



Western Building Material Insurance Trust DENTAL BENEFIT SUMMARY

Choice of Dentist

You may see any dentist you choose. However, you may wish to receive services from a dentist who is contracted with *The Standard*, and has agreed to discount their fees. You can locate a dentist by logging on to www.standard.com, select Customer Services, Locate a Dentist, then Ameritas PPO Dental Network. Complete requested items, along with PPO-Nationwide. PPO benefits also pay 100% for eligible Preventive services, 80% for eligible Basic procedures and 50% for eligible Major procedures, yet you will not be balance billed for amounts over Usual and Customary charges.

Your Dental Plan Pays

Preventive Procedures	100%
Basic Procedures	80%
Major Procedures	50%

Deductible Amounts

Preventive Procedures	
Your Deductible is Waived for Preventive Procedures	\$0
Basic and Major Procedures	
Calendar Year - Per Person	\$50

Maximum

Preventive, Basic and Major Procedures	
Calendar Year-Per Person	
PLAN 1	\$2,000
PLAN 2	\$1,500
PLAN 3	\$1,000

Preventive

- Routine Exam (2 per benefit period)
- Bitewing X-rays (2 per benefit period)
- Full Mouth/Panoramic X-rays (once every 3 years)
- Cleaning (2 per benefit period)
- Flouride for Children (1 per benefit period)
- Sealants for Children 16 and under
- Space Maintainers

Basic

- Fillings (amalgam and composite)
- Endodontics/Root Canals (surgical and non-surgical)
- Periodontics/Gum Disease (surgical and non-surgical)
- Denture repair
- Simple and Complex extractions
- Anesthesia

Major

- Onlays
- Crowns
- Implants
- Prosthodontics (bridges/dentures)

For questions about your coverage, contact the Customer Service Department at (800) 547-9515. Mailing address for claim submission is: Standard Insurance Company, Group Dental Insurance, P.O. Box 82622, Lincoln, NE, 68501.

This summary is a highlight of the dental benefits available through The Standard, and does not address exclusions and limitations. For a complete list of covered procedures, exclusions and limitations refer to your Certificate of Insurance.



Western Building Material Insurance Trust
DENTAL BENEFIT MONTHLY COSTS
for
Washington and Oregon

Effective September 1, 2010

	Employee (EE)	EE + Spouse	EE + Spouse + Children	EE + Children
Plan 1 (\$2,000 max)	\$ 49.40	\$ 101.04	\$149.36	\$ 97.72
Plan 2 (\$1,500 max)	\$ 46.40	\$94.88	\$140.20	\$ 91.72
Plan 3 (\$1,000 max)	\$ 41.20	\$ 84.28	\$124.56	\$ 81.52

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