



Benefit and Cost Summary Proposal

An Employee Benefits Proposal for:

BLUE STAR HOSPITALITY, LLC

Standard Insurance Company

January 15, 2026

TROUT INSURANCE SERVICES, INC



BLUE STAR HOSPITALITY, LLC
Plan Design Summary

Dental Summary

Proposed Effective Date: 2/1/2026

		Plan 3
Plan Benefit		
	Type 1	100%
	Type 2	80%
	Type 3	50%
Deductible		
		\$50 Lifetime Type 2,3 Waived Type 1 No Family Maximum
Maximum (per person)		
		\$2,000/Calendar Year
PPO		
Allowance	Type	PPO Max Discounted Fee
1	Type 1	Discounted Fee
	Type 2	Discounted Fee
	Type 3	Discounted Fee
Max BuilderSM		Included
Waiting Period		None
Annual Open Enrollment		Included

Orthodontia Summary

Allowance All Plan Designs:		In Network, discounted fee. Out of Network, U&C.	
Plan Benefit			50%
Coverage for Adults			No
Lifetime Maximum (per person)			\$1,500
Waiting Period			None
Takeover Benefit			Initial Insureds & New Enrollees

Monthly Rates

Employee (EE)		\$25.91	\$41.22
EE + Spouse		\$52.99	\$84.27
EE + Children		\$74.79	\$104.57
EE + Spouse & Children		\$101.88	\$154.44

Rates are guaranteed for 12 months following the effective date listed above and include Orthodontia if part of plan design.

Rates include: home address mailing.

This benefit and cost summary expires on 2/1/2026 unless replaced, withdrawn or amended by The Standard.

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Covered Procedure Summary

The following is a sample list of dental procedures payable under the plan. A complete list of procedures is available from your Sales Representative.

Plan Design Summary			Plan 3	
Type 1 Procedure (Frequency)			100/80/50 \$50 Lifetime Type 2,3 Waived Type 1 No Family Maximum \$2,000 <ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Cleaning (2 per benefit period) • Fluoride for Children 15 and under (1 per benefit period) • Sealants (age 15 and under) • Space Maintainers 	
Type 2 Procedure (Frequency)			<ul style="list-style-type: none"> • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Simple Extractions 	<ul style="list-style-type: none"> •
Type 3 Procedure (Frequency)			<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> •

Current Dental Terminology © American Dental Association.

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Features/Benefits

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.

Plan 3		
Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$400	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$200	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,200	Maximum possible accumulation for Max Builder and PPO Bonus combined

The Standard's Preferred Care Dental Products

- Employers achieve a balance between cost efficiency and employee choice.
- Plan participants are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using network providers, who have agreed to provide dental care at discounted fees.
- Our plans give participants across the nation over 580,000 provider access points for dental care.
- Network providers must meet credentialing and quality assurance requirements.

PPO Max

- Lower rates are achieved in part by limiting what is paid per procedure on non-network claims to the same amount that network dentists have agreed to charge (called the Maximum Allowable Charge, or MAC).
- Participants who use a network provider are guaranteed their dental fees will be at or under MAC limits.
- MAC may vary based on dental office ZIP Code and are reviewed annually.

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Features/Benefits

- **> If dentist is Out of Network – the plan will pay the claims as if the provider was in-network. If there is a difference, enrollee will be Billed the Balance due**

Usual and Customary (U&C)

The Usual and Customary (U&C) allowance listed on the plan summary page is determined using information including data from a nationally recognized independent data source. Plan participants are reimbursed based on the appropriate charges in the dentist's ZIP Code area. U&C allowances are reviewed annually.

- 90th U&C means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.

➤ **For “ Passive PPO “ – 90% paid if Out of Network**

Orthodontia - Initial Insureds and New Enrollees

The Standard will provide coverage on current orthodontic treatment programs and pay up to The Standard's orthodontic maximum minus any benefits the plan participant has received from the prior carrier.

Composites on Molars

This dental proposal includes a benefit for composite fillings on the molars located in the back of the mouth. This complements the composite filling benefit we already offer on bicuspids, which are the teeth next to the molars. Dental composites consist of a core plastic material, also known as resin, mixed with fillers to achieve various levels of strength, wear resistance and color. The result is a more natural-looking, tooth-color filling.

For more than a century, amalgams (silver-color fillings) have been the first choice for fillings in molars, because of their superior strength and cost effectiveness. Molars are key to comfortably and thoroughly chewing food, and if a person suffers from bruxism (tooth grinding) the molars are always getting a workout, so molar strength is an important consideration.

However, advances in composite dental fillings have made them strong enough for back teeth. So with this strength, along with their natural look, composites have become a popular alternative. Ultimately, the choice of dental filling material should be decided between the patient and his/her dental professional. By selecting this enhanced benefit, employers would be giving their employees the freedom to choose either amalgam or composite fillings with fewer financial concerns.

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Dental and (if applicable) Orthodontia Exclusions