

Dental

Summary of Covered Services

Benefits are based on a Calendar Year - January 1 through December 31

Annual Individual Deductible	\$25
Annual Family Deductible	\$75
Benefit Percentage for Dental Expenses	
Class I (Diagnostic and Preventive Services)	80%, no Deductible required
Class II (Basic Restorative Services)	80% after the Annual Deductible
Class III (Major Restorative Services)	50% after the Annual Deductible
Class IV (Orthodontia)	50%, no Deductible required
Maximum Annual Benefit per Individual Classes I, II & III Combined	\$1,000 per Covered Individual per Calendar Year
Maximum Annual Benefit per family Classes I, II & III Combined	\$2,000 per Covered family per Calendar Year
Maximum Lifetime Benefit per Individual Class IV	\$1,500 per Covered Individual

Class I - Diagnostic & Preventive Services

1. **Dental X-rays.** Charges for dental x-rays:
 - a. Full mouth (single or multiple films), but not more than once every three (3) years;
 - b. Bitewing x-rays, but not more than once every twelve (12) months.
 - c. Periapical x-rays (PAS)
 - d. Any x-rays needed to diagnose a condition requiring treatment.
2. **Emergency Palliative Treatment.** Charges for emergency palliative treatment for pain.
3. **Fluoride.** Charges for fluoride applied to the teeth, but not more than once per Calendar Year; limited to Dependent children under age 14.
4. **Oral Examinations and Routine Cleaning (Prophylaxis).** Charges for oral examinations and routine cleaning (prophylaxis) of teeth; limited to one (1) per Covered Individual each six (6) months.
5. **Sealants.** Charges for sealants on the occlusal surface of a permanent posterior tooth for Dependent children under age 15, once per tooth.
6. **Space Maintainers.** Charges for space maintainers for covered Dependent children under age 14 limited to one (1) per tooth per calendar year.

Class II - Basic Restorative Services

1. **Anesthesia.** Charges for general anesthesia in connection with a covered procedure.
2. **Antibiotics.** Charges for injectable antibiotics.
3. **Consultations.** Consultations with a specialist.
4. **Endodontics.** Charges for endodontics.
5. **Extraction of Teeth.** Charges for extraction of teeth, including pre- and post-operative care, general anesthesia, local anesthetic and injectable antibiotics.
6. **Fillings.** Charges for regular cavity fillings, including amalgam, synthetic porcelains, composite and plastic fillings and stainless steel restorations. If you choose tooth-colored (composite) fillings to restore back teeth, benefits will be limited to the amount paid for a silver filling, and the difference will be patient responsibility.
7. **Fractures and Dislocations.** Treatment of fractures and dislocations.
8. **Oral Surgery.** Charges for oral surgery, including pre- and post-operative care, general anesthesia, local anesthetic and injectable antibiotics.
9. **Periodontics.** Charges for Periodontics
10. **Recementing.** Charges for recementing of bridges, crowns, or inlays.
11. **Relining.** Relining of full or partial dentures if done more than one (1) year after initial installation.

Class III - Major Restorative Services

1. **Crowns.** Crowns and gold fillings necessary to restore the structure of teeth broken down by decay/injury (charge for a crown or gold filling is limited to the charge for a silver, porcelain or other filling material unless the tooth cannot be restored with such materials); covered only if the crown or gold filling is over five (5) years old.

2. **Dentures/Fixed Bridgework.** Charges for replacing an existing removable partial or full denture or fixed bridgework; adding teeth to an existing removable partial denture; or adding teeth to existing bridgework to replace newly extracted natural teeth. However, this item will apply only if the existing denture or bridgework was installed at least five (5) years prior to its replacement and cannot currently be made serviceable.
3. **Gold Restorations.** Charges for gold restorations, including inlays, onlays and foil fillings. The cost of gold restorations in excess of the cost for amalgam, synthetic porcelain or plastic materials will be included only when the teeth must be restored with gold.
4. **Implants.** Implants for crowns, bridgework and dentures when member meets criteria (limitation: one (1) per tooth every 84 months).
5. **Orthognathic Surgery.** Charges to correct malpositions in the bones of the jaw.
6. **Repairs.** Charges for repair of crowns, bridgework and removable dentures.

Class IV – Orthodontics

This is treatment to move teeth by means of appliances to correct a handicapping malocclusion of the mouth. These services include preliminary study, including x-rays, diagnostic casts and treatment plan, active treatments and retention appliance. Removable progression appliances (a.k.a., Invisalign braces) will be considered the same as traditional adjustable appliances by this Plan. The Plan will not pay for orthodontic charges incurred prior to the effective date of a Covered Individual's coverage under this Plan. Payment for orthodontic treatment which is started prior to the effective date of coverage will be limited to charges determined to be incurred while the Covered Individual is covered by this Plan.