



Office of
TAX COLLECTOR
P.O. Box 614

Town of Carlisle

Massachusetts 01741
Tel. (978) 369 - 5557



Office of
TOWN TREASURER
P.O. Box 624

April 2, 2020

TO: All Employees with Standard Dental and New Members

FROM: Anush Coates, Benefits Administrator

Last week I sent out dental packets with the new rates, increased by 7%. Today I was notified by Standard that they will NOT raise the rates. Please ignore those rates, and below are the correct rates.

DENTAL LOW PLAN

Individual Plan \$18.94 per pay period

Family Plan \$59.42 per pay period

DENTAL HIGH PLAN

Individual Plan \$24.36 per pay period

Family Plan \$71.35 per pay period

If you have any questions, please email Anush @ acoates@carlislema.gov

Please stay Safe & Healthy!!!

To Be Completed By Human Resources

Group Number	Division	Billing Category	Date of Employment
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To Be Completed By Applicant

- Apply for Coverage Name Change Former Name _____
 Add Dependent Delete Dependent Date of Add/Delete _____

Your Full Name	Social Security Number	Birth Date	
Address	City	State	ZIP
Phone Number	Job Title/Occupation	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer Name Town of Carlisle	Hours Worked Per Week		

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements.

Dental + Eye Care Insurance

- Dental + Eye Care (Employee paid) coverage requested Low High
 Are you or your dependents covered for dental + eye care insurance under another plan? Yes No

List dependents to enroll or drop for Dental + Eye Care if applicable. (Attach sheet for additional dependents, if needed.)

Full Name (Last name if different, First, Middle Initial)	Dental + Eye Care (Employee paid)		Gender		Date of Birth
	Add	Drop	M	F	
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Dental + Eye Care Insurance Waiver: Contributory Dental + Eye Care Insurance

The insurance coverage available to me and my Dependents has been explained to me and I do not want to enroll at this time. I understand that if I elect to enroll in the future, the insurance coverage may be subject to a Late Entrant Penalty.

- I decline Dental + Eye Care insurance for myself.
 I decline Dental + Eye Care insurance for one or more dependents.

Your Full Name

Signature
I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Signature of Applicant (Member/Employee)	Date
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Town of Carlisle
PolicyLink Highlight Sheet



Low Plan 1: Dental Plan Summary *subject to PolicyLink Dental + Vision plan design listed below* **Effective Date: 6/1/2019**

Plan Benefit	
Type 1	100%
Type 2	100%
Deductible	\$50/Calendar Year Type 2 Waived Type 1 \$150/family
Maximum (per person) Allowance	\$1,000 per calendar year
Max BuilderSM	90th U&C
Waiting Period	Included
Annual Eye Exam	None
LASIK AssistSM	None
Annual Open Enrollment	Included

Vision Summary *subject to PolicyLink Dental + Vision plan design listed below*

Allowances		Frequencies Based on date of service	
Exam	Subject to maximum	Exam	None
Lenses (per pair)		Lenses	None
Single	Subject to maximum	Frames	None
Bifocal	Subject to maximum		
Trifocal	Subject to maximum	Maximum	\$150
Lenticular	Subject to maximum	Deductibles (None)	\$0*
Progressive	Subject to maximum		
Contacts			
Elective/Medically Necessary	Subject to maximum		
Frames	Subject to maximum		

*Deductible applies to the first service received

PolicyLink Dental + Vision Plan Design

	Dental	Vision	Combined No more than
Maximum	\$1,000	\$150	\$1,000

PolicyLink Dental + Vision combines dental and vision benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans. Total benefits paid between the two coverages will not exceed the PolicyLink maximum of \$1,000. Participants can visit the vision provider of their choice.



Dental Procedure Summary

Type 1	Out of Network	Type 2
<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 13 and under (1 in 12 months) • Sealants (age 13 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	

Current Dental Terminology © American Dental Association.

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 26,167 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

Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling 1-800-547-9515. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.



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 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 network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network 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 network is available. To find member dentists in your area, visit: <http://www.standard.com/dental> and click on "Find a Dentist."

Pretreatment

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.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on July 1.

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 exams, cleanings, and fluoride applications for the first 12 months they are covered.



Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.

Town of Carlisle
PolicyLink Highlight Sheet



High Plan 1: Dental Plan Summary subject to PolicyLink Dental + Vision plan design listed below Effective Date: 6/1/2019

	In Network	Out of Network
Plan Benefit		
Type 1	100%	100%
Type 2	100%	80%
Type 3	60%	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1	\$50/Calendar Year Type 2 & 3 Waived Type 1
Maximum (per person) Allowance	\$150/family \$1,500 per calendar year	\$150/family \$1,250 per calendar year
Max BuilderSM	Discounted Fee Included	90th U&C Included
Waiting Period	None	None
Annual Eye Exam	None	None
LASIK AssletSM	None	None
Annual Open Enrollment	Included	Included

Vision Summary subject to PolicyLink Dental + Vision plan design listed below

Allowances		Frequencies Based on date of service	
Exam	Subject to maximum	Exam	None
Lenses (per pair)		Lenses	None
Single	Subject to maximum	Frames	None
Bifocal	Subject to maximum		
Trifocal	Subject to maximum	Maximum	\$150
Lenticular	Subject to maximum	Deductibles (None)	\$0*
Progressive	Subject to maximum		
Contacts			
Elective/Medically Necessary	Subject to maximum		
Frames	Subject to maximum		

*Deductible applies to the first service received

PolicyLink Dental + Vision Plan Design

	Dental	Vision	Combined No more than
Maximum	\$1,250 Non PPO - \$1,500 PPO	\$150	\$1,500

PolicyLink Dental + Vision combines dental and vision benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans. Total benefits paid between the two coverages will not exceed the PolicyLink maximum of \$1,500. Participants can visit the vision provider of their choice.



Dental Procedure Summary

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

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Town of Carlisle PolicyLink Highlight Sheet



We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling 1-800-547-9515. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.

Max BuilderSM

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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
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Please note: Cosmetic benefits in an insurance policy may have income tax implications for both employer groups and plan participants. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult your legal or tax adviser.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.