Request for Proposal

Dental Care Program

NOVEMBER 2026

SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

HEALTHCARE PLAN AND TRUST

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I. INTRODUCTION

The School Employees Retirement System of Ohio Healthcare Plan and Trust (the Plan) is requesting proposals for a dental benefit program, which would be offered to eligible SERS retirees, disability benefit recipients, survivors, eligible spouses and children.

II. BACKGROUND

The School Employees Retirement System of Ohio (SERS) is a statewide defined benefit retirement system for non-certificated persons employed by the public schools within the state's cities, villages and counties, as well as local districts, vocational and technical schools, community colleges, and The University of Akron. SERS provides service retirement, disability and survivor benefits, and access to healthcare coverage for benefit recipients and their dependents. General administration and management of the plan is vested in the Retirement Board established under Chapter 3309 of the Ohio Revised Code.

Approximately 40,000 retirees, spouses and dependents are enrolled in the Plan's healthcare program throughout the United States, however, about 90% are located in Ohio. SERS makes available a stand-alone dental plan available with a current enrollment of over 49,000 lives.

This is a voluntary program funded by retirees who enroll in the dental plan through monthly premium deductions from a pension check. The Plan does not and will not subsidize the premium cost for our retirees and their eligible dependents. The Plan determines participants' eligibility in the dental plan. The Plan intends to make this offering available to all eligible benefit recipients and dependents.

Links are available for the most recent SERS Annual Comprehensive Financial Report. For additional information on SERS, see www.ohsers.org.

III. SCOPE OF SERVICES

A. Retiree Dental Care Benefit Program

The Plan is seeking a qualified vendor to provide a dental care benefit program that is equal to or exceed the benefits in Appendix B. The dental plan must not cover any services which are covered by any medical plan offered by the Plan.

- Vendor shall provide an assigned account management team consisting of an Account Manager, IT Lead, and a direct customer service contact. In all events, the vendor shall provide sufficient

assigned personnel and other resources as reasonably required to administer a quality, cost-effective customer service program.

- The Plan holds a biennial dental open enrollment, at which time eligible benefit recipients can enroll or disenroll in the program for the subsequent two-year period. Newly qualified retirees, disability recipients, survivors, spouses, and eligible children will be offered the program at the time of the qualifying event.
- Selected vendor must provide a representative during open enrollment to attend all participant meetings if applicable. This could be in person or by Webinar.
- The Customer Service toll-free telephone line must be available five (5) days a week, Monday through Friday, from 8 a.m. through 5 p.m. EST. The line must be dedicated to the Plan's enrollees.
- ID cards must be issued for enrollees and their covered eligible dependents. The selected vendor must print at least one ID card for each participant. Additional cards must be available if requested by a participant at no replacement cost. ID cards must not display social security numbers (SSN), even if SSNs are provided by SERS as the key identifier for a participant.
- The selected vendor must be able to accept weekly electronic eligibility via SFTP and maintain current participant and dependent enrollment, including occasional timely and flexible enrollment processing outside of regularly scheduled updates. All data transfers must be accepted via SFTP.
- The vendor will not contact any SERS retiree with any information or material that has not been previously submitted to the Plan for review and approved by the Plan.
- The selected vendor will acknowledge and agree that it is the Covered Entity as provided in HIPAA.
- Sufficient network providers must be geographically accessible to the Plan's members. As noted, 90% of the Plan's benefit recipients are located in Ohio, but the remaining recipients are scattered throughout the US.
- Vendor must be adept at large group implementations and have demonstrated success at working with retired enrollees.

B. Employee Dental Care Benefit Program

Separately and in addition to the Retiree Plan, responses should include proposed monthly administrative fees for a self-funded employee plan and proposed premiums for a fully-insured employee plan covering 450 lives using benefits that are similar to those described in Appendix C. These services will be purchased solely at SERS' discretion.

The Plan will consider only proposals for the services as described above. **Responses submitted for other services will not be considered.**

IV. PROPOSAL SUBMISSIONS

A. Intent to Respond

If the vendor intends to respond to this RFP, a Notice of Intent to do so should be sent to the Plan by December 15, 2026. The Notice should be sent by email Plan contact person listed in Paragraph C. below, and contain the vendor's name, its intent to respond, the name of a contact person and the contact person's telephone number and email address. Submitting this Notice will not obligate a vendor to submit a Response nor be a prerequisite for submitting a Response but will allow SERS to send out any necessary information to interested vendors.

B. Response Deadline

The completed Response must be received by **January 15, 2027, 4:00 p.m. Eastern Time.** Responses received after the Response deadline will not be considered.

C. Delivery

Contact person for all responses, and communications:

Jennifer Kelley
Healthcare Coordinator, Medical Plans
Healthcare Department
School Employees Retirement System
300 East Broad Street, Suite 100
Columbus, OH 43215
jkelley@ohsers.org
Telephone: (614) 340-1319
FAX: (614) 340-1820

An unbound original and four copies of the Response are to be sent by mail or delivery service. Also send an electronic copy of the proposal and one electronic redacted copy of the proposal suitable for use when the Plan is responding to a Public Records request. Faxed transmissions are not acceptable and will not be considered.

D. Response Documents

All of the following documents must be submitted together and in the order listed.

1. A Cover Letter on the vendor's letterhead signed by at least one individual who is authorized to bind the vendor contractually.

2. The Questionnaire in Appendix A. with the question and/or request duplicated in the Response before the answer or response.

3. Review of the Plan's Contract Terms and Conditions (Appendix D).

E. Submitted Responses

Any Response submitted will become the property of the Plan. The Plan reserves the right to retain all Responses submitted, and use any information contained in a Response except as otherwise prohibited by law. All Responses and the contents thereof will be deemed to be a public record which is open to public inspection after a vendor has been selected and contract has been executed, if any. A vendor may include one additional copy of its Response with any proprietary trade secret information redacted and marked as such with a brief written basis why it believes the information is protected from disclosure. In the event that the Plan receives a public records request to which, in the Plan's sole discretion, any of a vendor's materials are responsive, the Plan may release the vendor's redacted materials, or in the event no redacted materials are submitted, the vendor's unredacted materials without notice to the vendor. In the event any of the vendor's redactions are challenged, the vendor shall have sole responsibility to defend such redactions at its cost and expense. The Plan will not institute any legal action to defend any of vendor's redactions but will notify the vendor of such challenges.

F. Communications with SERS

Vendors which intend to submit a Response should not contact any member of the Plan's Staff or members of the Retirement Board. An exception to this rule applies to vendors who currently do business with the Plan, but any contact made by such vendor(s) with persons should be limited to that business and should not relate to this RFP.

G. Questions Relating to this RFP

All questions concerning this RFP must be received by email by the Contact person by **December 9, 2026, 4:00 p.m., Eastern Time**. Answers to questions received by this deadline will be available to all vendors by a posting at www.ohsers.org by December 16, 2026. Questions submitted after 4 p.m. will not be considered.

V. SELECTION PROCESS

The Plan's staff will evaluate all timely and complete Responses. The Plan reserves the right to request that any Response be clarified or supplemented.

During the evaluation of proposals, the Plan may request clarifications from any vendor under consideration and may give the vendor an opportunity to correct defects in its proposal if the Plan believes does not result in a material unfair advantage and represents the best interest of the Plan.

VI. TENTATIVE TIMETABLE

The following is the tentative time schedule for the Plan's search for vendors to provide the requested services. All dates are subject to modification by SERS without prior notice.

Issuance of RFP:	November 13, 2026
Question Deadline:	December 9, 2026
Intent to Respond:	December 15, 2026
Response to Written Questions:	December 16, 2026
RFP Response Deadline:	January 15, 2027 4:00 p.m. EST
Implementation Begins	June 1, 2027
Open Enrollment Begins:	October 1, 2027
Open Enrollment Ends:	November 30, 2027
Coverage Begins:	January 1, 2028

The vendor(s) selected must enter into a contract.

VII. CRITERIA

The Plan will evaluate the proposals based on the following minimum criteria:

- Proposed schedule of benefits and monthly premium
- Network of providers and network management program
- Qualifications and related experience of vendor and account team proposed to be assigned to the Plan's account
- Claims administration process
- Member communication

The Plan, at its discretion, may request vendors to interview and make a presentation about their proposal. Not all vendors may be selected to interview and make presentations. The Plan will not pay or reimburse vendors for any costs incurred in connection with interviews or presentations.

VIII. QUESTIONNAIRE

Vendors must complete the Questionnaire appearing in Appendix A. Responses to the questions should repeat the question and be answered in order. Limit each

response to no more than one page, except where examples of materials are requested.

IX. TERMS AND CONDITIONS FOR RFP

The Plan makes no representations or warranties, expressed or implied, as to the accuracy or completeness of the information in the RFP and nothing contained herein is or shall be relied upon as a promise or representation, whether as to the past or the future. The RFP does not purport to contain all of the information that may be required to evaluate the RFP and any recipient hereof should conduct its own independent analysis of the Plan and the data contained or referenced herein. The Plan does not anticipate updating or otherwise revising the RFP. However, this RFP may be withdrawn, modified, or re-circulated at any time at the sole discretion of the Plan.

The Plan reserves the right, at its sole discretion and without giving reasons or notice, at any time and in any respect, to alter these procedures, to change and alter any and all criteria, to terminate discussions, to accept or reject any Response, in whole or in part, to negotiate modifications or revisions to a Response and to negotiate with any one or more respondents to the RFP.

The Plan is not and will not be under any obligation to accept, review or consider any Response to the RFP, and is not and will not be under any obligation to accept the lowest offer submitted or any offer at all. The Plan is not and will not be under any obligation to any recipient of, or any respondent to, the RFP except as expressly stated in any binding agreement ultimately entered into with one or more parties, either as part of this RFP process, or otherwise. Any decision to enter into a binding agreement with a respondent to this RFP is in the Plan's sole discretion.

This RFP is not an offer but a request to receive a Response. The Plan will consider a Response as an offer to develop an agreement based upon the contents of the Response. Respondents agree that the contents of their Responses are valid for one year from the date of submission. The Plan will not be liable for any cost incurred in the preparation of a Response and will not reimburse any respondents for their submission. Expenses related to the production of a Response are the sole responsibility of the Respondent.

The Plan may hold discussions with some or all of the vendors to further explore their proposals, the scope and nature of the services they would provide, and the various approaches they may take regarding the project. The Plan may, at its discretion, request any or all vendors to make in-person presentations at its headquarters in Columbus, OH and/or allow the Plan to make on-site visits at the offices or other facilities of vendor. Not all vendors may be selected to make presentations or host a site visit. The Plan may select a vendor on the basis of the written proposals only, and without a finalist presentation.

In making an evaluation of any proposal or making any determination with respect to the evaluation or choice of a vendor, the Plan shall not be limited to reviewing information provided by a vendor during the RFP process, and may, at the Plan's sole discretion, consider any pertinent information concerning a vendor's performance of services similar to the services requested for or on behalf of the Plan.

Mandatory Contract Terms

The contract provided by the Plan will include the following provisions with which the vendor is expected to agree. Each item in this section must be addressed by restating the item and then indicating agreement:

- Vendor shall act with respect to any transaction arising from or pertaining to its services or involving any interest of the Plan, only under the contract and shall not receive any remuneration in connection with such transaction except under the contract or as may be determined by mutual agreement of The Plan and vendor in writing in advance.
- Vendor shall disclose in advance of any work performed or recommendations provided any potential conflicts of interest that could reasonably be expected to affect the objectivity of vendor and its employees in fulfilling their duties to the Plan.
- Vendor shall comply with all applicable federal, state and local laws, including but not limited to the reporting requirements contained in Ohio Revised Code Sections 101.90 et seq. (concerning the Joint Legislative Ethics Committee), and Chapter 102 and related statutes (concerning the Ohio Ethics Law) in its performance of services under the agreement.
- Vendor shall warrant and represent that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value, directly or indirectly, to the Plan or any of its Board members, officers, employees or agents, or any third party with respect to any contracts, including but not limited to a finder's fee, cash solicitation fee or a fee for consulting, lobbying or otherwise, except as specifically provided for in the Agreement.
- Vendor shall agree that, for the duration of the contract, no substitution or replacement, neither of the project leader nor of the qualified personnel employed by the vendor, shall be made except with the written consent of the Plan. The Plan may remove the vendor at any time throughout the contract for convenience, for any violation of the contract, and/or for reassigning the project leader or any other key personnel without prior written consent of The Plan.
- Vendor shall agree that the agreement will be governed by the laws of the State of Ohio and any legal action relating to the agreement will be brought in the courts located in Franklin County, Ohio.
- Vendor will agree that all Confidential Information, including all de-identified and/or aggregated data of the Plan including without limitation,

information and data related to members, healthcare participants and claims, are and will remain the property of the Plan and that the selected Vendor will maintain and use all such records and information only in its performance of its services related to this project (with exception only for using de-identified and aggregated data for the normative database).The Vendor will not use or disclose any such records and information (including all de-identified and/or aggregated data of the Plan), for future marketing efforts or other purposes unless the Plan specifically consents in writing to a particular use or disclosure. Further, selected Vendor will encrypt all Confidential Information and PHI data in motion, as well as Confidential Information and PHI data at rest.

Appendix A
QUESTIONNAIRE

Responses to the following questions should repeat the question and be answered in order. Limit each response to no more than one page except for documentation attachments, network data, and contract responses.

A. Vendor Details

1. Provide the name of the company, and its principal office's address and telephone number.
2. Provide the name, address, telephone number, and email address of the company's primary contact for this proposal.
3. Attach a copy of the company's documentation indicating it is a licensed insurance company authorized to do business in Ohio.
4. Attach a copy of the company's most recent annual financial report.
5. For proposed dental plans:
    a. Briefly describe each, attach the summary plan description and/or certificate of coverage for each.
    b. Include a count of providers and locations. If a dental practice has a practice in two offices, this will count as one provider with two locations.
    c. Include a machine-readable flat file (e.g., csv, tab delimited) containing the plan's provider directory and a data dictionary containing a description of each field in the file.
6. Identify any plan which is specifically designed for a retiree population or plans targeted toward adults 50+ years old.
7. What support does the vendor provide to seniors, hard of hearing, visual impaired, or mentally compromised participants?
8. Describe the vendor's procedures for processing claims submitted by providers and participants.
9. How does the vendor monitor participant appeals and complaints?
10. Indicate the method by which participant complaints are monitored internally and the systems designed to resolve participant's problems.

11. Indicate your performance standards for claims administration and appeals. Provide actual results for the last two years:
    - Turnaround time
    - Procedural accuracy
    - Financial accuracy
    - Provider and participant payments
    - Average provider call response time
    - Call abandonment rates
12. Does the vendor use artificial intelligence? If yes, how is it used in your business?
13. Has the vendor had any data breaches in the past 5 years? If so, please describe.
14. Provide a brief overview of your provider network(s). If multiple networks are used please describe.
    - How long has the provider network been operational?
    - Was the provider network developed and contracted directly entirely by vendor?
    - Are any pieces of the network not wholly owned or operated by your organization?
    - Is the network NCQA or URAC accredited? Describe credentialing and credentialing process.
    - How does vendor verify provider licenses or certifications are current?
15. Where is the vendor's network currently operational? Is there any network expansion planned?
16. Submit a provider network listing for the State of Ohio for plans proposed. Using a plot or scatter method please include a map showing the location of each of the various providers listed below by specialty.
    a. Include a machine-readable flat file (e.g., csv, tab delimited) containing the plan's provider directory and a data dictionary containing a description of each field in the file.
17. Provide the total number of contracted network providers:
    - General dentists
    - Endodontists

- Periodontists

18. What is the current annual provider retention percentage for the network offered?
19. How do providers access eligibility/plan design information?
20. What are the vendor's notification procedures to participants when providers leave the network?
21. What process is available for participants who want to nominate dentists or other service providers to the network?
22. What are your incentives for dentists to control cost and provide quality care? How do you monitor provider performance?
23. Provide the names of three (3) current clients using the vendor's proposed product listed in D. 1 below with a contact name, title, address and telephone number; include at least one government or retirement system client if any.
24. Provide the names of three (3) clients who terminated one of vendor's dental plans within the last two (2) years with a contact name, title, address and telephone number. Provide the reason for the termination.

B. Disaster Recovery and Business Continuity Requirements

The Vendor shall provide a comprehensive overview of its Disaster Recovery (DR) and Business Continuity Planning (BCP) capabilities. The response must address the following:

1. Disaster Recovery Plan Overview
Describe your organization's formal Disaster Recovery Plan.
Indicate the frequency of plan reviews and updates.
Provide the date of the most recent successful DR test.

2. Recovery Time Objectives (RTO) and Recovery Point Objectives (RPO)
Specify the RTO and RPO for the proposed solution. Describe how these objectives are achieved and maintained.

3. Data Backup and Redundancy
Detail the backup strategy, including frequency, storage locations, and encryption methods. Describe data redundancy measures and geographic diversity of data centers.

4. DR Testing and Validation
Outline the DR testing schedule and methodologies. Provide evidence of past test results or summaries demonstrating

effectiveness.

C. Personnel

1. List the name, address, telephone number, and email address of the primary individual who will be responsible for the SERS account. Describe this person's background or attach a resume.

2. List the names of the additional primary members of any team which will be responsible for the implementation and continuing administration of any SERS dental plan. Describe each person's background or attach a resume

D. Proposed Product and/or Service

1. Describe the proposed product ("Proposed Product") for the Plan's account and provide a sample certificate of coverage.

2. Attached as Appendix B is the current Plan's retiree dental plan ("Current Plan"). Does vendor have a plan which replicates the current plan? If so, identify which plan in A. 5 above is the plan. If there is no listed plan, can you provide the Current Plan if selected?

For the following questions, answers should be provided for the Proposed Product and the Current Plan where applicable and identified as such. If there is no identification the Plan will assume the answer applies to both the Proposed Product and the Current Plan.

3. State whether each of the following administrative requirements is acceptable to your company:

    a. The initial contract period for dental services is January 1, 2028 through December 31, 2033. Any renewals will be on at least on a biennial basis. The Plan currently has a biennial, or two-year, open enrollment period for the retiree dental plan which typically occurs in the months of October and November for an effective date of January 1st.

    b. Any premium change may apply only for each contracted two-year period. Premium change may only be warranted in the event of significant plan benefit changes, utilization, or changes in the eligible population.

    c. Eligibility and enrollment data transfers must be accepted by weekly electronic SFTP using the HIPAA 834 format. Weekly member rejection issue notification issues should be sent by email to the Plan's assigned contact.

d. A dedicated toll-free telephone number must be available and publicized to all plan participants.

e. Eligibility for coverage is as follows:

   i. Retiree or disability recipients, post-retirement death benefits, survivor benefit recipients, unlimited age
   ii. Spouse of above, (provided the primary has coverage) unlimited age
   iii. Children, up to the age of 26 (provided the primary has coverage)
   iv. Incapacitated children, unlimited age if meet eligibility requirement as determined by the Plan.
   v. New participants enroll throughout the year as they become eligible for SERS benefits, which is the basis for the Plan's healthcare coverage and under which they may select the optional dental plan.

g. The Plan, through a third-party vendor offers COBRA coverage to eligible individuals. Vendor must work with the Plan's contracted third-party COBRA vendor to enroll individuals in coverage if elected.

f. Vendor is prohibited from marketing or contacting eligible Plan participants with any information or materials that have not been submitted to the Plan for approval except for individual claims administration.

g. The names and addresses or other personal information of the Plan participants cannot be sold and cannot be used by the company for any purpose other than for administration of the plan.

h. Premiums are deducted from the primary enrollee's benefit check the first of each month and remitted to the company by the tenth (10^{th}) of each month.

i. If vendor conducts a participant satisfaction survey, please attach a copy of most current survey.

4. Provide an implementation plan and timeline, including the person responsible for each activity.

5. State whether any regulatory filings would be necessary before the plan would be available. If yes, what would be the estimated time before such filing would be approved?

6. Describe how participants are reimbursed for eligible claims under the plan, or is payment remitted only to providers.

D. Standards of Conduct

1. How does the vendor identify and manage conflicts of interest?

2. Are there any potential conflicts of interest that the vendor would have in providing the requested services to the Plan? If yes, explain.

3. List and describe any relationships and/or contacts the vendor or its officers or employees have had with any Plan's Retirement Board member and/or staff member within the last 12 months.

4. Has the vendor or any officer or employee given any money or anything of value directly or indirectly to the Plan or any of its Retirement Board members, officers, or employees? If yes, identify the recipient and remuneration or thing of value. Additional information on the Ohio ethics law and doing business with government organizations is available at: https://ethics.ohio.gov/education/factsheets/SpecificPublicProfessionsand Roles.pdf.

E. FEES AND CONTRACT

1. Provide a premium schedule for the services requested in this Request. Provide a breakdown of the premium by: claims, administrative expenses, risk change, commission, and other (specify) expenses. Rates for the first 2-year period are encouraged as well as Not to Exceed rates for next two 2-year periods.

2. Attach a proposed contract. The Plan will draft the contract and will use the proposed contract in preparing the draft.

3. Please note that the Plan is tax-exempt, proof of which will be provided upon request.

F. THE PLAN'S CONTRACT TERMS AND CONDITIONS

1. This document contains the standard language for The Plan's Contract Terms and Conditions for all plan services. If selected,

does the vendor agree to all terms and conditions provided in Appendix D?

2. If not, please use Track Changes in separately posted attached Word version copy of Contract Terms and Conditions to provide any details as to the specific provisions and vendor's preferred language for Plan review.

Appendix B
CURRENT RETIREE BENEFIT DESIGN

School Employees Retirement System of Ohio Dental Plan Benefits

Retiree Benefit Summary

Coverage Type	Preferred Dental Plan In-Network:	Out-of-Network:
Type A – Diagnostic & Preventive Service cleanings, oral examinations, bitewing/full-mouth X-rays	**100% of Preferred Dental Plan Fee***	**80% of R&C Fee****
Type B – Basic Services fillings, periodontic services, simple extractions, other x-rays	**80% of Preferred Dental Plan Fee***	**60% of R&C Fee****
Type C –Major Services crown repair, molar root canals, veneers, bridges, implants and dentures	**50% of Preferred Dental Plan Fee***	**40% of R&C Fee****
Type D – Orthodontia	**No Coverage**	**No Coverage**
Deductible†:	**In-Network**	**Out-of-Network**
Per Individual	**$50.00**	**$50.00**
Annual Maximum Benefit:	**In-Network**	**Out-of-Network**
***Per Individual**	**$1,500.00**	**$1,500.00**
Orthodontia Lifetime Maximum:	**In-Network**	**Out-of-Network**
Per Individual	**No Coverage**	**No Coverage**

*** Preferred Dental Plan Fee refers to the fees that participating Preferred Dental Plan dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums.**

**** R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by Plan.**

†Revise coverage types as per Plan Design. Choose one Applies to type B and C Services
***Annual Maximum Benefit applies to In-Network and Out-of-Network**

Eligibility Options

Benefit Recipient Only	**$**
Benefit Recipient + One	**$**
Benefit Recipient + Spouse + Child(ren)	**$**

List of Primary Covered Services and Limitations

Type A - Preventive	**How Many/How Often:**
Prophylaxis (cleanings)	• Two exams per calendar year
Oral Examinations	• Two exams per calendar year
Topical Fluoride Applications	• One fluoride treatment per calendar year for dependent children up to age 15
X-rays	• Full mouth X-rays: one per 3 years • Bitewing X-rays: one set per calendar year
Space Maintainers	• Space Maintainers payable once per area per lifetime with no age limit
Sealants	• One application of sealant material every 3 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to age 15
Type B - Basic Restorative	**How Many/How Often:**
Fillings	• No Limit – composite resin restorations are payable on all teeth
Recements of Crowns Inlays/Onlays	• No Limit
Periodontics	• Periodontal scaling and root planing once per quadrant, every 2 years. • Periodontal surgery once per quadrant, every 3 years. • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in one year.
Type C - Major Restorative	**How Many/How Often:**
Recements of Bridges	• Payable once in 8 year period
Endodontics (Anterior, Bicuspid & Molar)	• Root canal treatment limited to once per tooth per 24 months.
Implants	• Limitation to once per tooth in 8 year period • Including Cone Beam Imaging 1 every 10 years • Repairs of Implants 1 every 12 years • Initial placement to replace one or more natural teeth, which are lost while covered by the Plan.
Bridges and Dentures	• Dentures and bridgework replacement: one every 8 years. • Limitations to relines and rebases – 6 months after initial placement and one every 5 years after the first 6 months • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed.
Crowns/Inlays/Onlays	• Replacement: once every 8 years.
Repairs of Crowns, Bridges and Dentures	• One every 24 months
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services.

Type D - Orthodontia	How Many/How Often:
	• No Coverage

Restrictions/Exclusions

(This list is a general guideline and not all encompassing)

- **Oral exams (including evaluations by a specialist) are payable twice per calendar year.**
- **Prophylaxes (cleanings) are payable twice per calendar year. Two additional prophylaxes are payable per calendar year for individuals with a documented history of periodontal disease.**
- **People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.**
- **Fluoride treatments are payable once per calendar year for people age 15 and under.**
- **Space maintainers are payable once per area per lifetime with no age limit.**
- **Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.**
- **Certain laboratory tests are Covered Services.**
- **Crowns, onlays, and substructures are payable once per tooth in any eight-year period. Veneers are payable on incisors, cuspids, and first bicuspids once per tooth per eight-year period when necessary due to fracture or decay.**
- **Composite resin (white) restorations are payable on all teeth, including posterior teeth.**
- **Localized delivery of chemotherapeutic agents is a Covered Service.**
- **Biopsy of hard and soft tissue are Covered Services.**
- **Full and partial dentures are payable once in any eight-year period.**
- **Bridges are payable once in any eight-year period.**
- **Implants are payable once per tooth in any eight-year period. Implant related services are Covered Services.**
- **Crowns over implants are payable once per tooth in any eight-year period. Services related to crowns over implants are Covered Services.**
- **Occlusal guards are payable once in any three-year period. Antibiotic drug injections are Covered Services.**
- **People with special healthcare needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special healthcare needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.**

Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 15 and under. The surface must free from decay and restorations.

Appendix C
CURRENT EMPLOYEE BENEFIT DESIGN

Employee Coverage Type	In-Network Employee Percentage	Out-of-Network Employee Payment Percentage
Type A – Diagnostic & Preventive Services: cleanings, oral examinations, bitewing/full-mouth X-rays, fluoride, sealants	**0% of the negotiated charge**	**0% of the recognized charge**
Type B – Basic Restorative Services: composite fillings, periodontic services, simple extractions, other x-rays	**20% of the negotiated charge**	**20% of the recognized charge**
Type C –Major Restorative Services: crowns, inlays, onlays, molar root canals, bridges, implants and dentures	**40% of the negotiated charge**	**40% of the recognized charge**
	In-Network	**Out-of-Network**
Deductible - Per Individual/Family	**$50.00/$100.00**	**$50.00/$100.00**
Calendar Year Maximum:	**$2,500.00**	**$2,500.00**
***Per Individual**	**$1,500.00**	**$1,500.00**
Orthodontic treatment	**50% of negotiated charge**	**50% of the recognized charge**
Orthodontia Lifetime Maximum:	**$2,000.00**	**$2,000.00**

Eligible Dental Services

TYPE A EXPENSES: Diagnostic and preventive care

Visits and exams

- Oral evaluations, (2 routine visits per year and problem focused visits)
- Prophylaxis (cleaning), (2 treatments per year)
- Topical application of fluoride if you are under age 19, (1 application per year)
- Sealants, per tooth (1 application every 3 years for permanent molars only and if you are under age 19)
- Sealant repair - per tooth (for permanent molars only and if you are under age 19)
- Scaling – moderate/severe inflammation, full mouth (2 treatments per year, frequency combined with prophylaxis)
- Application of hydroxyapatite regeneration medicament - per tooth (1 application every 3 years)
- Testing for cracked tooth (frequency combined with oral evaluations)
- Emergency palliative treatment, per visit

Space maintainers - Only when needed to preserve space resulting from premature loss of deciduous teeth if you are under age 19. (Includes all adjustments within 6 months after installation.)

- Fixed or removable (unilateral or bilateral)
- Recementation or removal

Images and pathology

- Bitewing images (2 sets per year)
- Entire dental series, including bitewings or panoramic film (1 set every 3 years)
- Vertical bitewing images (1 set every 3 years)
- Periapical images
- Intra-oral, occlusal view images
- Extra-oral images

TYPE B EXPENSES: Basic restorative care

Visits and exams

- Office visit after hours (we will pay either for the office visit charge or for the **eligible dental services** performed, whichever is more)

Images and pathology

- Accession of tissue

Restorative - Excluding inlays, onlays and crowns. Multiple restorations in 1 surface will be considered as a single restoration.

- Amalgam restorations
- Composite restorations
- Placement of interim direct restoration
- Reattachment of tooth fragment, incisal edge or cusp
- Pin retention, per tooth, in addition to restoration
- Prefabricated crowns (primary teeth only, excludes temporary crowns)
- Recementation
- Excavation of a tooth resulting in the determination of non-restorability

Oral surgery

- Extractions – coronal remnants – deciduous tooth
- Extractions erupted tooth or exposed root
- Surgical removal of erupted tooth
- Removal of impacted tooth
  - Soft tissue
  - Partially bony
  - Completely bony
- Surgical removal of residual tooth roots
- Primary closure of a sinus perforation
- Oroantral fistula closure
- Tooth transplantation

- Surgical access of unerupted tooth
- Mobilization of erupted or malpositioned tooth to aid eruption
- Placement of device to facilitate eruption of impacted tooth
- Biopsy of oral tissue
- Exfoliative cytological sample collection
- Alveoloplasty
- Removal of odontogenic cysts or tumors
- Removal of exostosis
- Removal of torus
- Surgical reduction of osseous tuberosity
- Incision and drainage of abscess
- Removal of foreign body
- Sequestrectomy
- Suture of wounds
- Frenectomy/frenuloplasty
- Excision of hyperplastic tissue per arch
- Excision of pericoronal gingiva
- Surgical reduction of fibrous tuberosity
- Sialolithotomy
- Closure of salivary fistula
- Excisional biopsy of minor salivary glands
- Coronectomy

Periodontics

- Periodontal maintenance (following active therapy)
- Occlusal adjustment, (other than with an appliance or by restoration)
- Root planing and scaling, 1 to 3 teeth per quadrant
- Root planing and scaling, 4 or more teeth per quadrant
- Surgical revision procedure, per tooth
- Gingivectomy/gingivoplasty, 1 to 3 teeth per quadrant
- Gingivectomy/gingivoplasty, 4 or more teeth per quadrant
- Gingival flap procedure, 1 to 3 teeth per quadrant
- Gingival flap procedure, 4 or more teeth per quadrant
- Apically positioned flap
- Unscheduled dressing change (by someone other than treating **dentist** or their staff)
- Osseous surgery, (including flap and closure)
- Soft tissue graft procedures
- Clinical crown lengthening, hard tissue

Endodontics

- Pulp cap
- Pulpal debridement
- Pulpal therapy
- Pulpotomy
- Apexification/recalcification
- Apicoectomy
- Root canal therapy and retreatment

- Anterior
- Bicuspid
- Molar
- Pulpal regeneration
- Hemisection
- Retrograde filling
- Root amputation

Prosthodontics - The first installation of dentures and bridges is covered only if needed to replace teeth which were not abutments to a denture or bridge less than 5 years old. Replacement of existing bridges or dentures is limited to 1 every 5 years. (See the Replacement rule.)

- Repairs, full and partial denture
- Adding teeth and clasps to existing partial denture
- Reline (partial or complete)
- Rebase, per denture
- Occlusal guard for bruxism (1 every 3 years)
- Adjustments, repair or reline of occlusal guard
- Cleaning and inspection of occlusal guard - per appliance

General anesthesia and intravenous sedation

- General anesthesia and intravenous sedation are covered when provided as part of a covered surgical procedure
- Evaluation by anesthesiologist for deep sedation or general anesthesia

Infiltration of a sustained release therapeutic when provided as part of an eligible dental service - Only for impacted wisdom teeth procedure

TYPE C EXPENSES: Major restorative care

Restorative – Inlays, onlays, labial veneers and crowns (excludes temporary crowns) are covered only as treatment for decay or acute traumatic **injury**, and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge. Coverage is limited to 1 per tooth every 5 years. (See the *Replacement rule*.)

- Inlays
- Onlays
- Labial veneers
- Crowns
- Post and core
- Repairs – inlay, onlay, veneer, crown
- Removal of an indirect restoration on a natural tooth
- Core buildup

Prosthodontics - The first installation of dentures and bridges is covered only if needed to replace teeth which were not abutments to a denture or bridge less than 5 years old. Replacement of existing bridges or dentures is limited to 1 every 5 years. (See the *Replacement rule*.)

- Bridge abutments
- Pontics
- Dentures and partials (fees for dentures and partial dentures include relines, rebases and adjustments

within 6 months after installation. Fees for relines and rebases include adjustments within 6 months after installation. Specialized techniques and characterizations are not eligible).
  - Complete upper and lower denture
  - Partial upper and lower (including any conventional clasps, rests and teeth)
  - Removable unilateral partial denture
- Stress breakers
- Interim partial denture (stayplate), anterior only
- Special tissue conditioning, per denture
- Repairs, bridges
- Cleaning and inspection of a removable appliance
- Accessing and retorquing loose implant screw - per screw
- Implants

Type: Orthodontics treatment expenses
- Limited **orthodontic treatment**
- Comprehensive **orthodontic treatment** of adolescent dentition
- Comprehensive **orthodontic treatment** of adult dentition
- Fixed appliance therapy
- Removable appliance therapy
- Orthodontic retention
- Repair of orthodontic appliance

Important note:
The following apply:
- Inlays, onlays, labial veneers and crowns (excludes temporary crowns) are covered only:
  - As treatment for decay or acute traumatic **injury**.
  - When teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge.
- There is an extra charge for **eligible dental services** that use high noble metals (ex. Gold or titanium).
- General anesthesia and sedation are **covered benefits** when part of a covered surgical procedure.

Additional eligible dental services

We will provide additional **eligible dental services** if you have at least one of the following conditions:
- Pregnancy
- Coronary artery disease/cardiovascular disease
- Cerebrovascular disease
- Diabetes

The additional **eligible dental services** are:
- Prophylaxis (cleaning) (one additional per **Calendar Year**)
- Scaling and root planing, (4 or more teeth), per quadrant
- Scaling and root planing (limited to 1 to 3 teeth), per quadrant
- Full mouth debridement

- Periodontal maintenance

Payment of benefits

We will waive the **Calendar Year deductible** and **payment percentage** for the additional **eligible dental services** above.

The plan **payment percentage** applied to the additional **eligible dental services** will be:

Expense	**In-network coverage Payment Percentage**	**Out-of-network coverage Payment Percentage**
Additional **eligible dental services**	100%	100%

Appendix D
CONTRACT TERMS AND CONDITIONS

CONTRACT TERMS AND CONDITIONS

- Vendor shall act with respect to any transaction arising from or pertaining to its services or involving any interest of the Plan, only under the contract and shall not receive any remuneration in connection with such transaction except under the contract or as may be determined by mutual agreement of The Plan and vendor in writing in advance.

- Vendor shall disclose in advance of any work performed or recommendations provided any potential conflicts of interest that could reasonably be expected to affect the objectivity of vendor and its employees in fulfilling their duties to the Plan.

- Vendor shall comply with all applicable federal, state and local laws, including but not limited to the reporting requirements contained in Ohio Revised Code Sections 101.90 et seq. (concerning the Joint Legislative Ethics Committee), and Chapter 102 and related statutes (concerning the Ohio Ethics Law) in its performance of services under the agreement.

- Vendor shall warrant and represent that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value, directly or indirectly, to the Plan or any of its Board members, officers, employees or agents, or any third party with respect to any contracts, including but not limited to a finder's fee, cash solicitation fee or a fee for consulting, lobbying or otherwise, except as specifically provided for in the Agreement.

- Vendor shall indemnify the Plan from any actual or potential claims attributable to the conduct of vendor, including costs of defense incurred by the Plan for services of legal counsel of its own selection. As an instrumentality of the state, the Plan cannot indemnify vendor.

- Vendor shall agree that, for the duration of the contract, no substitution or replacement, neither of the project leader nor of the qualified personnel employed by the vendor, shall be made except with the written consent of the Plan. The Plan may remove the vendor at any time throughout the contract for convenience, for any violation of the contract, and/or for reassigning the project leader or any other key personnel without prior written consent of the Plan.

- Vendor shall agree that the agreement will be governed by the laws of the State of Ohio and any legal action relating to the agreement will be brought in the courts located in Franklin County, Ohio.

- **Public Record Requests**. Vendor acknowledges that SERS is subject to Ohio Public Records Act, Ohio Revised Code Section 149.43, including the requirement to comply with requests for disclosure of public records.

- Vendor will agree that all Confidential Information, including all de-identified and/or aggregated data of the Plan including without limitation, information and data related to members, healthcare participants and claims, are and will remain the property of the Plan and that the selected Vendor will maintain and use all such records and information only in its performance of its services related to this project (with exception only for using de-identified and aggregated data for the normative database). The Vendor will not use or disclose any such records and information (including all de-identified and/or aggregated data of the Plan), for future marketing efforts or other purposes unless the Plan specifically consents in writing to a particular use or disclosure. Further, selected Vendor will encrypt all Confidential Information and PHI data in motion, as well as Confidential Information and PHI data at rest.

- Vendor agrees that it will not, without prior written consent of the Plan, use in advertising, publicity or otherwise the name of the Plan, the Plan's logo, service marks, domain names, symbols or any affiliate of SERS, or refer to the existence of this Master Agreement in press releases, advertising or materials distributed to prospective customers.