SCHEDULE OF BENEFITS

Individual Network Deductible: $50 per calendar year

Family Network Deductible: $150 per calendar year

Individual Out-of-Network Deductible: $50 per calendar year

Family Out-of-Network Deductible: $150 per calendar year

The Network Deductible does not apply to DIAGNOSTIC SERVICES and PREVENTIVE SERVICES. The Out-of-Network Deductible does not apply to DIAGNOSTIC SERVICES and PREVENTIVE SERVICES.

Network Maximum Benefit is $1,000 per person per calendar or plan year

Out-of-Network Maximum Benefit is $1,000 per person per calendar or plan year.

Maximum Benefit applies to any combination of the following Dental Services listed on the Schedule of Benefits: DIAGNOSTIC SERVICES, PREVENTIVE SERVICES, BASIC SERVICES, ENDODONTICS, PERIODONTICS, ORAL SURGERY, ADJUNCTIVE SERVICES, MAJOR RESTORATIVE SERVICES, FIXED PROSTHETICS, and REMOVABLE PROSTHETICS.

There is no Orthodontic Lifetime Maximum Benefit for this Plan.

BENEFIT DESCRIPTION & LIMITATION	**NETWORK COINSURANCE** is shown as a percentage of the Plan Allowance after applicable Deductible is satisfied.	**OUT-OF-NETWORK COINSURANCE** is shown as a percentage of the Plan Allowance after applicable Deductible is satisfied. You must also pay the amount of the Dentist's fee, if any, which is greater than the Plan Allowance.
DIAGNOSTIC SERVICES		
Bacteriologic Cultures	100%	100%
Viral Cultures	100%	100%
Intraoral Bitewing Radiographs Limited to 1 series of films per consecutive 12 months.	100%	100%
Panorex Radiographs or Intraoral - Complete Series (including bitewings)	100%	100%

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Limited to 1 time per consecutive 36 months. Vertical bitewings cannot be billed in conjunction with a complete series.		
Oral/Facial Photographic Images Limited to 1 time per consecutive 36 months.	100%	100%
Diagnostic Casts Limited to 1 time per consecutive 24 months.	100%	100%
Extraoral Radiographs Limited to 2 films per consecutive 12 months.	100%	100%
Intraoral Periapical Radiographs	100%	100%
Pulp Vitality Tests Limited to 1 charge per visit, regardless of how many teeth are tested.	100%	100%
Intraoral Occlusal Film	100%	100%
Periodic Oral Evaluation Limited to 2 times per consecutive 12 months.	100%	100%
Comprehensive Oral Evaluation Limited to 1 time per Dentist per consecutive 36 months. Not Covered if done in conjunction with other exams.	100%	100%
Limited or Detailed Oral Evaluation Only 1 exam is Covered per date of service.	100%	100%

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Comprehensive Periodontal Evaluation - new or established patient Limited to 1 time per Dentist per consecutive 36 months. Not Covered if done in conjunction with other exams.	100%	100%
Adjunctive Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures. Limited to 1 time per consecutive 12 months.	100%	100%
PREVENTIVE SERVICES		
Space Maintainers Limited to Covered Persons under the age of 16 years, 1 time per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.	100%	100%
Dental Prophylaxis Limited to two (2) prophylaxis in any 12 consecutive months, to a maximum of two (2) total prophylaxis and/or periodontal maintenance cleanings in any 12 consecutive months.	100%	100%
Fluoride Treatments - child	100%	100%

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Limited to Covered Persons under the age of 16 years, and limited to 1 time per consecutive 12 months.		
BASIC SERVICES (including, but not limited to, ORAL SURGERY, ADJUNCTIVE SERVICES, ENDODONTICS) Basic services are subject to a 6 month Waiting Period, satisfaction of any Deductible, and payment of any applicable Coinsurance.		
Re-Cement Space Maintainers Limited to 1 time per appliance per consecutive 6 months after initial insertion.	50%	50%
Sealants Limited to Covered Persons under the age of 16 years and to 1 time per first or second unrestored permanent molar every consecutive 36 months.	50%	50%
Amalgam Restorations Multiple restorations on one surface will be treated as a single filling.	50%	50%
Composite Resin Restorations Multiple restorations on one surface will be treated as a single filling.	50%	50%
Simple Extractions Limited to 1 time per tooth per lifetime.	50%	50%

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Re-Cement Inlays/Onlays, Crowns, Bridges and Post and Core Limited to those performed more than 12 months after the initial insertion.	50%	50%
MAJOR RESTORATIVE SERVICES (including, but not limited to, FIXED PROSTHETICS, REMOVABLE PROSTHETICS, ENDODONTICS, PERIODONTICS) Major Restorative services are subject to a 12 month Waiting Period, satisfaction of any Deductible, and payment of any applicable Coinsurance. REPLACEMENT of crowns, bridges, and fixed or removable prosthetic appliances, if inserted prior to plan coverage, are covered after the patient has been eligible under the plan for 12 continuous months, notwithstanding any other limitations. REPLACEMENT of missing natural teeth lost prior to the effective date of coverage are covered only after the patient has been eligible under the plan for 12 continuous months.		
ENDODONTICS		
Apexification Limited to 1 time per root per lifetime.	25%	25%
Apicoectomy and Retrograde Filling Limited to 1 time per root per lifetime.	25%	25%
Hemisection Limited to 1 time per tooth per lifetime.	25%	25%
Root Canal Therapy - Anterior Limited to 1 time per tooth per lifetime.	25%	25%
Root Canal Therapy - Posterior Limited to 1 time per tooth per lifetime.	25%	25%

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Retreatment of Previous Root Canal Therapy Dentist who performed the original root canal should not be reimbursed for the retreatment for the first 18 months.	25%	25%
Root Resection/Amputation Limited to 1 time per root per lifetime.	25%	25%
Therapeutic Pulpotomy Limited to 1 time per primary or secondary tooth per lifetime.	25%	25%
Pulpal Therapy (resorbable filling) - Anterior or Posterior, Primary Tooth (excluding final restoration) Limited to 1 time per tooth per lifetime.	25%	25%
Pulp Caps - Direct/Indirect – excluding final restoration Not covered if utilized solely as a liner or base underneath a restoration.	25%	25%
Pulpal Debridement, Primary and Permanent Teeth Limited to 1 time per tooth per lifetime. This procedure is not to be used when endodontic services are done on same date of service.	25%	25%
PERIODONTICS		
Crown Lengthening	25%	25%
Gingivectomy/Gingivoplasty Limited to 1 time per quadrant or site per consecutive 36 months.	25%	25%

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Gingival Flap Procedure Limited to 1 time per quadrant or site per consecutive 36 months.	25%	25%
Osseous Graft Limited to 1 time per quadrant or site per consecutive 36 months.	25%	25%
Osseous Surgery Limited to 1 time per quadrant or site per consecutive 36 months.	25%	25%
Guided Tissue Regeneration Limited to 1 time per quadrant or site per consecutive 36 months.	25%	25%
Soft Tissue Surgery Limited to 1 time per quadrant or site per consecutive 36 months.	25%	25%
Periodontal Maintenance Limited to two (2) periodontal maintenance in any 12 consecutive months, to a maximum of two (2), total prophylaxis and/or periodontal maintenance procedures in any 12 consecutive months.	25%	25%
Full Mouth Debridement Limited to 1 time per consecutive 36 months.	25%	25%

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Provisional Splinting Cannot be used to restore vertical dimension or as part of full mouth rehabilitation, should not include use of laboratory based crowns and/or fixed partial dentures (bridges). Exclusion of laboratory based crowns or bridges for the purposes of provisional splinting.	25%	25%
Scaling and Root Planing Limited to 1 time per quadrant per consecutive 24 months.	25%	25%
Localized Delivery of Antimicrobial Agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.	25%	25%
Limited to 1 site per quadrant or 4 sites total per 12 consecutive months for refractory pockets, not in conjunction with scaling or root planing, by report.		
ORAL SURGERY		
Alveoloplasty	25%	25%
Biopsy Limited to 1 biopsy per site per visit.	25%	25%
Frenectomy/Frenuloplasty	25%	25%
Surgical Incisions Limited to 1 time per site per visit.	25%	25%

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Removal of a Benign Cyst/Lesions Limited to 1 time per site per visit.	25%	25%
Removal of Torus Limited to 1 time per site per visit.	25%	25%
Root Removal, Surgical Limited to 1 time per tooth per lifetime.	25%	25%
Surgical Extraction of Erupted Teeth Limited to 1 time per tooth per lifetime.	25%	25%
Surgical Extraction of Impacted Teeth	25%	25%

Limited to 1 time per tooth per lifetime.		
Surgical Access, Surgical Exposure, or Immobilization of Unerupted Teeth Limited to 1 time per tooth per lifetime.	25%	25%
Primary Closure of a Sinus Perforation Limited to 1 time per tooth per lifetime.	25%	25%
Placement of Device to Facilitate Eruption of Impacted Tooth Limited to 1 time per tooth per lifetime.	25%	25%

Transseptal Fiberotomy/Supra Crestal Fiberotomy, by report Limited to 1 time per tooth per lifetime.	25%	25%
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Vestibuloplasty Limited to 1 time per site per consecutive 60 months.	25%	25%
Bone Replacement Graft for Ridge Preservation - per site Limited to 1 time per site per lifetime. Not Covered if done in conjunction with other bone graft replacement procedures.	25%	25%
Excision of Hyperplastic Tissue or Pericoronal Gingiva Limited to 1 time per site per consecutive 36 months.	25%	25%

Tooth Reimplantation and/or Transplantation Services Limited to 1 time per tooth per lifetime.	25%	25%
Oroantral Fistula Closure Limited to 1 time per site per visit.	25%	25%
ADJUNCTIVE SERVICES		
Analgesia Covered when Necessary for one of the following reasons; toxicity to local anesthesia, mental retardation, Alzheimer's, spastic muscle disorders.	25%	25%
Desensitizing Medicament	25%	25%

General Anesthesia Covered when Necessary for one of the following reasons: toxicity to local anesthesia, mental retardation, Alzheimer's, spastic muscle disorders.	25%	25%
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Local Anesthesia Not Covered in conjunction with operative or surgical procedure.	25%	25%
Intravenous Sedation and Analgesia Covered when Necessary for one of the following reasons; toxicity to local anesthesia, mental retardation, Alzheimer's, spastic muscle disorders.	25%	25%

Therapeutic Drug Injection, by report/Other Drugs and/or Medicaments, by report Limited to 1 time per visit.	25%	25%
Occlusal Adjustment	25%	25%
Occlusal Guard Reline and Repair Limited to relining and repair performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.	25%	25%
Occlusion Analysis - Mounted Case Limited to 1 time per consecutive 60 months.	25%	25%

Palliative Treatment Covered as a separate benefit only if no other services, other than exam and radiographs, were done on the same tooth during the visit.	25%	25%
Consultation (diagnostic service provided by dentists other than practitioner providing treatment.) Not Covered if done with exams or professional visit.	25%	25%

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Gold Foil Restorations Multiple restorations on one surface will be treated as a single filling.	25%	25%
Occlusal Guards Limited to 1 guard per 60 consecutive months and only covered if prescribed to control habitual grinding.	25%	25%
Coping Limited to 1 time per tooth per 60 consecutive months. Not Covered if done at the same time as a crown on same tooth.	25%	25%
Inlays/Onlays – Crowns – Restorations/Retainers/ Abutments Limited to 1 time per tooth per 60 consecutive months. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	25%	25%

Pontics Limited to 1 time per tooth per 60 consecutive months.	25%	25%

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Retainer-Cast Metal for Resin Bonded Fixed Prosthesis Limited to 1 time per tooth per 60 consecutive months.	25%	25%
Pin Retention Limited to 2 pins per tooth; not covered in addition to cast restoration.	25%	25%
Post and Cores Covered only for teeth that have had root canal therapy.	25%	25%
Sedative Filling Covered as a separate benefit only if no other service, other than X-rays and exam, were done on the same tooth during the visit.	25%	25%
Stainless Steel Crowns Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth.	25%	25%
FIXED PROSTHETICS		

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Fixed Partial Dentures (Bridges) Limited to 1 time per tooth per 60 consecutive months.	25%	25%
REMOVABLE PROSTHETICS		
Full Dentures Limited to 1 per 60 consecutive months. No additional allowances for precision or semi-precision attachments.	25%	25%
Partial Dentures Limited to 1 per 60 consecutive months. No additional allowances for precision or semi-precision attachments.	25%	25%
Relining and Rebasing Dentures Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 36 months.	25%	25%
Tissue Conditioning - Maxillary or Mandibular Limited to 1 time per consecutive 36 months.	25%	25%
Repairs or Adjustments to Full Dentures, Partial Dentures, Bridges or Crowns Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 time per consecutive 6 months.	25%	25%