Lutheran Ministries of Mercy, Inc.

Dental Highlight Sheet

Plan 1: Dental Plan Summary **Effective Date: 1/1/2027**

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3 Waived Type 1 $150/family
Maximum *(per person)*	$1,000 per calendar year
Allowance	Discounted Fee
Maximum Rewards	Included
Waiting Period	None
Annual Eye Exam	None
Annual Open Enrollment	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,000*
Waiting Period	None
Takeover Benefit	Initial Insureds Only

*Maximum not reduced by prior carrier payment.

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (2 per benefit period) • Sealants (age 15 and under) • Space Maintainers	• Fillings for Cavities • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Bi-Weekly Rates

Employee Only (EE)	$10.50
EE + Spouse	$21.41
EE + Children	$28.34
EE + Spouse & Children	$39.28

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LIFE INSURANCE COMPANY

Lutheran Ministries of Mercy, Inc.

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Reliance Standard Life Insurance Company
Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

Rx Savings
Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, members just need to visit us at www.reliancematrix.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings
Plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, plan members can visit www.reliancematrix.com and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.

Customer Service
Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 467-7336. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

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Maximum Rewards
This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be 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	Maximum Rewards amount is added to the following year's maximum
Annual PPO Bonus	$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	$1,000	Maximum possible accumulation for Maximum Rewards and PPO Bonus combined

Groups with a program similar to Maximum Rewards on their previous plan are eligible for Maximum Rewards Credits. To qualify for Maximum Rewards Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to Reliance Standard.

Reliance Standard will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

Orthodontia - Initial Insureds Only
Reliance Standard Life will provide coverage on current orthodontic treatment programs and pay up to Reliance Standard Life's orthodontic maximum minus any benefits the plan member has received from the prior carrier. These takeover benefits only apply to initial employees and their dependents on the plan's effective date and are not available to new enrollees who enroll after case implementation.

Dental Network Information
To find providers near you, visit our website at www.reliancematrix.com. Click on "Find a Dentist" to access our online directory and follow the step-by-step instructions. California Residents: When prompted to select your network, choose the network found on your ID Card.

Your provider network is Classic Network.

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.

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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.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.

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Eye Care Highlight Sheet

Plan 1: Sharper Vision Plan Summary **Effective Date: 1/1/2027**

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	$10 Exam	$10 Exam
	$25 Eye Glass Lenses or Frames*	$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to $60	No benefit
Elective	Up to $130	Up to $105
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$130**	Up to $70
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on calendar year	12/12/24 Based on calendar year

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*
***The Costco and Walmart allowance will be the wholesale equivalent.*

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses		
Standard	Covered in full	Up to Lined Bifocal allowance.
Premium	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $33 adults	No benefit
Solid Plastic Dye	$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	$17	No benefit
Photochromatic Lenses (Glass & Plastic)	$31-$82	No benefit
Scratch Resistant Coating	Covered in full	No benefit
Anti-Reflective Coating	$43-$85	No benefit
Ultraviolet Coating	Covered in full	No benefit

**Lens Option member costs vary by prescription, option chosen and retail locations.*

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Eye Care Highlight Sheet

Bi-Weekly Rates

Employee Only (EE)	$2.69
EE + Spouse	$5.37
EE + Children	$5.75
EE + Spouse & Children	$9.18

Additional Sharper Vision Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to $1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

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Eye Care Highlight Sheet

VSP Information
Sharper Vision eye care features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

For more information regarding the VSP provider network or to find out more about VSP, please visit the VSP web-site at www.vsp.com.

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