

Selected Plan Features and Covered Services	Plan Provisions and Benefits
Annual Deductible Per Covered Member	\$50
Annual Plan Maximum Per Covered Member	\$1,000
Lifetime Maximum Orthodontic Benefit Per Covered Member	\$1,000
<p>Preventive Dental Care</p> <ul style="list-style-type: none"> • Dental exam and routine scaling and cleaning of teeth (limited to two instances in any one calendar year); • Topical application of sodium fluoride or tannous fluoride to teeth, every 12 months for covered members under age 19; • Dental x-rays – Entire dental series of at least 14 films, including bitewing, are limited to one series every 36 months. All other bitewing films are limited to 1 series every 6 months; • Space maintainers to replace prematurely lost teeth; and • Sealants for permanent teeth (limited to covered dependent children between the ages of 6 years and 18 years, once per tooth every 36 months). 	<p>100% of Participating Dental Provider (PDP) Fee*; not subject to deductible</p> <p>Members who elect to use non-network dental providers will be subject to balance billing.</p>
<p>Basic Dental Care</p> <ul style="list-style-type: none"> • Fillings to restore diseased or broken teeth (multiple fillings on a single tooth surface will be considered as a single filling). • Extraction of a tooth that is not impacted; • General anesthesia when used in conjunction with oral surgery or other dental treatment, and, determined to be medically necessary; • Injection of antibiotic drugs; • Endodontic treatment, including root canal therapy; and, • Periodontal treatment, including gingivectomy, and treatment of other diseases of the gums and tissues of the mouth. 	<p>80% of PDP Fee*; subject to deductible.</p> <p>Members who elect to use non-network dental providers will be subject to balance billing.</p>
<p>Restorative Dental Care</p> <ul style="list-style-type: none"> • inlays, onlays and crowns; • Repairs or recementing of crowns, inlays, bridgework or dentures as well as the relining of denture; • Bridge pontic; • Oral surgery; • Osseous surgery; • Initial installation or addition of full or partial dentures or fixed bridgework, if they are necessary as the result of injured or diseased natural teeth being extracted, while covered under this plan; • Replacement or alternation of full or partial dentures or fixed bridgework, if necessary as a result of an accidental injury requiring oral surgery, or oral surgery treatment involving the reposition of muscle attachments, or the removal of a tumor, cyst, torus or redundant tissue, while covered under this plan. 	<p>80% of PDP Fee*; subject to deductible.</p> <p>Members who elect to use non-network dental providers will be subject to balance billing.</p>

<p>Restorative Dental Care (continued)</p> <ul style="list-style-type: none"> • Replacement of full denture, if it is required as the result of structural change within the mouth, and if it is made more than five years after the denture was installed; and • Replacement of a crown, if the replacement is made more than five years after the crown was installed. 	<p>80% of PDP Fee*; subject to deductible.</p> <p>Required waiting period of at least 2 years following enrollment in the plan.</p> <p>Members who elect to use non-network dental providers will be subject to balance billing.</p>
<p>Permanent & Total Disability (PTD) Benefit Amounts</p> <ul style="list-style-type: none"> • Including orthodontic appliances and treatment received during the orthodontic treatment. Orthodontic dental care will begin after one is covered by the plan. <p>These services include, but are not limited to:</p> <ul style="list-style-type: none"> • Preventive treatment procedures; • Removable or fixed appliance therapy; and • Treatment of transitional and permanent dentition. 	<p>80% of PDP Fee*; subject to deductible.</p> <p>Required waiting period of at least 6 months following enrollment in the plan.</p> <p>Members who elect to use non-network dental providers will be subject to balance billing.</p> <p>Lifetime benefit limit of \$1,000.</p>

PLEASE NOTE: * PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums.