

For personalized service with your enrollment and plan questions please call Whitley Benefits at **(602) 432-9288**.

Enrolling **December 1, 2009**

DENTAL PLAN CHOICES

Members choose from one of the three dental plans displayed!

Office Visit Copay
Type I Coverage¹
Type II Coverage¹
Type III Coverage¹
Orthodontic Program
Non-insured (Discount)
Calendar Year Deductible
(Type II & III Services)
Calendar Year Maximum³ per person
Type I Waiting Period³
Type II Waiting Period³
Type III Waiting Period³

Calendar Year Maximums
Employee
Monthly Premium Rates
Employee + Spouse
Employee + Child(ren)
Employee + Family
SecureCare Dental Plan Code

The Copay Plan (150)

Network Non-Network

\$10
See schedule See schedule
See schedule See schedule
See schedule See schedule
Included Not included
\$50 per person; \$150 per family
None
None
None
None 12 months

None
\$ 13.20
\$ 25.07
\$ 29.04
\$ 37.61
151A

The PPO Plan (MAC)

Network Non-Network²

None
100% 80%
80% 60%
50% 40%
Included Not included
\$50 per person; \$150 per family
\$1,500 per person
None
None
12 Months

\$1,500
\$ 27.32
\$ 50.98
\$ 60.10
\$ 78.03
2MCD

The PPO Plan (UCR)

Network⁴ Non-Network²

None
100% 100%
90% 80%
60% 50%
Included Not included
\$50 per person; \$150 per family
\$1,500 per person
None
None
12 Months

\$1,500
\$ 37.22
\$ 69.44
\$ 81.87
\$ 106.29
2068

Dental Plan Highlights

The Copay Plan

- Cleanings, x-rays, exams covered 100% after copays
- Best used in-network
- No network waiting periods
- No annual maximum
- Fixed copays on all Services
- Large Dentist Network
- Adult & Child Orthodontia

The PPO Plan

- Cleanings, x-rays, exams covered 100%
- Best used in-network
- Low out-of-pocket costs
- High annual maximum
- Rich coverage on all services
- Large dentist network
- Adult & Child Orthodontia

The Indemnity Plan

- Cleanings, x-rays, exams - covered 100%
- Freedom to see any dentist
- Highest in-network benefits
- High Annual Maximum
- Rich coverage on all services
- Large dentist network
- Adult & Child Orthodontia

Automotive Service Association
Member Dental Plan is enrolling
December 1, 2009!
For questions call Whitley Benefits at
(602) 432-9288

**Monthly Group Admin. Fee
(By Total Enrollees)**

2-24	25-49	50+	PEOs
\$15/month	\$20/month	\$30/month	\$50/month

Minimum Employees

2 or more enrolling	Employer Contribution	0% to 100% Allowed
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Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details, consult the Certificate of Coverage. For more information also please visit the Member Benefits page of the Arizona Association of Chiropractic website.

¹SUMMARY OF COVERED SERVICES

(The Certificate of Coverage will include a complete list of Covered Services.)

Type I: Diagnostic & Preventive	Oral examinations (2 per calendar year) • Routine cleanings (2 per calendar year) • Topical fluoride up to age 16 (1 per calendar year) • Diagnostic x-rays, full or panoramic (1 in any 3-year period) • Bitewing x-rays (2 per calendar year) • Emergency palliative treatment to relieve pain • Space maintainers (for premature loss of primary tooth).
Type II: Basic	Fillings using amalgam, silicate, acrylic, synthetic porcelain and composite filling materials • Simple extractions • Antibiotic injections administered by Dentist • Oral surgery, including customary postoperative treatment. Endodontics - root canal therapy, pulpotomy • Periodontics – treatment of gum disease
Type III: Major	Restorative - inlays, onlays, crowns (5-year waiting period for replacement) • Prosthodontics - full or partial dentures or bridges (5-year waiting period for replacement)

PLAN INFORMATION

PRE-DETERMINATION:	Pre-determination recommended for services or supplies over \$300.
ELIGIBILITY:	Full-time employees working at least 30 hours per week, and their dependents. See page 2 for details.
³ REPLACEMENT BENEFITS:	Time periods satisfied under the employer's prior qualifying group dental plan (without coverage gap) will reduce Type I, II, III and Orthodontic benefit Waiting Periods.
PLAN BENEFITS:	Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details consult the Certificate of Coverage.
NON-NETWORK BENEFITS:	² PPO, Indemnity & SecureFlex UCR Plan non-network benefits are paid on a Usual, Customary, and Reasonable (UCR) basis. The employee is responsible for non-network balance billing that may result. PPO MAC plans are paid according to the in-network preferred provider fee schedule.
IN-NETWORK BENEFITS	⁴ Benefits paid in the first in-network column will result in lower employee out-of-pocket costs. Dentist participating at this level are listed in blue in our paper and online dentist directories. Benefits paid in the second in-network column will result in higher employee out-of-pocket costs than in the first column. Dentists participating at this level are listed in black in our paper and online dentist directories.

