

High PPO Dental Plan Summary

Effective Date: 1/1/2010

	In Network	Out of Network
Coinsurance		
Type 1 Preventative	100%	70%
Type 2 Basic	80%	60%
Type 3 Major	50%	40%
Deductible	\$50/Each Calendar Year Type 2 & 3 Waived Type 1 \$150/family	\$50/Each Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,500 per calendar year	\$1,000 per calendar year
Allowance	PPO Max	90th U&C
Waiting Period	None	None

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Coinsurance	50%	50%
Lifetime Maximum (per person)	\$1,000	\$1,000
Waiting Period	12 months New Hires Only	12 months New Hires Only

** Please refer to the plan brochure for detailed information on how payments are processed

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	In Network Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Cleaning (1 in 6 months) Fluoride for Children 13 and under (1 per benefit period) 	<ul style="list-style-type: none"> Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Sealants (age 13 and under) Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Denture Repair Simple Extractions 	<ul style="list-style-type: none"> Space Maintainers Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia

** Please refer to the plan brochure for sample procedures and cost

PPO Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a PPO member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide PPO is available. To find member dentists in your area, visit: http://www.standard.com/services/ppo_providers.html. The plan you belong to is PPO - Nationwide.

The importance of a Pre-Treatment Estimate

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Orthodontia Waiting Period - new hires only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only Type 1 and Type 2 procedures for the first 12 months they are covered.

Max BuilderSM

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

About The Standard

As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 29,000 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Founded in Portland, Oregon, in 1906, The Standard has built a national reputation for delivering quality insurance products, personalized service and strong financial performance. The Standard wrote its first group insurance policy in 1951, and it remains in force today as a testament to the company's commitment to building successful long-term relationships.

Customer Service

We make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information. Our customer service representatives are available Monday through Friday from 6:00 a.m. until 5:00 p.m. Pacific Time and can be reached at **1-800-547-9515**. An interactive voice response system for eligibility and claim information is accessible from 5:00 a.m. to midnight Pacific Time, Monday through Thursday, and from 5:00 a.m. to 5:30 p.m. on Friday.

This information is only a brief description of the group Dental insurance policy sponsored by Broward County. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, exclusions and when The Standard and the employer may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for employees who become insured according to its terms. For costs and more complete details of coverage, contact your human resources representative.