

**SCHEDULE OF BENEFITS**

**Verification of Eligibility** 1-800-828-6922

Call this number to verify eligibility for Plan benefits **before** the charge is incurred.

**Please read the sections Alternate Treatment and Predetermination of Benefits in the Dental Plan. You will need to follow these sections or reimbursement from the Plan may be reduced.**

**DENTAL BENEFITS**

Benefit Period deductible, per person .....	\$50
per Family Unit .....	\$150

The deductible applies to these Classes of Service:

- Class B Services - Basic
- Class C Services - Major

**Dental Percentage Payable**

Class A Services - Preventive.....	100%
Class B Services - Basic .....	80%
Class C Services - Major .....	50%

**Note: No benefits are payable for Class B Services in the first 6 months or Class C Services in the first 12 months of the Covered Person's coverage under the Plan.**

Class D Services - Orthodontia.....	50%
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**Maximum Benefit Amount**

For Class A, B, and C Services:

Per person per Benefit Period.....	\$1000
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For Class D-Orthodontia:

Lifetime maximum per person .....	\$1000
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## **COVERED DENTAL SERVICES**

### **Class A Services: Preventive and Diagnostic Dental Procedures**

The limits on Class A services are for routine services. If dental need is present, this Plan will consider for reimbursement services performed more frequently than the limits shown.

- (1) Routine oral exams. This includes the cleaning and scaling of teeth. Limit of 2 per Covered Person each per benefit period.
- (2) One bitewing x-ray series 2 per benefit period. Vertical bitewings are limited to one every 3 benefit periods.
- (3) One full mouth x-ray every 3 benefit periods.
- (4) One fluoride treatment for covered Dependent children under age 18 each benefit period.
- (5) Space maintainers for covered Dependent children to replace primary teeth. Allowances include all adjustments within 6 months of placement.
- (6) Emergency palliative treatment for pain.
- (7) Sealants on the occlusal surface of a permanent posterior tooth for Dependent children under age 16, once per tooth every 3 benefit periods.
- (8) Appliance therapy. Coverage is limited to correction of thumbsucking.
- (9) Antibiotic drugs.

### **Class B Services: Basic Dental Procedures**

- (1) Dental x-rays not included in Class A.
- (2) Oral surgery. Oral surgery is limited to removal of teeth, preparation of the mouth for dentures and removal of tooth-generated cysts of less than 1/4 inch. Oral pathology limited to 1 per Benefit Period.  
  
Removal of bone tissue. Coverage is limited to 5 procedures per Lifetime.
- (3) Periodontics (gum treatments).  
  
Surgical periodontics. Each quadrant is limited to one of the following procedures per 3 Benefit Periods:  
(a) Bone grafts; (b) Gingivectomy; (c) Osseous surgery; (d) Tissue grafts.  
  
Nonsurgical procedures:  
  
Chemotherapeutic agents. Each quadrant is limited to 2 procedures per 2 Benefit Periods.  
  
Periodontal scaling and root planing. Each quadrant is limited to one of these procedures per 2 Benefit Periods.  
  
Full mouth debridement. Coverage is limited to 1 procedure per 5 Benefit Periods.  
  
Periodontal maintenance. Coverage is limited to 2 procedures per Benefit Period.

- (4) Rebasing or relining of removable dentures.
- (5) Endodontics (root canals), limited to 1 procedure per Benefit Period.
- (6) Extractions. This service includes local anesthesia and routine post-operative care.
- (7) Recementing bridges, crowns or inlays.
- (8) Fillings, other than gold, limited to one every 6 months.
- (9) General anesthetics, upon demonstration of Medical Necessity.
- (10) Installation of crowns.

**Class C Services:  
Major Dental Procedures**

- (1) 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. Coverage is limited to 1 procedure every 6 months.
- (2) Repair of crowns, bridgework and removable dentures, limited to one repair every 5 Benefit Periods.
- (3) Installation of titanium crowns. Replacement is limited to 1 per 5 Benefit Periods. The frequency limit is waived for accidental injury.
- (4) Installing precision attachments for removable dentures.
- (5) Installing partial, full or removable dentures to replace one or more natural teeth. This service also includes all adjustments made during 6 months following the installation.
- (6) Addition of clasp or rest to existing partial removable dentures.
- (7) Initial installation of fixed bridgework to replace one or more natural teeth.
- (8) 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 one of these tests is met:
  - (a) The existing denture or bridgework was installed at least five benefit periods prior to its replacement and cannot currently be made serviceable.
  - (b) The existing denture is of an immediate temporary nature. Further, replacement by permanent dentures is required and must take place within 5 benefit periods from the date the temporary denture was installed.

**Class D Services:  
Orthodontic Treatment and Appliances**

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.

Payments for comprehensive full-banded orthodontic treatments are made in installments.