Colonial Life

Individual Dental Insurance

Standard Plan
$1,000 | 100% | 80% | 50%

This benefit summary provides a quick reference for the dental plan benefits.

Policy details	
Policy year maximum benefit • Per person (applies to Class A, B and C services)	$1,000
Deductible • Per person (applies to Class B and C services only) • Maximum of three per family per policy year	$50

Standard Plan dental coverage at a glance		
Co-insurance	**In-network[1]**	**Out-of-network[2]** (MAC)
Class A: Preventive services	100%	100%
Class B: Basic services	80%	80%
Class C: Major services	50%	50%

Carryover benefits[3]		
Carryover amount Per covered family member	**Threshold limit**	**Carryover account max**
$200	$500	$800

How carryover benefits work

Receive a $200 benefit in your carryover account to use in the next benefit year when you meet these conditions:

- **One cleaning** and **one routine exam** and
- **Total paid dental claims for Class A, B or C services below $500** (your threshold limit, the maximum amount of benefits an insured can receive during a policy year and still be able to receive the carryover benefit).

Your carryover account can grow up to $800 to help pay for claims if you exceed your policy year maximum benefit.[3]

Covered services	In-network coverage[1]	Out-of-network coverage[2] (MAC)	Waiting period
Class A: Preventive services			
• **Routine exams and cleanings** – Two per 12-month period – One additional cleaning per 12 months if member is in second or third trimester of pregnancy[4] • **X-rays (bitewing x-rays)** – Up to four films, once every 12 months • **Fluoride treatment** – Up to age 16, once every 12 months • **Sealants** – Up to age 16, once every 36 months • **Space maintainers** – Up to age 16, once every 24 months • **Oral cancer screening** – For age 40+, once every 12 months	100%	100%	No waiting period
Class B: Basic services			
• **Full mouth/panoramic x-rays** – Once every five years • **Fillings** • **Posterior composite restorations** • **Simple extractions** • **Emergency treatment**	80%	80%	No waiting period
Class C: Major services			
• **Oral surgery** (surgical extractions and impacted teeth) • **Anesthesia** (covered with complex oral surgery) • **Repair of crowns, dentures or bridges** • **Periodontics** (gum treatments) • **Endodontics** (root canals) • **Inlays and onlays** • **Crowns, bridges, dentures and endosteal implants** • **Crown lengthening**	50%	50%	12-month waiting period[5]

Contact your Colonial Life benefits counselor to learn more.

1 In-network benefits are for covered dental services provided by a participating dentist. Participating dentists have agreed to accept negotiated fees as payment in full, subject to any deductibles, co-insurance and benefit maximums, and will file claims for you.

2 Out-of-network benefits are for covered dental services provided by a non-participating dentist. Benefits are provided at the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC), a scheduled amount determined by Colonial Life. In Alaska only, benefits are based on usual, customary, and reasonable charges (80th UCR) for the same covered procedure by providers of similar training or experience in the general geographic area, reviewed and updated periodically. Benefits are subject to any deductibles, co-insurance and maximums. Dentists haven't agreed to accept reimbursement as payment in full. Additional out-of-pocket costs may apply. You may have to file a claim to receive benefits.

3 You must be covered for 12 consecutive months to receive the carryover benefit; any break in coverage will eliminate the carryover account balance. The carryover benefit may not be used for orthodontic treatment or services.

4 Member may have one additional periodontal maintenance in place of an additional cleaning.

5 Six-month waiting period in Vermont.

Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC) is available at ColonialLifeDental.com/California.

THIS POLICY PROVIDES LIMITED BENEFITS. A NETWORK ACCESS PLAN IS AVAILABLE.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IDN8100 (including state abbreviations where used, for example: IDN8100-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Colonial Life

ColonialLife.com

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

Colonial Life

Individual Dental Insurance

Vision Rider

Our vision coverage helps you and your family maintain your vision wellness, with coverage for eye exams and optical materials, such as eyeglasses or contact lenses. This benefit summary provides a quick reference to the rider's benefits.

Co-pays (per insured)[1]		
Benefits (once per 12 months)	**In-network**	**Out-of-network**
Vision exam	$10	N/A
Contact lenses fitting	$25	N/A
Materials	$25	N/A

Benefits and allowances[1]		
Benefits, *after co-pay*	**In-network**	**Out-of-network**
Vision exam	Covered in full	$35 allowance
Contact lenses fitting, *after co-pay*		
Standard[2]	Up to $60 allowance	N/A
Specialty[3]	Up to $100 allowance	N/A
Materials: Eyeglass lenses and frames, *after co-pay*[4]		
Single vision	Covered in full	Up to $25 allowance
Bifocals	Covered in full	Up to $40 allowance
Trifocals	Covered in full	Up to $50 allowance
Lenticular	Up to $120 allowance	Up to $50 allowance
Progressives	Up to $70 allowance	Up to $40 allowance
Polycarbonate lenses (for children to age 19 only)	Covered in full	N/A
Frames	Up to $170 allowance	Up to $50 allowance
Materials: Contact lenses, *after co-pay*[5]		
Elective	Up to $170 allowance	Up to $100 allowance
Non-elective	Up to $210 allowance	Up to $210 allowance

MAXIMIZE YOUR BENEFITS

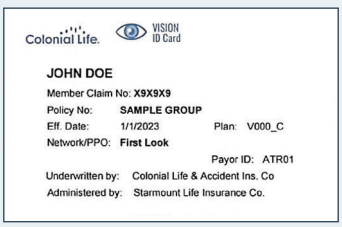
Maximize your vision benefits with any provider in our large, nationwide network, including independent eye doctors, and retail stores such as:

- Walmart and Sam's Club Optical
- Target Optical
- Pearle Vision
- Visionworks

You can choose different providers for eye exams, eyeglasses and contact lenses.

ID CARDS

- Vision ID cards are mailed to your home address within 10 business days of enrolling, separate from dental ID cards.
- Digital ID cards are available on the policyholders portal when your coverage starts.
- Only the primary insured's name will be listed.



Special savings on material purchases[6]

Some network providers offer special pricing and discounts for certain vision materials, including lens add-ons and a second pair of glasses. See the chart below for details. Participating providers are designated as "Value Added" or "Service Plus" in the provider directory at ColonialLifeDental.com.

VALUE ADDED PROVIDERS

Special pricing and discounts on lens options for first pair of glasses (add-ons for insured purchases)

- UV Coating $15
- Solid tinting/gradient tinting $15
- Standard scratch-resistant coating $15
- Standard antireflective coating $45
- Premium antireflective coating $70
- Ultra-antireflective coating ..... 20% discount
- Polarized lenses $75
- Transition lenses $75
- Progressive lenses:
  - Standard $110
  - Premium $170
  - Ultra ..... 20% discount
- Standard polycarbonate lenses $40
- High index (single vision)
  - 1.56–1.60 ..... $60
  - 1.66+ ..... 20% discount
- High index (multifocal)
  - 1.56–1.60 ..... $75
  - 1.66+ ..... 20% discount

Special pricing and discounts on purchase of second pair of glasses

- Single vision plastic lenses $40
- Bifocal plastic lenses $60
- Trifocal lenses $70
- Progressive lenses (standard) $110
- Progressive lenses (premium and ultra) ..... 20% discount

Discount on frames, contact lenses and other products

- Frames ..... Up to 35% discount
- Contact lenses ..... 5 to 15% discount, depending on type
- Other products ..... 20% discount on nonprescription sunglasses and other products/solutions

SERVICE PLUS PROVIDERS

Receive up to a 20% discount for the following add-ons to insured purchases

- UV Coating
- Solid tinting/gradient tinting
- Standard scratch-resistant coating
- Standard antireflective coating
- Premium antireflective coating
- Transition lenses
- Standard polycarbonate lenses

Note: Not a covered benefit. Prices shown reflect member payment. Discounts reflect percentage off the regular price.

1 You are responsible for paying the provider directly for any co-pays, amounts over your allowance, and for any services or materials that are not covered under this rider.

2 The standard contact lenses fitting exam fee applies to a new or existing contact lens user who wears spherical disposable, daily wear, or extended wear lenses only. This includes follow-ups.

3 The specialty contact lenses fitting exam fee applies to a new or existing contact lens user who wears toric, gas-permeable, mono-fit or multi-focal lens. This includes follow-ups.

4 Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

5 The contact lenses benefit is paid in lieu of eyeglass lenses and frames.

6 These schedules are subject to change without notice. Added value discounts may not be available in all geographical areas and may vary by network. Not all providers, such as Walmart, Sam's Club and Costco Optical, choose to participate in these programs. Some frames and lens items may have manufacturer restrictions and cannot be discounted. Special lens packages that combine multiple lens enhancements at value price points are not covered by these added value programs. Programs may not be combined with any other promotions or discounts.

THIS POLICY PROVIDES LIMITED BENEFITS.
A NETWORK ACCESS PLAN IS AVAILABLE.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IDN8100 and rider form R-VSN8100 (including state abbreviations where used, for example: IDN8100-AL and R-VSN8100-AL). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Colonial Life

ColonialLife.com

Deductions per year: 12

These rates were prepared on 8/27/2025 and are valid for 90 days.

Individual Dental 8100 (IDN8100) for MI

Applicable to policy form Individual Dental 8100 (IDN8100)

- - 12 Month Waiting Period, Applicable to Class C Services

Zip Codes: 480, 481, 482, 483, 484, 485, 486, 487, 489, 491, 492, 496, 497, 498, 499

COVERAGE LEVEL	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
Standard (MAC 100/80/50)	$37.06	$69.99	$88.32	$130.76

Individual Dental 8100 (IDN8100) for MI

Applicable to policy form Individual Dental 8100 (IDN8100)

- with Vision Rider - 12 Month Waiting Period, Applicable to Class C Services

Zip Codes: 480, 481, 482, 483, 484, 485, 486, 487, 489, 491, 492, 496, 497, 498, 499

COVERAGE LEVEL	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
Standard (MAC 100/80/50)	$43.31	$82.34	$101.32	$151.11

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Evette Kendzierski | e.kendzierski@colonialmi.com | (586) 243-6100