

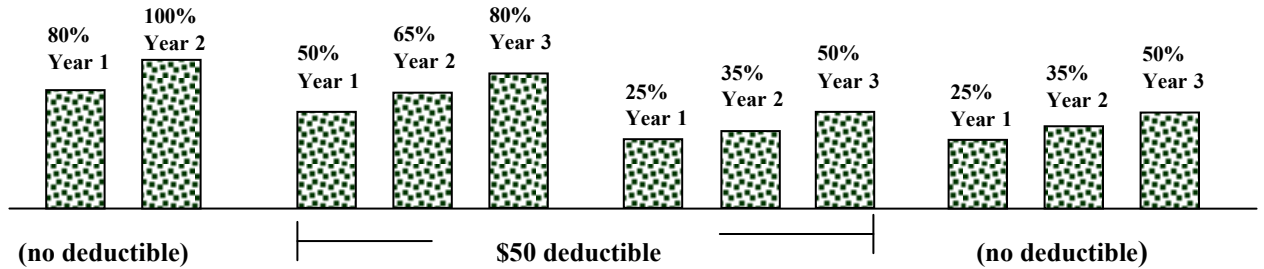
# Crescent Dental

## Voluntary Incentive Plan

Underwritten by Companion Life Insurance Company

### Covered Services

Pays up to \$1,000 Calendar Year Benefit for Certain Procedures. Percentage payable is based on Usual & Customary charges for covered procedures



#### TYPE I PREVENTIVE SERVICES

*Including*  
**Routine Exams** (1 per 6 months)  
**Routine Cleaning** (1 per 6 months)  
**Bitewing X-rays** (1 per 6 months)  
**Full Mouth & Panoramic X-rays**  
**Sealants** (ages 6 to 16)  
**Fluoride Treatments** (to age 19. 1 per 12 months)  
**Space Maintainers** (to age 12)  
**Emergency Palliative Treatment**

#### TYPE II BASIC SERVICES

*Including*  
**Restorative Basic Fillings**  
**Oral Surgery** (extractions & impacted teeth)  
**Endodontics** (root canal & pulpal therapy)  
**Periodontics** (treatment of gums excluding surgery)  
**Denture and Crown Repair**

#### TYPE III MAJOR SERVICES

*Including*  
**Restorative** (inlays & crowns)  
**Prosthetics** (dentures & bridges)  
**Periodontal Surgery** (1 per quadrant per 24 months)

#### TYPE IV ORTHODONTIA

*Including*  
**Restorative** (orthodontic care for proper alignment of teeth)  
**Orthodontia** is provided only to dependent children who are under age 19 when treatment is received.  
**\$1,000 Lifetime Maximum**

\*Combined deductible for Type 2 and Type 3 services is per person per calendar year; (3) per family maximum

Employees who choose to participate pay 100% of the premium through payroll deduction.

### FEATURES

INCLUDE:

- ◆ Voluntary participation
- ◆ Immediate coverage- no benefit waiting periods
- ◆ No deductible for Preventive and Orthodontic services
- ◆ \$50 deductible for Basic and Major services
- ◆ \$1,000 lifetime Orthodontia maximum
- ◆ Single and family coverage
- ◆ Benefits improve in the second and third years of participation
- ◆ Late entrants will only have limited Type I services for the first 12 months

This is not a certificate of insurance. It is a brief description only. The Group Policy alone determines all rights and benefits. Limitations and exclusions apply

Below are the monthly premiums plus the Health Insurance Industry Fee required by the Affordable Care Act (ACA).

**Employee**  
\$35.87 + 1.10 = \$36.97

**Employee + Family**  
\$96.99 + 2.97 = \$99.96

Monthly premiums based on 12 pay periods per year and premiums are guaranteed until the next policy renewal date

Group Dental Insurance Enrollment Card				DenteMax	
Name of Employer University of Louisiana at Lafayette				Group No. and Dept Name/No. <b>D1129</b>	
Employee Name: First Middle Last			<input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security No.	
Complete Home Address (Please include street/PO Box, city, state and zip)			Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Date of Hire	Occupation	Effective Date on Dental Plan	If COBRA continues please give: Qualifying Event _____ Date of Event _____		Work at least 30 hrs per week? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee and Family					
<b>List Name, Sex and Date of Birth of each Dependent You Wish to Insure:</b>					
<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>
Spouse			3.		
Children			4.		
2.			5.		
Other Dental Carrier: <input type="checkbox"/> None			<input type="checkbox"/> I authorize my employer to deduct from my earnings the amount to cover my share of the contribution for coverage indicated above.		
Signature of Employee		*Provisions on reverse side accepted		Date	Office Use Only

# Crescent Dental

## DENTAL INSURANCE YOU CAN USE !

**D**ental plans are designed to be used frequently by the participants to establish and maintain their dental health. Because of their emphasis on prevention, dental plans provide a better value to the average employee than any other group benefit program available. Crescent Dental was formed to enhance the service and value that patients receive from their dental plans. We designed our program with features that ensure quality and ease of use.

- ◆ The **Crescent Dental Card** is utilized as an important part of our quick claims filing system. This card enables the employee to receive an assignment of his or her claim to the dentist. As part of this assignment, the dentist will complete all necessary paperwork and send it to Crescent Dental. The patient simply pays their coinsurance and deductible.
- ◆ **Predeterminations are not required** before major services are performed. This allows the patient to receive the necessary care immediately. Because we were formed in conjunction with the dental association, Crescent Dental is the preferred dental program of dentists
- ◆ Crescent Dental provides a **toll-free number** to employees and their dentists. Dentists utilize this number for benefit verification and authorizations. These functions provide information to the employee regarding the amount of coinsurance and deductible due.
- ◆ Our **customer service** is the best in the industry! We have accomplished this through a commitment to claims turnaround, accuracy and, above all, courtesy.
- ◆ Crescent provides **benefit authorizations over the telephone**. In performing an authorization, our claims analysts compute the reimbursement due from information provided over the telephone by the dentist. This service is available, but not required, for any claim of \$300 or more.
- ◆ Crescent Dental offers only **freedom of choice** dental plans that allow the employee to use any licensed dentist. This insures that you receive the quality you deserve.

- \* I hereby apply for Group Dental Insurance as presented to me.
- \* I further represent that I am not presently disabled and I am performing all the duties of my occupation at least 30 hours per week.

I have been given an opportunity to apply for Group Dental Insurance, but do not wish this coverage available to me because:

I am insured with another policy or group plan (please indicate below)

Employer's Name \_\_\_\_\_ Carrier Name \_\_\_\_\_

Other reasons

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Individual's Signature

***When an employee does not enroll in the plan within 31 days of becoming eligible, he or she is considered a late entrant. A late entrant has additional waiting periods imposed as a penalty.***