Dental Health Options by Health Resources Inc. (HRI) would like to introduce to you a simple and affordable plan that provides the dental coverage you need and the cost savings you deserve! We are excited to offer the Dental Health Option 6B to KCTCS employees…something to **SMILE** about!

**Enclosed in this packet:**

- Utilize your Dental Health Options Tools
  - View your benefits, see past claims history, and even print your own cards at [www.InsuringSmiles.com](http://www.InsuringSmiles.com)
- Product Summary Guide
  - Maximum annual benefit payments are $1000 per person
- Dependent Orthodontic Benefit Rider
  - Maximum lifetime orthodontic benefit payment is $1000, paid for dependents only

**Plan Synopsis:**

<table>
<thead>
<tr>
<th><strong>Dental Health Options Plan: 6B</strong></th>
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<tbody>
<tr>
<td><strong>Plan Renewal Date:</strong> January 1, 2018</td>
<td><strong>Deductible per member:</strong> None</td>
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<tr>
<td><strong>Annual Benefit Period:</strong> 1/1/2017 – 12/31/2017</td>
<td><strong>Waiting period for dental procedures:</strong> None</td>
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<td><strong>Annual Benefit per member:</strong> $1000</td>
<td><strong>Pre-existing conditions:</strong> None</td>
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<tr>
<td><strong>Lifetime Orthodontic Benefit:</strong> $1000 (for dependents)</td>
<td><strong>Network Option:</strong> In or Out of Network</td>
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**2017**

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<tr>
<td><strong>Employee:</strong></td>
<td>$ 20.80</td>
</tr>
<tr>
<td><strong>Employee + Spouse:</strong></td>
<td>$ 54.90</td>
</tr>
<tr>
<td><strong>Employee + Dependents:</strong></td>
<td>$ 60.40</td>
</tr>
<tr>
<td><strong>Employee + Family:</strong></td>
<td>$ 90.30</td>
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Utilize your Dental Health Options Tools!

Did you know that by logging into our website you are able to view your benefits, see past claims history, and even print your own insurance cards? Go to www.InsuringSmiles.com and click on Sign Up, in the top right hand corner, to start enjoying these great Dental Health Options benefits! If you need any assistance logging in, contact Member Services at 1-800-727-1444.

- **Print your card:** Membership allows you to view your plan and covered dependents, as well as print your card!
- **Verify your benefits, savings, and your out of pocket costs:** Benefits shows you your past claims history. It provides detailed information on benefits, amounts paid, and your network savings!
- **Know what your plan covers:** DHO Plan allows you to review your Product Summary Guide and your Member Plan Book. What your plan covers is all there!
- **Find a dentist** You save an average of 25-30% when you visit a dentist in HRI’s nationwide network. Find a dentist here!

*Insuring Smiles for the whole family!*

PO Box 659 Evansville, IN 47704-0659 • (800) 727-1444 • www.InsuringSmiles.com
GOOD NEWS! You and your family have the opportunity to enroll in a dental health plan offered by Dental Health Options by Health Resources Inc. Our plans are specifically created to Insure Smiles. We work together with general and specialty dentists who have agreed to provide services at a savings to you. Visit www.InsuringSmiles.com to Find Your Dentist

Members enjoy:
- No deductibles
- No pre-existing condition clauses
- No claim forms
- A large dentist network, including specialists
- No waiting periods

DENTAL SERVICES COVERED AT 100%

**PREVENTIVE**
- Routine teeth cleaning
- Fluoride applications (adult or children)
- Sealants (permanent molar teeth only)
- Space maintainers (not orthodontic retainers)

**DIAGNOSTIC**
- Evaluations (exams)
  - Periodic, limited, comprehensive, periodontal
  - Radiographs (x-rays)
  - Complete series
  - Panoramic films

**RESTORATIVE**
- Silver fillings
  - Primary teeth
  - Permanent teeth
- White fillings
  - Anterior teeth
  - Posterior teeth
- Inlay/Onlay (metallic & porcelain)
- Crowns
  - Porcelain/ceramic
  - Full cast/¾ cast
  - Prefabricated stainless steel
  - Recementation
- Other restorative services
  - Protective restoration
  - Core build up including pins
  - Pin retention
  - Post & core
  - Labial veneers (anterior teeth)

**PERIODONTICS**
- Gingivectomy, per quadrant
- Crown lengthening
- Osseous surgery
- Soft tissue grafts
- Guided tissue regeneration
- Scaling and root planing
- Full mouth debridement
- Periodontal maintenance

**PROSTHODONTICS**
- Removable
  - Complete/Immediate dentures
  - Partial dentures
  - All acrylic
  - Metal framework, acrylic saddles
  - Repairs/Rebase/Reline
  - Tissue conditioning
  - Overdentures
- Fixed bridgework
  - Bridge pontics & retainers
  - Resin bonded (Maryland) bridge
  - Recementation
  - Post & core

**IMPLANT SUPPORTED PROSTHETICS (RESTORATIONS)**
- Removable dentures, abutment supported
- Crowns, abutment supported
  - Porcelain/ceramic
  - Cast metal

DENTAL SERVICES COVERED AT 50%

**ORAL SURGERY**
- Extractions
  - Routine removals or exposed roots
  - Surgical removals
  - Impactions
- Natural tooth reimplantation
- Surgical exposure of unerupted tooth
- Biopsy, soft tissue
- Incision and drainage of abscess
- Frenectomy
- Excise hyperplastic tissue
- Alveolectomy (smoothing of bone)
- Removal of benign lesions & cysts
- TMJ manipulation under anesthesia
- Sialolithotomy

**ADJUNCTIVE**
- Palliative emergency treatment
- Anesthesia
  - General anesthesia
  - Intravenous sedation
  - Analgesia (nitrous oxide)
- Occlusal splints for bruxism
- Athletic mouth guards
- Bleaching (anterior teeth, supervised in office)

<table>
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<tr>
<th>PRODUCT SUMMARY GUIDE</th>
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<tr>
<td>DENTAL HEALTH OPTION 6</td>
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Your Employer will sponsor your plan and select your individual annual maximum dollar level, of which the benefit accumulation period is the Plan year. Your employer will also collect your portion of the premiums via payroll deduction and define eligibility requirements. You may not add, drop or change coverage during each contract period unless a change of family status or employment termination occurs. All Plans are issued subject to certain general exclusions, limitations and restrictions, such as frequency and age limitations. These exclusions, limitations and restrictions as well as a comprehensive listing of all covered services by ADA code, are described in the Employer group contract and your Member handbook. Copies of these materials are available on the HRI website or by calling HRI at 800.727.1444. Employer group acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance. This plan does not meet minimal essential coverage requirements for pediatric dental services as part of the Essential Health Benefits in accordance with the Affordable Care Act (ACA) provisions.
Your member ID card indicates whether your plan includes orthodontic coverage and the lifetime maximum benefit level.

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<td>A – Ortho Adult &amp; Dep.</td>
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<tr>
<td>B – Ortho Dependent</td>
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Procedures listed herein are payable at 50% by Health Resources, Inc. (HRI) up to the lifetime maximum benefit. Benefits are paid on a payment cycle as determined by your Employer’s Master Group Contract or Administrative Services Agreement.

Limited Orthodontic Treatment
Comprehensive Orthodontic Treatment
Interceptive Orthodontic Treatment
Treatment to Control Harmful Habits

1. Claims for orthodontic procedures are payable only until the covered dependent reaches the employer group’s maximum dependent age & whether or not treatment has been completed or lifetime maximum orthodontics benefits have been paid.
2. Initial orthodontic claims must be submitted by the dentist. Quarterly updates must then be verified by the dentist after treatment is initiated.
3. Benefit payments for orthodontic services are IN ADDITION to the maximum annual benefit payments for non-orthodontic services.
4. Benefit payments stop when plan coverage ends, even if total payments have not reached the lifetime maximum & whether or not treatment has been completed.
5. To receive maximum benefit, patient must be in active orthodontic treatment a minimum of two years while covered by an HRI plan.
6. A lifetime maximum benefit is the maximum amount HRI will pay in orthodontic benefits to a covered person during that individual’s lifetime. Once an individual has exhausted his/her lifetime maximum benefit under any HRI plan, additional charges will be excluded.
7. The dentist providing orthodontic services must identify to HRI when orthodontic services began, the estimated total time for treatment, and the total cost for treatment.
8. Benefits may be paid even if orthodontic services began before dental coverage. The total cost for treatment will be divided between two periods:
   a. Period #1: the date treatment started to the date dental coverage began (this cost will NOT be covered);
   b. Period #2: the date dental coverage began to the date when treatment should be completed (this cost will be covered for the time REMAINING in the treatment program).

Payments are subject to the limitations previously described.

This plan does not meet minimal essential coverage requirements for pediatric dental services as part of the Essential Health Benefits in accordance with the Affordable Care Act (ACA) provisions.