

DENTAL EXPENSE BENEFITS

Dental Expense Benefit Summary

Dental Deductible

- Accrues on Benefit Year basis (September 1st through August 31st).
- Class II, III and IV Services, combined.

Individual	\$50
Family Limit	\$150

Dental Benefit Percentages

- All services are subject to the Deductible unless otherwise specified.

Class I Services: Diagnostic and Preventive Care	100%, Annual Deductible does not apply
Class II Services: Basic Restorative Services	80%
Class III Services: Major Restorative Services	50%
Class IV Services: Orthodontic Services	50%

Dental Limitations and Maximums

- If a frequency limit (such as “exams” or “x-rays”) applies to a covered expense, any such service incurred by a Covered Individual will accrue toward the frequency limit even if the Plan applies such expense to the Covered Individual’s Deductible and does not provide payment.

Maximum Annual Benefit for Class I, II and III Expenses, combined	➤ \$1,000 per Benefit Year
Maximum Lifetime Benefit for Class IV Expenses	<ul style="list-style-type: none"> ➤ \$1,000 per Lifetime ➤ Covered dependent children under age nineteen (19)
Oral Examination	➤ Twice in any twelve (12) consecutive month period
Routine Dental Cleaning (Prophylaxis)	➤ Twice in any twelve (12) consecutive month period
Dental X-rays	<ul style="list-style-type: none"> ➤ Bitewings: limited to one (1) series per Benefit Year ➤ Full mouth (single or multiple films): limited to once in any thirty-six (36) consecutive month period
Adjunctive Pre-Diagnostic Tests	➤ Once in any twelve (12) consecutive month period (does not include cytology or biopsy procedures)
Appliances to treat tooth grinding and/or jaw clenching	<ul style="list-style-type: none"> ➤ One (1) guard in any thirty-six (36) consecutive month period ➤ Repair and reline limited to once in any twelve (12) consecutive month period
Diagnostic Casts	➤ Once in any twenty-four (24) consecutive month period
Oral/Facial Photographic Images	➤ Once in any thirty-six (36) consecutive month period

Dental Limitations and Maximums <i>(continued)</i>	
Periodontal Debridement, Full Mouth	➤ Once in any thirty-six (36) consecutive month period
Periodontal Maintenance	➤ Twice in any twelve (12) consecutive month period
Periodontal Scaling and Root Planing	➤ Once per quadrant in any twenty-four (24) consecutive month period
Space Maintainers	➤ Once in any sixty (60) consecutive month period. ➤ Dependent children under age sixteen (16)
Sealants	➤ Once per tooth in any thirty-six (36) consecutive month period ➤ Dependent children under age sixteen (16)
Topical Fluoride	➤ Twice in any twelve (12) consecutive month period ➤ Dependent children under age sixteen (16)

Dental Waiting Periods	
Twelve (12) Month Waiting Period	➤ Class III Services (Major Restorative) ➤ Class IV Services (Orthodontia)

Description of Dental Benefits

Subject to the Dental Exclusions of this Plan, reasonable charges incurred for the following dental expenses will be covered in accordance with the percentage of coverage, Deductible amounts and maximums in the Dental Expense Benefit Summary.

The Deductible

The Deductible is the amount of covered dental expenses which must be paid before Dental Expense Benefits are payable. The amount of the Deductible is shown in the Dental Expense Benefit Summary. Each family member is subject to the Deductible as shown in the Dental Expense Benefit Summary.

The Family Deductible Limit

When Deductible expenses for any combination of covered family members reaches the family Deductible limit during the Benefit Year, as shown in the Dental Expense Benefit Summary, no further Deductibles will be required on any family member for the remainder of that Benefit Year.

Eligible Dental Expenses

The term "Covered Dental Expenses" means the expenses incurred by or on behalf of a Covered Individual for charges made by a dentist for the performance of dental service provided for in the Dental Expense Benefit Summary when the dental service is performed by or under the direction of a dentist, is essential for the necessary care of the teeth, and begins while the Covered Individual is covered for Dental benefits. If the actual performance of a dental service begins on a date other than the date the service was recommended or determined to be necessary, the dental service will be considered to begin on the date the actual performance of the service rendered or a supply furnished.

Covered dental expenses do not include any expenses that are in excess of the reasonable, usual and customary amount.

All covered dental services are subject to the limitations and waiting periods as stated in the Dental Expense Benefit Summary.