

# SELF-FUNDED PPO BENEFIT OPTIONS

# DENTAL PLANS



BENEFITS	PPO 25	PPO 50	PPO 100
<b>Deductible</b> Waived for Preventive & Diagnostic Services	\$25 Individual \$75 Family	\$50 Individual \$150 Family	\$100 Individual \$300 Family
<b>Annual Maximum</b> Preventive & Diagnostic/Basic/Major Services	\$1,200 Per Individual	\$1,000 Per Individual	\$800 Per Individual
<b>Orthodontic Lifetime Maximum</b>	\$1,200 Per Individual	\$1,000 Per Individual	\$800 Per Individual

## SERVICES

## COST SHARING\*\*

### Preventive & Diagnostic Services

Oral Exams  
 Prophylaxis  
 Bitewing X-rays  
 Radiographs  
 Fluoride treatments  
 Sealants on permanent molars  
 Space Maintainers  
 Palliative emergency treatment

100% of Allowed Benefit

### Basic Services

Restoration fillings using approved materials  
 Periodontal scaling and root planning  
 Endodontics  
*(treatment as required involving the root and pulp of the tooth, such as root canal therapy)*  
 Simple Extractions

80% of Allowed Benefit

### Major Surgical Services

Surgical Restoration Periodontic Services  
*including osseous surgery, mucogingival surgery and Occlusal Adjustments*  
 Oral Surgery  
 General Anesthesia rendered for a covered dental service

50% of Allowed Benefit

### Major Restorative Services

Full and/or Partial Dentures  
 Fixed Bridges, crowns, inlays and onlays  
 Denture Adjustments and relining  
 Recementation of crowns, inlays and/or bridges  
 Repair of prosthetic appliances as required

50% of Allowed Benefit

### Orthodontic Services

Benefits for orthodontic services may be available for covered members under age 19 who meet treatment criteria. Covered services limited to 36 consecutive months of covered services.

50% of Allowed Benefit

\*\* Payments are based on the Allowed Benefit. Participating Dentists accept 100% of the Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

Not all services and procedures are covered by your benefits contract.  
 This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

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## DENTAL PLANS AND SELF-FUNDING

Dental plans have long been a profitable staple for the insurance companies. Considering the vast promotional efforts, the numerous players in the market, it lends to reason that the margins are high enough to justify self insuring this type of benefit. Dental coverage already has low plan maximums, excellent preventive care initiatives, reasonable cost sharing, and utilization controls. Given these limits, the prospect of paying less for administration and actual claims than you pay for insured dental coverage is excellent, albeit not without some level of exposure for high utilization or claims cost in any given year. By aligning with Benefit Indemnity, you gain access to a dental care PPO to provide the appropriate negotiated fees, and Benefit Indemnity to provide the administration and claims management for the plan through SISCO. With this help you can fund your own dental plan without the insurance company overhead, profits or premium taxes!

The dental plans on the reverse are typical of what you see in the market. If you have had dental coverage for your group for a number of years, then select whatever you feel best fits your needs. If you've never had dental coverage before, I recommend highly that you start with the PPO 100 plan and work your way toward stronger benefits over time. First time dental plans frequently experience a rush to compensate for neglectful care prior to having coverage and can result in higher costs than you might expect.

## ADMINISTRATIVE COSTS

Administration costs include the cost of the leasing of the dental PPO, the handling of claims and documents, customer service, broker commissions and communication for either of the standard plans on the reverse.

## WITH REVOLUTION HEALTH PLANS

**Monthly Fee:**  
\$7.25 per employee  
\$9.75 per H/W or P/C(ren)  
\$14.75 per Family  
*Minimum 15 enrolled*

**Set-Up Fee:**  
\$0

## AS A STAND ALONE PLAN

**Monthly Fee:**  
\$8.25 per employee  
\$10.75 per H/W or P/C(ren)  
\$15.75 per Family  
*Minimum 50 enrolled*

**Set-up Fees:**  
**Groups < 100 lives:**  
\$500 flat fee  
*plus \$3.50 per employee*

**Groups > 100 lives:**  
\$250 flat fee  
*plus \$3.50 per employee*

*an exclusive product of*



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