

SCHEDULE OF BENEFITS

Dental Plan II- Fee For Service

Please note: This benefit summary provides a brief description of your health care plan benefits and is not a guarantee of payment. Please refer to your plan booklet for a complete list of benefits and the limitations and exclusions that apply.

Choices of Providers	Any licensed dentist
Maximum benefit per calendar year	\$1,500 per person, \$4,500 per family
Individual deductible per calendar year	\$50
Family deductible per calendar year	\$150

Please note: If two or more members of a family are injured in the same accident, only one individual deductible amount will be deducted from all dental services related to the accident for all family members involved in the accident for the remainder of the calendar year.

Preventive Services

- Examinations
 - Cleaning
 - X-rays
 - Fluoride treatments
- 100% of UCR* paid (deductible waived)
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Restorative Services

- Fillings
 - Simple extractions
 - Space maintainers
 - Root canal therapy
 - Periodontal scaling, root planning, and maintenance
 - Emergency treatment
- 80% of UCR* paid after deductible
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Complicated Services

- Periodontal surgery
 - Complex oral surgery
- 80% of UCR* paid after deductible
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Major Services

- Crowns
 - Bridges
 - Dentures
- 50% of UCR* paid after deductible
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Orthodontia

- Benefit for adult and children
- 50% of UCR* paid to a lifetime maximum of \$1,500
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*Usual, Customary and Reasonable (UCR), is a charge which is not higher than the usual charge made by the provider, and does not exceed the usual charge made by most providers of like services in the same area.

LIMITATIONS AND EXCLUSIONS

Preventive Services Schedule

Oral Exams	Twice in any calendar year.
Cleaning	Twice in any calendar year.
X-rays	
➤ Full mouth	Once every five years.
➤ Bitewing	Once each calendar year.
Fluoride	Twice in any calendar year; covered only for age 17 and under.
Sealants	Once every four years; covered only for age 17 and under.

These Benefits Are Limited

- Crowns are covered only when a tooth cannot be restored with a filling or by any other means.
- Periodontal scaling and root planning, per quadrant, is limited to twice in a calendar year.
- Emergency services are limited to those provided for relief, not cure. Benefits are limited to \$50 per incident.
- The need for surgical extraction must be documented by X-ray.
- Replacement of an existing denture or crown is covered only when seven or more years have passed since the date of the most recent placement.
- We may limit payment to the treatment method with the lesser charge.
- The date incurred for prosthetics is considered the prep date.

These Services Are Not Covered

- Services or supplies you receive before your coverage starts or after your coverage ends.
- Services that are not necessary dental care.
- Replacement of teeth missing when this coverage begins, except necessary replacement of crown, bridge, or denture.
- Appliances or restorations used for periodontal splinting (except for documented cases of bruxism), to increase vertical dimensions, to restore the occlusion (bite), or to correct habits such as tongue thrusting.
- Cosmetic dental services.
- Inlays.
- Implants and attachment devices.
- Recording of jaw movements or positions.
- Temporary dentures.
- Local anesthesia charged separately with fillings.
- General anesthesia, except when necessary for complex oral surgery or due to the existence of a concurrent medical condition.
- Premedications, take-home medicines, and supplies.
- Experimental or investigational services.
- Temporomandibular (jaw joint) and related problems.
- Services for which a third party is responsible.
- Work-related conditions.
- Services provided by a member of your immediate family or household.
- Services or supplies for which you could have obtained payment if you had applied under any city, county, state, or federal law.
- The treatment of any condition caused by or arising out of service in the armed forces.

- Services you could have received in a hospital operated by a government agency.
- Services or supplies for which your employer is required to provide benefits by workers' compensation, liability, or other laws. This applies even if you waive your rights to those benefits.
- Services or supplies you receive from a dental or medical department maintained on behalf of any employer.
- Models of teeth and surrounding tissue for purposes of study and treatment planning.
- Services or supplies for which no charge is normally made in the absence of insurance.
- A fee for writing a prescription for drugs or for filling our claim forms.
- Any charge over the usual and customary or reasonable charge for services or supplies.
- Services and supplies to teach nutrition and oral hygiene techniques.
- Services and supplies not specifically listed.