



# Dental PPO Insurance

Plan 3 – \$1,500 | 0% | 20% | 50%

Life is full of unexpected smiles, and good oral health helps maintain them. Our dental insurance helps you pay for routine and costly dental care for you and your family, so you can focus on what’s important.

## Policy details

**The policy year maximum benefit for this policy is \$1,500 per person.**

Class A, B and C services apply toward the maximum.

**This policy has a deductible of \$50 per person, per policy year for class B and C services.**

Each covered family member pays a deductible up to a maximum of three members each policy year.

**The coinsurance for this policy is:**

CLASS	TYPE OF SERVICE	MEMBER PAYS
Class A	Preventive services	0%
Class B	Basic services	20%
Class C	Major services	50%

## Large national network

- Save more with 120,000+ unique providers<sup>1</sup>
- Claims filed for members by providers
- Easy provider search on Colonial-PaulRevere.com/dental
- In-house recruiting team dedicated to expanding the network

## How does this policy pay benefits for network and out-of-network care?

### Network benefits

Network providers have agreed to charge discounted rates for covered services. You receive the benefit of discounted services, and pay only your coinsurance portion and any applicable deductible. Plus, network providers will file your claim for you, so you don’t have to deal with the paperwork.

### Out-of-network benefits

Out-of-network providers haven’t agreed to discounted rates, and their fees may vary significantly. Your policy’s coinsurance may not cover the total costs of dental care and, in addition to any deductible, you are responsible for any remaining balance. This is referred to as “balance billing” and only happens when you go out of network.

# Covered procedures and waiting periods

## Preventive services (Class A): no waiting period

- Routine exams and cleanings (twice every 12 months)
  - One additional cleaning per 12 months if member is in second or third trimester of pregnancy<sup>2</sup>
- X-rays
  - Bitewing X-rays (up to four films, once every 12 months)
- Children's services (up to age 14)
  - Fluoride treatment (once every 12 months)
  - Sealants (once every 36 months)
  - Space maintainers (up to age 14, once every 24 months)
- Oral cancer screening (for age 40+, once every 12 months)
- Virtual dental visits through TeleDentistry.com<sup>3</sup>

## Basic services (Class B): no waiting period

- Full mouth/panoramic X-rays (once every five years)
- Fillings
- Simple extractions
- Emergency treatment

## Major services (Class C): 12-month waiting period<sup>4</sup>

- Oral surgery (extractions and impacted teeth)
- Anesthesia (covered with complex oral surgery)
- Repair of crowns, dentures or bridges
- Periodontics (gum treatments)
- Endodontics (root canals)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in place of a three-unit bridge)

**Missing Tooth Exclusion:** No benefits will be paid for replacement of teeth missing prior to the effective date of coverage.

## Virtual Dental Visits through TeleDentistry.com

24/7 dental care for dental emergencies when an in-person visit is not an option.

A virtual dental visit can:

- Evaluate the patient's symptoms (jaw pain, chipped or broken tooth, sensitivity)
- Identify needs and determine if emergency treatment is required
- Write prescriptions for antibiotics or pain relief if appropriate<sup>5</sup>

Visit [Colonial-PaulRevere.com/dental](https://Colonial-PaulRevere.com/dental) and click Virtual Dental Visits or call **(866) 256-2261** to get started.



**For more information about this dental policy, talk with your benefits counselor.**

This base policy provides DENTAL insurance only. The expected benefit ratio for this policy is 55 percent. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

1. Network360, December 2021.
2. Member may have one additional periodontal maintenance in place of an additional cleaning.
3. Terms and availability of service from TeleDentistry.com are subject to change. Services are not valid after policy terminates.
4. Waiting periods may be waived if takeover applies.
5. TeleDentistry.com dentists do not prescribe controlled substances or prescribe outside of the United States.

A NETWORK ACCESS PLAN IS AVAILABLE.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IDN8000-NY. For cost and complete details of coverage, call or write your benefits counselor or the company.

Underwritten by The Paul Revere Life Insurance Company, Worcester, MA, and administered by Colonial Life & Accident Insurance Company.

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# Dental PPO Insurance

Rollover benefit  
\$1,500 annual maximum plans

Your dental coverage includes a rollover benefit that can help pay for your future dental care.

## HOW IT WORKS

In a benefit year, if you meet the following conditions, then you will receive a \$300 benefit in your rollover account.

- One cleaning and
- One routine exam and
- Total paid dental claims for Class A, B or C services below \$600 (your threshold limit)

Your rollover account can grow up to \$1,200 to help pay claims if you exceed your yearly maximum benefit.<sup>1</sup>

You can get an extra benefit, just by taking care of your teeth.

BASE PLAN ANNUAL MAXIMUM	THRESHOLD LIMIT	ROLLOVER AMOUNT <sup>1</sup>	ROLLOVER ACCOUNT MAXIMUM <sup>1</sup>	TOTAL POTENTIAL ANNUAL MAXIMUM
\$1,500	\$600	\$300	\$1,200	\$2,700

## ADDITIONAL INFORMATION

- Each covered family member has their own rollover benefit.
- You must be covered for 12 consecutive months to receive the rollover benefit.
- The rollover benefit may not be used for orthodontic treatment or services.



For more information about this coverage, talk with your benefits counselor.

# \$1,500 annual max plan rollover example

\$1,500	Annual maximum
+ \$0	Rollover account
<b>\$1,500</b>	<b>Total available for year one</b>

**YEAR ONE**  
 You have one cleaning, one regular exam and your total paid claims are less than your \$600 threshold limit. Therefore, **you earn a \$300 rollover benefit** that is added to your rollover account.

ROLLOVER ACCOUNT BALANCE  
**\$300**

\$1,500	Annual maximum
+ \$300	Rollover account
<b>\$1,800</b>	<b>Total available for year two</b>

**YEAR TWO**  
 You have one cleaning, one regular exam and your total paid claims are again less than your threshold limit. Therefore, **you earn another \$300 rollover benefit** that is added to your rollover account.

ROLLOVER ACCOUNT BALANCE  
**\$600**

\$1,500	Annual maximum
+ \$600	Rollover account
<b>\$2,100</b>	<b>Total available for year three</b>

**YEAR THREE**  
 During the year, you have \$1,700 in dental claims, which exceeds your \$1,500 annual maximum. \$200 of your rollover account is used to help pay claims. Because you exceeded your threshold limit, **you will not earn a rollover benefit, however you still have \$400 in your rollover account that may be used in future years.**

ROLLOVER ACCOUNT BALANCE  
**\$400**

\$1,500	Annual maximum
+ \$400	Rollover account
<b>\$1,900</b>	<b>Total available for year four</b>

**YEAR FOUR**  
 You have \$1,900 available to use in this year because of the \$1,500 regular annual maximum plus \$400 in remaining rollover benefit.

1. A break in dental coverage will eliminate the rollover account balance.

This base policy provides DENTAL insurance only. The expected benefit ratio for this policy is 55 percent. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

THIS POLICY PROVIDES LIMITED BENEFITS.

A NETWORK ACCESS PLAN IS AVAILABLE.

No benefits will be paid for replacement of teeth missing prior to the effective date of coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IDN8000-NY. For cost and complete details of coverage, call or write your benefits counselor or the company.

Dental plans are underwritten by The Paul Revere Life Insurance Company, Worcester, MA and administered by Starmount Life Insurance Company.

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11-21 | 101853-1-NY





# Dental PPO Insurance

Plan 4 Premier – \$2,000 | 0% | 20% | 50%

Life is full of unexpected smiles, and good oral health helps maintain them. Our dental insurance helps you pay for routine and costly dental care for you and your family, so you can focus on what's important.

## Policy details

**The policy year maximum benefit for this policy is \$2,000 per person.**

Class A, B and C services apply toward the maximum.

**This policy has a deductible of \$50 per person, per policy year for class B and C services.**

Each covered family member pays a deductible up to a maximum of three members each policy year.

**The coinsurance for this policy is:**

CLASS	TYPE OF SERVICE	MEMBER PAYS
Class A	Preventive services	0%
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## How does this policy pay benefits for network and out-of-network care?

### Network benefits

Network providers have agreed to charge discounted rates for covered services. You receive the benefit of discounted services, and pay only your coinsurance portion and any applicable deductible. Plus, network providers will file your claim for you, so you don't have to deal with the paperwork.

### Out-of-network benefits

Out-of-network providers haven't agreed to discounted rates, and their fees may vary significantly. Your policy's co-insurance may not cover the total costs of dental care and, in addition to any deductible, you are responsible for any remaining balance. This is referred to as "balance billing" and only happens when you go out of network.

# Covered procedures and waiting periods

## Preventive services (Class A): no waiting period

- Routine exams and cleanings (twice every 12 months)
  - One additional cleaning per 12 months if member is in second or third trimester of pregnancy<sup>2</sup>
- X-rays
  - Bitewing X-rays (up to four films, once every 12 months)
  - Full mouth/panoramic X-rays (once every five years)
- Children's services (up to age 14)
  - Fluoride treatment (once every 12 months)
  - Sealants (once every 36 months)
  - Space maintainers (up to age 14, once every 24 months)
- Oral cancer screening (for age 40+, once every 12 months)
- Virtual dental visits through TeleDentistry.com<sup>3</sup>

## Basic services (Class B): no waiting period

- Fillings
- Simple extractions
- Periodontics (gum treatments)
- Endodontics (root canals)
- Repair of crowns, dentures or bridges
- Emergency treatment

## Major services (Class C): 12-month waiting period<sup>4</sup>

- Oral surgery (extractions and impacted teeth)
- Anesthesia (covered with complex oral surgery)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in place of a three-unit bridge)

**Missing Tooth Exclusion:** No benefits will be paid for replacement of teeth missing prior to the effective date of coverage.

## Virtual Dental Visits through TeleDentistry.com

24/7 dental care for dental emergencies when an in-person visit is not an option.

A virtual dental visit can:

- Evaluate the patient's symptoms (jaw pain, chipped or broken tooth, sensitivity)
- Identify needs and determine if emergency treatment is required
- Write prescriptions for antibiotics or pain relief if appropriate<sup>5</sup>

Visit [Colonial-PaulRevere.com/dental](https://Colonial-PaulRevere.com/dental) and click Virtual Dental Visits or call **(866) 256-2261** to get started.



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# Dental PPO Insurance

Rollover benefit  
\$2,000 annual maximum plans

Our dental coverage includes a rollover benefit that can help pay for your future dental care.

## HOW IT WORKS

In a benefit year, if you meet the following conditions, then you will receive a \$400 benefit in your rollover account.

- One cleaning and
- One routine exam and
- Total paid dental claims for Class A, B or C services below \$800 (your threshold limit)

Your rollover account can grow up to \$1,600 to help pay claims if you exceed your yearly maximum benefit.<sup>1</sup>

You can get an extra benefit, just by taking care of your teeth.

BASE PLAN ANNUAL MAXIMUM	THRESHOLD LIMIT	ROLLOVER AMOUNT <sup>1</sup>	ROLLOVER ACCOUNT MAXIMUM <sup>1</sup>	TOTAL POTENTIAL ANNUAL MAXIMUM
\$2,000	\$800	\$400	\$1,600	\$3,600

## ADDITIONAL INFORMATION

- Each covered family member has their own rollover benefit.
- You must be covered for 12 consecutive months to receive the rollover benefit.
- The rollover benefit may not be used for orthodontic treatment or services.



For more information about this coverage, talk with your benefits counselor.

# \$2,000 annual max plan rollover example

\$2,000	Annual maximum
+ \$0	Rollover account
<b>\$2,000</b>	<b>Total available for year one</b>

**YEAR ONE**  
 You have one cleaning, one regular exam and your total paid claims are less than your \$800 threshold limit. Therefore, **you earn a \$400 rollover benefit** that is added to your rollover account.

ROLLOVER ACCOUNT BALANCE  
**\$400**

\$2,000	Annual maximum
+ \$400	Rollover account
<b>\$2,400</b>	<b>Total available for year two</b>

**YEAR TWO**  
 You have one cleaning, one regular exam and your total paid claims are again less than your threshold limit. Therefore, **you earn another \$400 rollover benefit** that is added to your rollover account.

ROLLOVER ACCOUNT BALANCE  
**\$800**

\$2,000	Annual maximum
+ \$800	Rollover account
<b>\$2,800</b>	<b>Total available for year three</b>

**YEAR THREE**  
 During the year, you have \$2,200 in dental claims, which exceeds your \$2,000 annual maximum. \$200 of your rollover account is used to help pay claims. Because you exceeded your threshold limit, **you will not earn a rollover benefit, however you still have \$600 in your rollover account that may be used in future years.**

ROLLOVER ACCOUNT BALANCE  
**\$600**

\$2,000	Annual maximum
+ \$600	Rollover account
<b>\$2,600</b>	<b>Total available for year four</b>

**YEAR FOUR**  
 You have \$2,600 available to use in this year because of the \$2,000 regular annual maximum plus \$600 in remaining rollover benefit.

1. A break in dental coverage will eliminate the rollover account balance.

This base policy provides DENTAL insurance only. The expected benefit ratio for this policy is 55 percent. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

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