residence; Coverage for Plaintiff & Defendant</i>)	Paid-in-Full
Easements (<i>Coverage for Primary and Secondary Residence; Coverage for Plaintiff & Defendant</i>)	Paid-in-Full
Eviction and Tenant Protection Against Landlord (<i>Coverage for Plaintiff & Defendant</i>)	Paid-in-Full
Foreclosure (<i>Coverage for Primary and Secondary Residence; Defendant</i>)	Paid-in-Full
Home Equity Loans (<i>Coverage for Primary and Secondary Residence</i>)	Paid-in-Full
Home Improvement / Contractor Disputes (<i>Coverage for Primary and Secondary Residence; Plaintiff & Defendant</i>)	Paid-in-Full
Neighbor Disputes (<i>Primary and Secondary Residence; Plaintiff & Defendant</i>)	Paid-in-Full
Property Tax (<i>Coverage for Primary and Secondary Residence</i>)	Paid-in-Full
Purchase Primary and Secondary Residence	Paid-in-Full
Real Estate Disputes – Financing, Purchase and Sale (<i>Coverage for Primary and Secondary Residence; Coverage for Plaintiff & Defendant</i>)	Paid-in-Full
Refinancing (<i>Coverage for Primary and Secondary Residence</i>)	Paid-in-Full
Security Deposit Assistance	Paid-in-Full
Sell Primary and Secondary Residence	Paid-in-Full
Zoning / Variances / Eminent Domain (<i>Coverage for Primary and Secondary Residence; Plaintiff & Defendant</i>)	Paid-in-Full

ARAG Pre-Paid Legal Services for Georgian Court University

Plan Benefit / Coverage	GCU ARAG Plan \$23.25 per month
Auto Related Legal Matters	
Drivers License Suspension and Revocation	Paid-in-Full
Minor Traffic Tickets	Paid-in-Full
Restoration of Driving Privileges	Paid-in-Full
General Legal Matters	
Criminal Misdemeanor	Paid-in-Full
Habeas Corpus	Paid-In-Full
Supplemental Legal Coverage (Additional hours for legal services per year to cover any non-excluded or non-covered legal matters not already covered)	Up to 4 Hours per Year (25% Reduced Fee Benefit for any additional hours)
Pre-Existing Legal Matters	
- Advice and Document Review	Legal Advice, Document Review, plus 25% Reduced Fee Benefit for Legal Representation
Reduced Fee Benefits	
- Any Non-Excluded, Non-Covered Legal Matter	25% Reduced Fee Benefit
- Defective Product	Maximum fee of 25% of the amount awarded before or after trial, or maximum fee of 30% of the amount awarded if successfully resolved only after an appeal
- Medical Malpractice	Maximum fee of 25% of the amount awarded before or after trial, or maximum fee of 30% of the amount awarded if successfully resolved only after an appeal
- Personal Injury	Maximum fee of 25% of the amount awarded before or after trial, or maximum fee of 30% of the amount awarded if successfully resolved only after an appeal
- Wrongful Death	Maximum fee of 25% of the amount awarded before or after trial, or maximum fee of 30% of the amount awarded if successfully resolved only after an appeal
Additional Benefits and Services	
Service for Parents and Grandparents	
- Legal Advice	Paid-in-Full
- Annual Legal Check-up	Paid-in-Full
- Reduced Fee Benefit for Any Non-Excluded Legal Matter	25% Reduced Fee Benefit
- Caregiving Support Services from a Caregiving Specialist	Yes
- Provider Reports and Ratings	Yes
- Provider Discounts (nursing homes, home health and assisted living)	Yes
- Online Caregiving Resources	Yes
Financial Education and Counseling Services	
- Unlimited Access to Financial Counselors	Yes
- Debt Management Plan	Yes
- Online Financial Planning Resources	Yes
Identity Theft Services	

ARAG Pre-Paid Legal Services for Georgian Court University

Plan Benefit / Coverage	GCU ARAG Plan \$23.25 per month
- Legal Advice and Consultation	Paid-in-Full
- Full Representation for Covered Matters	Paid-in-Full
- Prevention and Recovery Tools	Yes
- Identity Restoration (Case Management or Full Service)	Yes
- Lost Wallet Services	Not Available
- Identity Theft Insurance (available in all states)	Not Available
- Single-Bureau Credit Monitoring	Not Available
- Internet Surveillance	Not Available
- Child Identity Monitoring	Not Available
- Change of Address Monitoring	Not Available
Tax Services	
- Advice regarding IRS audits and notifications	Yes
- Tips for state or federal filing of personal taxes	Yes
- Explanation of tax law changes	Yes
- Research on complex personal, non-business tax matters	Yes
- Review of previous years personal tax return	Yes
- Discounted tax preparation	Yes

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