



A PARTNER YOU CAN TRUST

Dentist Direct offers clients robust national access & financial stability without sacrificing personalized service.

Over 270,000 Providers nationwide:

Dentist Direct's unique combination of both the DenteMax provider network and directly contracted Dentist Direct providers gives Dentist Direct members an expansive national network with over 270,000 contracted providers nationwide – that's a lot of dentists to choose from. Simply visit www.usdentistdirect.com to search for providers by zip code, city, distance, etc. You can even print customized directories right from our website.

Dentist Direct members don't have to worry about which network their provider has contracted with. Simply show the participating dentist your Dentist Direct insurance card and they will take care of the rest. All the required logos and information are located right on your card. It really is that simple.

Financial Strength and Stability:

Dentist Direct dental plans are underwritten by American National Life Insurance Company of Texas*. This allows us to offer a wide variety of plans. Every employer can find the plan (or plans) that fit their needs and budget. A.M. Best Company, independent analysts of the insurance industry since 1899, has assigned American National Life Insurance Company of Texas a rating of A- (Excellent), third highest of 13 active company ratings. *For more information please visit <http://www.anico.com/InvestorRelations/Ratings/index.htm>* **

Personalized Service

Even though Dentist Direct offers many of the benefits of a large national corporation, we maintain the personalized service and entrepreneurial mindset of a local company. When you or your clients need help, you won't be transferred to an impersonal 'call center' in some other country. You will speak with a well-trained service representative that can see all of the information necessary to ensure you are taken care of—on the first phone call.

With Dentist Direct, members enjoy the benefits of a large national company – without the drawbacks.

Utah Petroleum Association

Plan Highlights

Visit ANY dentist
 100% Coverage for Preventive Care
 Includes Discount on Veneers and Teeth Whitening
 ALL PARTICIPATING DENTISTS ARE ACCEPTING NEW PATIENTS
 Monthly Billing fee waived - \$180 annual savings
 Preferred pricing through the association - up to 20% off regular pricing

To Find Participating Providers visit:
www.usdentistdirect.com



Effective Dates through 12/1/20

Plan Name
Provider Network:

	Summit Plan B		Pinnacle Essentials PPO - MAC		Pinnacle Essentials PPO - Indemnity	
	Summit Network (2,100+ in UT)		Pinnacle Network (285,000+ providers Nationwide)		Pinnacle Network (285,000+ providers Nationwide)	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Preventive: Cleanings & Exams (1 per 6 months), Bitewing X-rays, Fluoride, etc.	100% See Co-Pay Schedule	See Schedule	100%	100%	100%	100% of DMR
Basic: Fillings, Simple Extractions, Emergency Pain, etc.	Up to 70% See Co-Pay Schedule	See Schedule	80%	80%	80%	80% of DMR
Major: Crowns, Bridges, Dentures, Endodontics, Periodontal Services, etc.	Up to 50% See Co-Pay Schedule	See Schedule	50%	50%	50%	50% of DMR
Specialists:	PAID AS SPECIALISTS		PAID AS SPECIALISTS		PAID AS SPECIALISTS	
Annual Maximum Benefit	\$1,000		\$1,000		\$1,000	
Orthodontia:	Discount Only Average of 20-25% off regular pricing		Discount Only Average of 20-25% off regular pricing		Discount Only Average of 20-25% off regular pricing	
Adults		None		None		None
Dependents to age 19		None		None		None
Lifetime Ortho Max	None		None		None	

Deductible

	No Deductible - \$15 co-pay at each visit		\$50 per person up to \$150 per family Waived for Preventive		\$50 per person up to \$150 per family Waived for Preventive	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Preventive	None	None	None	None	None	None
Basic	None	None	None	None	None	None
Major	None	None	None if insured on employer's current comparable plan.*		None if insured on employer's current comparable plan.*	
Orthodontia	None	None	None	None	None	None

* if not insured on current plan and no takeover:
12 month waiting period

* if not insured on current plan and no takeover:
12 month waiting period

Reimbursement Basis

	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	Fee Schedule	DMR (R&C)

Rates:

	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
EE Only	\$13.63	\$14.99	\$19.32	\$21.26	\$23.04	\$25.34
EE + 1 Dependent	\$26.08	\$28.69	\$36.99	\$40.69	\$44.10	\$48.51
Family	\$48.51	\$53.36	\$73.32	\$80.66	\$84.73	\$93.20

Underwriting Requirements

Minimum Participation
Required Employer Contribution

	Contributory	Voluntary
	75% of eligible (100% for groups of 2-4)	Greater of 5 enrolled or 20% (100% for groups of 2-4)
	50% of EE Only Rate	None

Custom Options	Price Increase (decrease)
All Plans	
Increase Max from 1000 to 2000	11%
Increase Max from 1000 to 1500	7%
Offer Summit & PPO as dual choice (apply to both co-pay and PPO plans)	3%
Add Annual Max Carryover	2%
Pinnacle PPO (Both Plans)	
Add 1000 Dependent Ortho (5+ enrolled)	5%
Add 1500 Dependent Ortho (5+ enrolled)	7%
Add 2000 Dependent Ortho (5+ enrolled)	9%
Add 3000 Dependent Ortho (5+ enrolled)	12%
Change In-Network Coins to 100/90/60	5%
Move Perio from Major to Basic	4%
Composites on all teeth - no molar downgrade	4%
Move Endo from Major to Basic	3%
Add Implant Coverage (Major)	2%
Exams/Cleanings 2 in 12 not 1 in 6	2%
Lower OON coins to 80/60/40	-6%
Pinnacle PPO Indemnity	
Change OON from R&C to 90th%ile	6%

HOW TO CALCULATE CUSTOM OPTIONS

To calculate the price of adding custom options, simply add all of the selected options together and multiply each tier of the chosen plan by:

1 + (total % price increase)

For example:

To increase the annual maximum to 1500 (7%) and add implant coverage (2%) on the Contributory Pinnacle Essentials PPO (7% + 2% = 9% total increase), multiply rates by 1.09:

EE Only: \$19.20 x 1.09 = **\$20.93**
 EE + 1: \$36.84 x 1.09 = **\$40.15**
 Family: \$73.14 x 1.09 = **\$79.72**

- Late Enrollees - If you do not apply for coverage on your initial eligibility date, coverage may not be applied for until the next Policy Anniversary. This quote assumes an ANNUAL Open Enrollment - January 1 of each year
- Rate Guarantee: Pooled rates are effective 1/1 to 12/31 each year. All plans renew with pool 1/1 annually.
- Final rates subject to home office underwriting verification of participation and other factors.
- This is only an outline. This outline provides a very brief description of some of the important features of the dental policy. This is not the policy and only the actual policy provisions will prevail.

To accept this quote, please sign: _____
 (Circle Plan/Rates to be offered)

Date: _____

Underwritten by: American National Life Insurance Company of Texas. One Moody Plaza, Galveston, Texas 77550
 Administered by Dentist Direct, LLC

Form: DDANTXPP012

Dentist Direct - Summit Value Plan B

Sample In-Network Co-pays and Out of Network Plan Payments

FOR ALL COUNTIES IN UTAH

Specialist co-pays may vary from those described below.

Please contact a Customer Service Representative at 1-866-696-6527 to request plan payment information for Specialists

		Summit Value Plan B	
Code	Procedure Description	In Network Co-pay	Out of Network Plan Payment
D0120	Oral Evaluation - Routine	\$0.00	\$23.00
D0140	Oral Evaluation - Problem Focused	\$0.00	\$32.00
D0150	Oral Evaluation - Comprehensive	\$0.00	\$32.00
D0270	X-Rays - Bitewing - 1st film	\$0.00	\$11.00
D0272	X-Rays - Bitewing - 2 films	\$0.00	\$21.00
D0274	X-Rays - Bitewing - 4 films	\$0.00	\$27.00
D1110	Prophylaxis - Adult	\$0.00	\$43.00
D1120	Prophylaxis - Child	\$0.00	\$29.00
D1206	Fluoride Varnish - High Caries Risk	\$5.00	\$15.00
D1208	Topical Fluoride	\$0.00	\$15.00
D1351	Sealant - per tooth	\$4.00	\$16.00
D2140	Filling - Amalgam (silver) - 1 surface	\$11.00	\$43.00
D2150	Filling - Amalgam (silver) - 2 surface	\$14.00	\$52.00
D2160	Filling - Amalgam (silver) - 3 surface	\$30.00	\$53.00
D2330	Filling - Resin Composite (white) - 1 surface anterior	\$24.00	\$43.00
D2331	Filling - Resin Composite (white) - 2 surface anterior	\$30.00	\$54.00
D2332	Filling - Resin Composite (white) - 3 surface anterior	\$40.00	\$57.00
D2740	Crown - Porcelain/Ceramic Substrate	\$383.00	\$222.00
D2750	Crown - Porcelain - High Noble Metal	\$390.00	\$230.00
D2751	Crown - Porcelain - Pred. Base Metal	\$325.00	\$185.00
D2752	Crown - Porcelain - Noble Metal	\$356.00	\$184.00
D2930	Crown - Stainless - Primary Tooth	\$56.00	\$36.00
D2931	Crown - Stainless - Perm Tooth	\$71.00	\$46.00
D3310	Root Canal - Anterior	\$205.00	\$145.00
D3320	Root Canal - Bicuspid	\$237.00	\$163.00
D3330	Root Canal - Molar	\$300.00	\$205.00
D4341	Periodontal Scaling & Root Planning	\$78.00	\$34.00
D4910	Periodontal Maintenance	\$36.00	\$30.00
D5110	Complete Denture - Upper	\$520.00	\$210.00
D5120	Complete Denture - Lower	\$520.00	\$210.00
D7111	Extract Coronal Remnants of Deciduous Tooth	\$27.00	\$26.00
D7140	Extract Erupted Tooth - Exposed root	\$37.00	\$24.00
D7210	Surgical Extraction	\$67.00	\$42.00
D7220	Surgical Extraction - Impacted	\$87.00	\$37.00
D9110	Emergency Pain - Palliative Treatment	\$12.00	\$28.00

LIMITATIONS AND EXCLUSIONS

Amounts and benefits are subject to the expenses stated in the Certificate of Coverage.

Benefits will not be paid for dental expenses arising from or in connection with:

- Treatment, services or supplies which:
- Are not Medically Necessary;
- Are not prescribed by a Dentist;
- Are determined to be Experimental/Investigational in nature by Us;
- Are received without charge or legal obligation to pay;
- Would not routinely be paid in the absence of insurance;
- Are received from any Family Member.
- Intentionally self-inflicted injuries.
- Participation in a War or an act of war, whether or not declared.
- A Covered Person's active voluntary participation in the commission of a felony or an assault on another person.
- Voluntary participation in a riot.
- Employment, whether caused by, related to, or as a condition of, including self-employment. This exclusion applies even if Workers' Compensation or any Occupational Disease or similar law does not cover the charges.
- Treatment which began, before the Covered Person's Effective Date of coverage or after the Covered Person's termination of coverage.
- Congenital or development malformations existing when the Covered Person's coverage began effective under this Certificate.
- Cosmetic procedures.
- Surgical implants or transplants of any type including prosthetic devices attached to them.
- Temporomandibular joint syndrome.
- Periodontal splinting.
- Facings on crowns, or pontics posterior to the 2nd bicuspid.
- Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 10 year period.
- Relining of dentures more often than once in any 2 year period.
- Lost, stolen, or missing dentures or bridges or for duplicates.
- Fixed or removable bridgework involving replacement of a natural tooth or teeth which was lost prior to the Covered Person's Effective Date of coverage under this Certificate. Benefits may be payable for bridgework required for loss of teeth while covered under this Certificate, if such bridgework is not an abutment for non-covered bridgework.
- Prescription Drugs and analgesia pre-medication.
- Charges for telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending Dentist statements, and any other services or supplies which are not part of the direct treatment of the Covered Person.
- Dental education or training programs including oral hygiene or plaque control programs.
- Counseling on diet and nutrition.
- Expense related to a Covered Person's military service, including service in a military reserve unit.
- Orthodontia, unless this coverage is elected by the Policyholder and the required premium is paid.
- Prosthodontics, unless this coverage is elected by the Policyholder and the required premium is paid.
- Charges payable under any medical insurance.
- Charges made by any government entity unless the Covered Person is required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made.
- Use of materials, other than fluorides or sealants, to prevent tooth decay.
- Bite registrations.
- Bacteriologic cultures in connection with a covered dental service.
- Therapeutic injections administered by a Dentist.

Alternate Benefit Provision

Many dental problems can be resolved in more than one way. If: 1) We determine that a less expensive alternative benefit could be provided for the resolution of a dental problem; and 2) that benefit would produce the same resolution of the diagnosed problem within professionally acceptable limits, We may use the less expensive alternative benefit to determine the amount payable under the Certificate.

Pre-Estimates: recommended for treatments exceeding \$300.

Utah Petroleum Association

Plan Highlights

One of the Nations Largest Vision Networks
 Online purchases at Glasses.com and ContactsDirect.com are In-Network
 Includes LASIK Discount
 Conveniently bundled with your dental plan - single enrollment, etc.
 Combined Dental and Vision card
 Includes Discounts on hearing aid exams & Materials through Amplifon

To Find Participating Providers visit:
www.eyemedvisioncare.com/dD



Plan Name	EyeMed - EM140B		EyeMed - EM10-140B		EyeMed - EM10-10-160BC	
	EyeMed Insight (over 100,000 providers nationwide)		EyeMed Insight (over 100,000 providers nationwide)		EyeMed Insight (over 100,000 providers nationwide)	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Provider Network:						
Exam with Dilatation as Necessary	\$10 Co-pay	\$30 Allowance	\$10 Co-pay	\$30 Allowance	\$10 Co-pay	\$30 Allowance
Retinal Imaging Benefit	Up to \$39	N/A	Up to \$39	N/A	Up to \$39	N/A
Standard Contact Lens Fit and Follow Up	N/A	N/A	\$0 Co-pay	\$40 Allowance	\$0 Co-pay	\$40 Allowance
Premium Contact Lens Fit and Follow Up	N/A	N/A	\$0 Co-pay, 10% off retail, then \$55 allowance	\$40 Allowance	\$0 Co-pay, 10% off retail, then \$55 allowance	\$40 Allowance

Effective Dates through 12/1/20

Frames	EyeMed - EM140B	EyeMed - EM10-140B	EyeMed - EM10-10-160BC
Any available frame at provider location	\$140 Allowance 20% off balance over \$140	\$70 Allowance	\$140 Allowance 20% off balance over \$140

Lenses	EyeMed - EM140B	EyeMed - EM10-140B	EyeMed - EM10-10-160BC
Single Vision	Included in \$140 Frame Allowance 20% off balance over \$140	\$10 Co-pay	\$10 Co-pay
Bifocal		\$10 Co-pay	\$10 Co-pay
Trifocal		\$10 Co-pay	\$10 Co-pay
Lenticular		\$10 Co-pay	\$10 Co-pay
Standard Progressive Lens		\$75 Co-pay	\$75 Co-pay
Premium Progressive Lens		See Detailed Summary	See Detailed Summary

Lens Options	EyeMed - EM140B	EyeMed - EM10-140B	EyeMed - EM10-10-160BC
UV Treatment	Included in \$140 Frame Allowance 20% off balance over \$140	\$15	\$15
Tint (Solid & Gradient)		\$15	\$15
Standard Plastic Scratch Coating		\$0 Co-pay	\$0 Co-pay
Standard Polycarbonate - Adults		\$40	\$40
Standard Polycarbonate - Kids under 19		\$0 Co-pay	\$0 Co-pay
Standard Anti-Reflective Coating		\$45	\$45
Polarized		20% off Retail Price	20% off Retail Price
Photocromatic / Transitions Plastic		\$75	\$75
Premium Anti-Reflective		See Detailed Summary	See Detailed Summary
Other Add-Ons		20% off Retail Price	20% off Retail Price

Contact Lenses (allowance includes materials only)	EyeMed - EM140B	EyeMed - EM10-140B	EyeMed - EM10-10-160BC
Conventional	\$140 Allowance 15% off balance over \$140	\$112 Allowance	\$160 Allowance 15% off balance over \$140
Disposable	\$140 Allowance 15% off balance over \$140	\$112 Allowance	\$160 Allowance 15% off balance over \$140
Medically Necessary	\$0 Co-pay	\$200 Allowance	\$0 Co-pay

Frequency Limits	EyeMed - EM140B	EyeMed - EM10-140B	EyeMed - EM10-10-160BC
Exams	Once Every 12 Months	Once Every 12 Months	Once Every 12 Months
Lenses or Contact Lenses	Once Every 12 Months	Once Every 12 Months	Once Every 12 Months
Frames	Once Every 12 Months	Once Every 12 Months	Once Every 12 Months

**** LASIK or PRK from US Laser Network	15% off Retail Price or 5% off Promotional Price	N/A	15% off Retail Price or 5% off Promotional Price	N/A	15% off Retail Price or 5% off Promotional Price	N/A
Amplifon Hearing Health Care	40% off hearing exams and low price guarantee on discounted hearing aids	N/A	40% off hearing exams and low price guarantee on discounted hearing aids	N/A	40% off hearing exams and low price guarantee on discounted hearing aids	N/A

Additional Pairs Benefit	EyeMed - EM140B	EyeMed - EM10-140B	EyeMed - EM10-10-160BC	
Glasses	40% discount	N/A	40% discount	N/A
Contacts	15% discount (after funded benefit)	N/A	15% discount (after funded benefit)	N/A

Rates:	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
EE Only	\$5.00	\$7.50	\$5.86	\$8.78	\$6.62	\$9.94
EE + 1 Dependent	\$9.74	\$14.62	\$11.41	\$17.11	\$12.90	\$19.35
Family	\$15.50	\$23.25	\$18.14	\$27.21	\$20.52	\$30.78



ONLINE, IN-NETWORK
BENEFIT OPTIONS



POWERED BY
eyeMed

In-network options at your fingertips

In addition to America's largest network of independent providers and top optical retailers, with Dentist Direct you can use your vision benefits to purchase contacts and glasses online. The best part is that your benefits are applied at check-out.

At **ContactsDirect.com**, you can...

- Choose from a variety of different brands to meet your unique needs
- Order contact lenses and have them shipped straight to your door
- Use your vision benefits online to make shopping more convenient
- Enjoy free shipping, once your prescription is verified

At **Glasses.com**, you can...

- Access award-winning¹ 3D virtual try-on technology
- Choose from a large selection of frames and lenses, including some of the world's leading brands
- Apply your in-network benefit to your transaction

You must have a valid prescription within the last 12 months in order to purchase prescription contact and frame lenses online. Don't have an up-to-date prescription? Simply schedule an eye exam online through the provider locator at <https://www.eyemedvisioncare.com/dD>.

See for yourself!

**Visit [Glasses.com](https://www.glasses.com) or
[ContactsDirect.com](https://www.contactsdirect.com) today.**



¹2014 Cannes Lions Festival, Bronze Award for "Creative Use of Technology"

PDF-1609-R-540

Form ANL-004

**For more information about Dentist Direct,
contact your agent or call 1-866-696-6527.**

** Underwritten by: American National Life Insurance Company of Texas. One Moody Plaza, Galveston, Texas 77550.*

****Financial Strength Ratings:**

American National Life Insurance Company of Texas ("ANTEX") has been evaluated and assigned the following ratings by nationally recognized, independent rating agencies. The ratings are current as of 09/04/15.

A.M. Best¹ A-
Standard & Poor's² A

*Ratings reflect current independent opinions of the financial capacity of an insurance organization to meet the obligations of its insurance policies and contracts in accordance with their terms. They are based on comprehensive quantitative and qualitative evaluations of the company and its management strategy. The rating agencies do not provide ratings as a recommendation to purchase insurance or annuities. The ratings are **not a warranty** of an insurer's current or future ability to meet its contractual obligations.*

Ratings may be changed, suspended, or withdrawn at any time. For the most current ratings visit A.M. Best at www.ambest.com and Standard & Poor's at www2.standardandpoors.com.

¹A.M. Best's active company rating scale is: A++ (Superior), A+ (Superior), A (Excellent), A- (Excellent), B++ (Good), B+ (Good), B (Fair), B- (Fair), C++ (Marginal), C+ (Marginal), C (Weak), C- (Weak) and D (Poor).

²Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories. For a full list of Standard & Poor's active company rating scale visit www.standardandpoors.com.



866.696.6527

customerservice@usdentistdirect.com

1010 North 500 East Ste. 101 North Salt Lake City, UT 84054