

Plan Annual Maximum Benefit:	\$1,350	
Diagnostic & Preventive	In Network	Out of Network*
Exams – periodic, limited, comprehensive	Covered at 100%	Covered at 100%
Radiographs – full mouth series, panoramic, bitewings	Covered at 100%	Covered at 100%
Fluoride	Covered at 100%	Covered at 100%
Routine teeth cleaning	Covered at 100%	Covered at 100%
Sealants	Covered at 100%	Covered at 100%
Restorative & Prosthodontics		
Core build ups	Covered at 50%	Covered at 50%
Crowns – porcelain, ceramic, stainless steel	Covered at 50%	Covered at 50%
Fillings - silver or white (anterior and posterior teeth)	Covered at 50%	Covered at 50%
Protective restorations	Covered at 50%	Covered at 50%
Removable dentures	Covered at 50%	Covered at 50%
Endodontics & Periodontics		
Root canal therapy – anterior, posterior	Covered at 50%	Covered at 50%
Root canal therapy – retreatment	Covered at 50%	Covered at 50%
Scaling and root planing	Covered at 50%	Covered at 50%
Full mouth debridement	Covered at 50%	Covered at 50%
Periodontal maintenance	Covered at 50%	Covered at 50%
Oral Surgery		
Frenectomy	Covered at 50%	Covered at 50%
Simple extractions	Covered at 50%	Covered at 50%
Impactions	Covered at 50%	Covered at 50%
Surgical extractions	Covered at 50%	Covered at 50%
Miscellaneous		
Emergency palliative treatment	Covered at 50%	Covered at 50%
Anesthesia – general and IV sedation	Covered at 50%	Covered at 50%
Athletic mouthguards	Covered at 50%	Covered at 50%
Deductible (Not applicable on Diagnostic & Preventive):	None	None
Lifetime Orthodontic Benefit (Adult/Dep):	\$1,200	

Procedures listed herein are payable up to the lifetime maximum benefit, not to exceed the maximum monthly installment. To receive maximum benefit, the patient must be in active orthodontic treatment a minimum of two years while covered by the Plan. Once an individual has exhausted his/her lifetime maximum benefit under any Plan, additional charges will be excluded.

Limited Orthodontic Treatment
Comprehensive Orthodontic Treatment

Interceptive Orthodontic Treatment
Treatment to Control Harmful Habits

*In-network dentists have agreed to accept discounts on covered dental services which allows for your benefit dollars to go further. Whereas out-of-network dentists are under no obligation to accept contracted fees. If there is a difference between the allowed reimbursement and the amount the dentist charges for the service, you are responsible for this difference. Therefore, your coinsurance may vary from the figures outlined above.

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 qualifying event occurs. If a statement in this summary conflicts with a statement in the Certificate, the terms of the Certificate will control. All plans are issued subject to certain exclusions, limitations and restrictions such as frequency and age limitations. These exclusions, limitations and restrictions, and a listing of all covered services by ADA code, are described in your Certificate, which is available on our website or by calling HRI at 800-727-1444.

To find a dentist visit: [InsuringSmiles.com/FindADentist](https://www.insuringsmiles.com/FindADentist)

Paramount Dental Membership Card



Member ID:

Use employee SSN

This card is not a guarantee of coverage or eligibility.

Members: InsuringSmiles.com

- Network dentist lookup
- Plan information
- Claims history
- Certificate of coverage
- Message center

Call: 1-800-727-1444

(front of card)



In-Network Benefits Through:

- Paramount Dental
- Connection Dental
- DenteMax
- Careington

Claims Submission:

Priority
Processing: Electronic Payor ID: CX019
Online: InsuringSmiles.com
Mail: P.O. Box 659
Evansville, IN 47704-0659
Fax: 812-401-3609

(back of card)

This card can be printed out and folded down the center line to store for safekeeping.

Your Dental Portal



Want an easier way to track your dental benefit activity?

Create a member portal account in order to:

Membership

Print your ID card.

Membership allows you to view your plan and covered dependents, as well as download and print your Paramount Dental ID card.

Benefits

Verify your benefits, savings and out-of-pocket costs.

Benefits provides at-a-glance summaries of your past claims history. It provides detailed information on benefits, amounts paid and your network savings.

Plans

Verify your benefit coverage.

Plans allows you to review your product summary guide and your member plan book. This is where you can see what your plan covers.

Find a Dentist

Find a provider.

Save an average of up to 25-30% when you visit an in-network provider. With a national network of more than 140,000 locations, we have a dentist to meet your needs.

CREATE AN ACCOUNT:

1. Go to insuringsmiles.com.
2. Click on **"Login"** at the top of the page.
3. If you are a returning user enter your username, password and click on **"Sign in."**
4. If you do not have an account, scroll to the bottom and click on **"Sign up now!"**
5. Set up your account with a username, password and additional information.
6. Click on **"Register"** to activate your account.
7. Login and explore.

Questions ?

Contact Member Services at
1-800-727-1444 for additional help.

insuringsmiles.com



PARAMOUNT
DENTAL

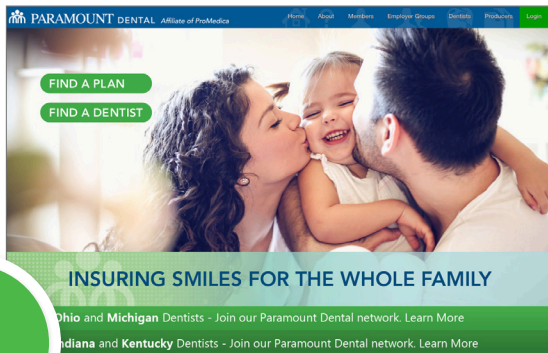
Affiliate of ProMedica

Find a Dentist



gettyimages
Extreme Media

How to find an in-network Paramount Dental provider



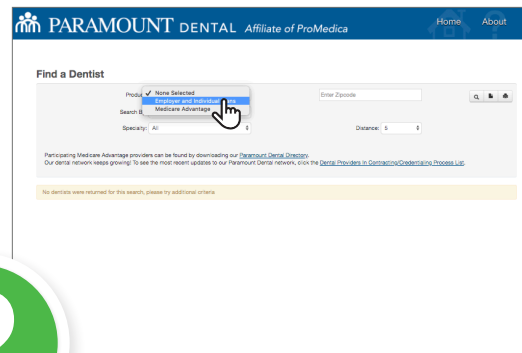
1

INSURING SMILES FOR THE WHOLE FAMILY

Ohio and Michigan Dentists - Join our Paramount Dental network. Learn More
Indiana and Kentucky Dentists - Join our Paramount Dental network. Learn More

Go to insuringsmiles.com.

Select 'Find a Dentist' on the homepage. Or, select "Members" from the top navigation and look for "Find a Dentist" in the dropdown menu.

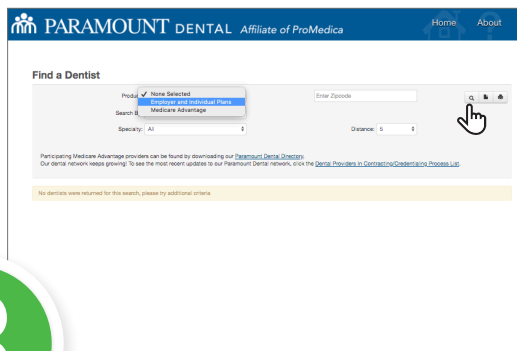


2

Select your product.

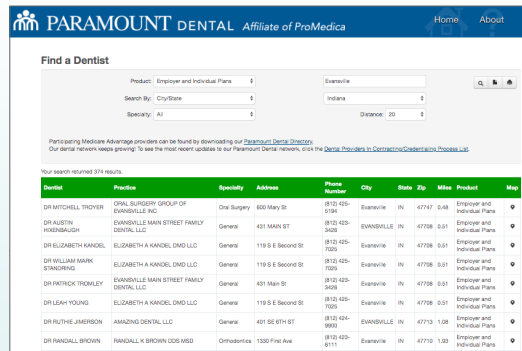
If you have a dental plan through your employer or an individual dental plan, select "Employer and Individual Plans".

Please note: Medicare Advantage is for Paramount Elite Medicare plans in Michigan and Ohio only.



3

Enter your desired search criteria including zip code, city/state or provider last name. You can also search by dental specialty including oral surgery, pediatrics and periodontics. Click the search icon when you have completed all fields.



- Each search result includes dentist name, practice name, specialty, location and contact information and a link to directions to the office.
- The Paramount Dental directory is updated daily. Using the online directory ensures you have the most up-to-date and accurate information.

Questions



Contact Member Services at 1-800-727-1444.

insuringsmiles.com



PARAMOUNT DENTAL

Affiliate of ProMedica

4 reasons to use the Paramount Dental Network



1. Choosing a provider in the Paramount Dental Network helps members save on out-of-pocket costs.

The dentists in the Paramount Dental Network have all agreed to accept a contracted fee schedule for specific services, called the maximum allowable charge (MAC). Members will never be billed more than the contracted rate. This means: When a member chooses an in-network provider, the member is ensured the lowest out-of-pocket costs for covered services.

2. Choosing a provider in the Paramount Dental Network makes a member's annual maximum benefit go further.

When a member leverages the contracted rates of our in-network providers, the member's annual maximum benefit will go farther. Only the MAC amounts (only the portion paid by Paramount Dental) count toward the annual maximum.

3. Choosing a provider in the Paramount Dental Network means no balance billing.

Balance billing happens when a provider bills the patient the difference between the amount the provider charges and the amount the patient's insurance allows. The providers in the Paramount Dental Network have all agreed to accept our fee schedule and won't balance bill the member. Some services have a coinsurance where a member will pay their portion.

4. Choosing a provider in the Paramount Dental Network provides access to great dental care.

With more than 380,000 practice locations nationwide, our vast network of providers means that members have access to the quality care they need when they need it. They can count on receiving quality care that is both convenient and affordable.

Let's take a look at the costs of a common dental appointment – an oral exam and cleaning – to compare the difference between using an in-network provider and an out-of-network provider.

NETWORK COMPARISON EXAMPLE	PARAMOUNT DENTAL PLAN	
	In-Network	Out-of-Network
Claim for an oral exam and adult cleaning		
Dentist billed charge	\$127	\$127
Maximum allowable		\$64
Plan coinsurance	Paid 100%	100%
Insurance pays		\$64
Member pays	\$0	\$63

Potential savings are based on average charges within a certain geographical region and may vary based on actual charges.

Questions



Contact your Paramount Dental sales team for more information.

insuringsmiles.com | 800-727-1444



PARAMOUNT DENTAL

Affiliate of ProMedica