Plan Benefits Option 4

(Descriptions of specific benefits may vary by state)

Plan Summary		In-Network / Out-of-Network
Coverage		**With Ortho**
Deductible		$50 Annual; Max 3 per family (decreasing over time)
Deductible waived for A services		Waived
Calendar Year		$2,000
Class A - Preventive		100%
Class B - Basic Restorative		90%
Class C - Major Restorative		50%
Class D - Orthodontia		50%
Network Negotiated Fee		Negotiate Fee / 95th Percentile
Orthodontia Maximum		$2,000
Preventive Care Extended		Included
Clear Align Ortho		Included
Accidental Dental Injury		Not Covered

Benefit and Premium Rates

Premiums
See premium rates page.

Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 every 36 months
Fluoride treatments	1 per 12 months, Under age 19
Sealants	1 tooth per 36 months, Under age 19
Space Maintainers	Maximum of 1 each tooth per 24 months, Under Age 19
Emergency Pallative Treatment	

Basic Services	Frequency
Restorations for Anterior and Posterior (Amalgams & Resin)	Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.
Endodontics - Root Canal	One Per Tooth
Pulpotomy	Dependent Children Under Age 14
Pulp Capping	
Pulp Therapy	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
Periodontal Surgical Extractions	1 per quadrant per 36 months
Simple Extractions (Extraction, erupted tooth or exposed root)	

Major Services	Frequency
Surgical Extractions	
Oral Surgery	
Anesthesia	
Onlays	1 per tooth in 5 calendar years
Prefabricated Stainless Steel Crowns	1 per tooth in 5 calendar years
Crowns	1 per tooth in 5 calendar years
Crown Repairs	6 months must have passed since initial placement
Bridges	1 per tooth in 5 calendar years
Bridge Repairs	6 months must have passed since initial placement
Dentures	1 per tooth in 5 calendar years
Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years

Orthodontia Benefits	Frequency	
Orthodontic	Not Covered	Child Only, under age 19

Benefit Information

Orthodontic Benefit

We will pay a benefit for the following Orthodontic services:

- Initial orthodontic examination;
- Initial placement of braces or appliances; and
- Continuing treatment for braces or appliances

We will pay an initial benefit for covered Orthodontic services related to the initial Orthodontic treatment, which consists of:

a. diagnosis;
b. evaluation;
c. pre-care; and
d. insertion of bands or appliances up to 25% of the maximum lifetime benefit.

After the payment for the initial orthodontic treatment, benefits for covered orthodontic services will be paid in equal monthly installments over the course of the remaining orthodontic treatment, up to 75% of the maximum lifetime benefit. The subsequent monthly payments will be made only if your dependent remains insured under the certificate and provides proof that the orthodontic treatment continues.

Orthodontic Benefit Limitations

- If orthodontic treatment continues after the maximum lifetime benefit has been paid, no further benefits will be paid.
- Orthodontic services must begin while the policy is in force. No payments will be made for orthodontic treatment if the appliances or bands are inserted prior to becoming insured except as provided in the takeover of existing coverage provision.
- We consider orthodontic treatment to be started on the date the bands or appliances are inserted. Any other orthodontic treatment that can be completed on the same day it is rendered is considered to be started and completed on the date the orthodontic treatment is rendered.

Accidental Dental Injury

Covered Dental Injury: an injury to a Sound Natural Tooth, sustained while the Insured Person is insured under the Policy, and which is caused solely by a sudden violent act or accident which could not be predicted in advance or avoided. No Member coinsurance, and/or deductible, or waiting period will apply to services received as a result of the accident.

Clear Align Benefit

Orthodontic Services does include treatment with clear aligners; covered at 50% up to the lifetime orthodontia maximum. Orthodontic Services for braces or appliances and Orthodontic Services for clear aligners are not payable for the same Insured person.

Preventive Care Extended

Preventive services do not apply towards the annual maximum benefit.