

## Plan Details - Dental

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Regular dental care can mean more than a brighter smile - it could also mean better overall health. These simple, affordable plans pay cash benefits for dental checkups and treatments.

- Visit any dentist - **no network restrictions**
- **Cash benefits are paid right to you**, or to your dentist if you prefer
- \$75 or \$100 for checkups every six months per person each policy year - **with no waiting period**
- **Dental treatments** such as fillings and crowns
- Coverage available to you, your spouse and/or your dependent children
- Easy to obtain - no medical underwriting

There are three benefit levels to choose from. The differences between the levels are the services they cover and the benefit amount paid for each service. You'll receive the cash benefit amount as listed in the schedule for each service. Any remaining balance will be your responsibility.

Dental Benefit Levels	Basic	Intermediate	Plus
<b>Preventive Services</b> Includes: cleanings, exams, x-rays, fluoride <i>Two visits per person each policy year</i>	\$75/visit	\$100/visit	\$100/visit
<b>Basic Services</b> Includes: anesthesia, fillings, extractions <i>In the first policy year, payments are 50% of the per-service benefit listed. Payments are 100% after the first year.</i>	\$25 - \$200/service	\$55 - \$375/service	\$55 - \$375/service
<b>Major Services</b> Includes: inlays/onlays, crowns, oral surgery <i>In the first policy year, payments are 50% of the per-service benefit listed. Payments are 100% after the first year.</i>	Not covered	Not covered	\$20 - \$1,000/service <i>180-day waiting period applies</i>
<b>Annual Maximum</b> <i>The maximum calendar-year benefit for basic and major services combined</i>	\$500/year	\$1,000/year	\$1,500/year

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

## Summary of Dental Benefits

Dental coverage from Time Insurance Company pays cash benefits when you have dental checkups and treatment - making it easier to keep up with regular visits to the dentist and lead a healthier life.

### Three Plan Levels

Choose from three levels of dental insurance - each with cash benefits for preventive and basic treatment services - paid directly to you, or sent to your dentist, if you prefer. Our Level 3 Plus plan also includes cash benefits for major dental services.

### How the plan works

You'll receive a fixed cash benefit for each covered service - which will vary depending on the plan level of coverage you select. The following services outlined below show what procedures are covered and the amount of cash benefit the plan pays. You will be responsible for any additional costs not paid by the plan. A complete list of benefits based on the plan you select will be provided with your policy details.

Please use this information to help you determine the level of coverage that best meets your needs. And remember to schedule your cleanings every six months to get the most out of your benefits!

## Dental Preventive Services

Benefits are paid for each visit made by you or an insured family member, according to the level of coverage you select, and are payable twice per policy year for each insured person. At least 150 days must separate visits by each insured.

BENEFITS	Level 1 Basic	Level 2 Intermediate	Level 3 Plus
Dental Wellness	You receive a fixed preventive amount per visit.		
<ul style="list-style-type: none"><li>• Exams</li><li>• X-Rays</li><li>• Tests and Examinations</li><li>• Cleanings</li><li>• Fluoride</li><li>• Sealants</li><li>• Space Maintainers</li></ul>	\$75	\$100	\$100

## BASIC and MAJOR Maximums

This table shows the combined maximum annual benefit for BASIC and MAJOR services for each insured person.

BENEFITS	Level 1 Basic	Level 2 Intermediate	Level 3 Plus
Your calendar year maximum, excluding your preventive services	\$500	\$1,000	\$1,500

## BASIC DENTAL SERVICES BENEFITS

Benefits shown below will be paid at 50% for any covered procedure during the first year of the policy. In the second year of coverage, you will receive 100% of the benefit.

BASIC DENTAL SERVICES BENEFITS	Level 1 Basic	Level 2 Intermediate	Level 3 Plus
Palliative (emergency) treatment of dental pain - minor procedure	\$35	\$70	\$70
Deep sedation/general anesthesia - first 30 minutes	\$140	\$275	\$275
Deep sedation/general anesthesia - each additional 15 minutes	\$50	\$100	\$100
Amalgam - one surface - primary or permanent	\$45	\$90	\$90
Amalgam - two surfaces - primary or permanent	\$55	\$110	\$110
Amalgam - three surfaces - primary or permanent	\$70	\$140	\$140
Amalgam - four or more surfaces - primary or permanent	\$80	\$160	\$160
Resin-based composite - one surface, anterior	\$55	\$110	\$110
Resin-based composite - two surface, anterior	\$70	\$140	\$140
Resin-based composite - three surfaces, anterior	\$80	\$160	\$160
Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$95	\$190	\$190
Resin-based composite crown (anterior-primary)	\$95	\$190	\$190
Resin-based composite - one surface, posterior - permanent or primary	\$60	\$120	\$120
Resin-based composite - two surfaces, posterior - permanent or primary	\$75	\$150	\$150
Resin-based composite - three surfaces, posterior - permanent or primary	\$95	\$190	\$190
Resin-based composite - four or more surfaces, posterior	\$115	\$225	\$225
Gold foil - one surface	\$50	\$100	\$100
Gold foil - two surfaces	\$200	\$375	\$375
Coronal recement - deciduous tooth	\$40	\$80	\$80
Extraction, erupted tooth or exposed root	\$50	\$100	\$100
Adjust denture	\$25	\$55	\$55
Repair broken complete denture base	\$60	\$120	\$120
Replace missing or broken teeth - complete denture (each tooth)	\$50	\$100	\$100
Repair resin denture base	\$60	\$120	\$120
Repair cast framework	\$75	\$150	\$150
Repair or replace broken clasp	\$75	\$150	\$150
Replace broken teeth - per tooth	\$50	\$100	\$100
Add tooth to existing partial denture	\$60	\$120	\$120
Add clasp to existing partial denture	\$75	\$150	\$150
Replace all teeth and acrylic on cast metal framework	\$175	\$350	\$350
Rebase denture	\$175	\$350	\$350
Rebase partial denture	\$175	\$350	\$350
Reline denture (chairside)	\$100	\$200	\$200

BASIC DENTAL SERVICES BENEFITS (Con't.)	Level 1 Basic	Level 2 Intermediate	Level 3 Plus
Reline denture (laboratory)	\$150	\$300	\$300
Tissue conditioning	\$50	\$100	\$100
Recement fixed partial denture	\$50	\$100	\$100

## MAJOR DENTAL SERVICES BENEFITS

There is a 180-day waiting period on major services. After the waiting period, benefits shown below will be paid at 50% for any covered procedure during the remainder of the first policy year. In the second year of coverage, you will receive 100% of the benefit.

MAJOR DENTAL SERVICES BENEFITS	Level 1 Basic	Level 2 Intermediate	Level 3 Plus
Inlay - metallic - one surface	0	0	\$280
Inlay - metallic - two surfaces	0	0	\$330
Inlay or Onlay - porcelain/ceramic/metallic - one or more surfaces	0	0	\$375
Inlay - resin based composite - one surface	0	0	\$225
Inlay - resin based composite - two surfaces	0	0	\$260
Onlay - resin based composite - two surfaces	0	0	\$240
Onlay - resin based composite - three surfaces	0	0	\$280
Recement inlay	0	0	\$40
Sedative Filling	0	0	\$40
Pin retention - per tooth, in addition to restoration	0	0	\$20
Crown - resin laboratory	0	0	\$190
Self standing crown	0	0	\$450
Recement crown	0	0	\$40
Prefabricated stainless steel crown - primary tooth	0	0	\$110
Prefabricated stainless steel crown - permanent tooth	0	0	\$125
Prefabricated resin crown	0	0	\$140
Prefabricated stainless steel crown with resin window	0	0	\$150
Core buildup, including any pins	0	0	\$100
Cast post and core in addition to crown	0	0	\$150
Prefabricated post and core in addition to crown	0	0	\$135
Temporary crown (fractured tooth)	0	0	\$95
Pulp cap - direct (excluding final restoration)	0	0	\$30
Pulp cap - indirect (excluding final restoration)	0	0	\$30
Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medication	0	0	\$70
Anterior (excluding final restoration)	0	0	\$225
Bicuspid (excluding final restoration)	0	0	\$300
Molar (excluding final restoration)	0	0	\$375
Retreatment of previous root canal therapy - anterior	0	0	\$225
Retreatment of previous root canal therapy - bicuspid	0	0	\$250
Retreatment of previous root canal therapy - molar	0	0	\$400
Apicoectomy/periradicular surgery - anterior	0	0	\$175
Apicoectomy/periradicular surgery - bicuspid (first root)	0	0	\$300
Apicoectomy/periradicular surgery - molar (first root)	0	0	\$350
Apicoectomy/periradicular surgery - (each additional root)	0	0	\$145

MAJOR DENTAL SERVICES BENEFITS (Con't.)	Level 1 Basic	Level 2 Intermediate	Level 3 Plus
Retrograde filling - per root	0	0	\$105
Root amputation - per root	0	0	\$200
Hemisection (including any root removal), not including root canal therapy	0	0	\$150
Comprehensive periodontal evaluation - new or established patient	0	0	\$30
Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	0	0	\$165
Gingivectomy or gingivoplasty - one to three teeth per quadrant	0	0	\$65
Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	0	0	\$275
Clinical crown lengthening - hard tissue	0	0	\$300
Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	0	0	\$325
Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	0	0	\$200
Bone replacement graft - first site in quadrant	0	0	\$150
Bone replacement graft - each additional site in quadrant	0	0	\$75
Pedicle soft tissue graft procedure	0	0	\$300
Free soft tissue graft procedure (including donor site surgery)	0	0	\$300
Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	0	0	\$95
Full mouth debridement to enable comprehensive evaluation and diagnosis	0	0	\$65
Periodontal maintenance	0	0	\$60
Complete denture - maxillary and mandibular	0	0	\$375
Immediate denture - maxillary and mandibular	0	0	\$400
Maxillary and Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	0	0	\$375
Maxillary and Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	0	0	\$400
Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	0	0	\$275
Retainer - cast metal for resin bonded fixed prosthesis	0	0	\$175
Pontic or Inlay/Onlay, usually associated with a crown	0	0	\$375
Crown, usually associated with a bridge	0	0	\$375
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	0	0	\$95
Removal of impacted tooth - soft tissue	0	0	\$120
Removal of impacted tooth - partially bony	0	0	\$160
Removal of impacted tooth - completely bony	0	0	\$185
Removal of impacted tooth - completely bony, with unusual surgical complications	0	0	\$200

MAJOR DENTAL SERVICES BENEFITS (Con't.)	Level 1 Basic	Level 2 Intermediate	Level 3 Plus
Surgical removal of residual tooth roots (cutting procedure)	0	0	\$100
Oroantral fistula closure	0	0	\$800
Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0	0	\$200
Surgical access of unerupted tooth	0	0	\$200
Surgical exposure of impacted or unerupted tooth to aid eruption	0	0	\$165
Biopsy of oral tissue - hard (bone, tooth)	0	0	\$325
Biopsy of oral tissue - soft (all others)	0	0	\$165
Alveoloplasty in conjunction with extractions - per quadrant	0	0	\$110
Alveoloplasty not in conjunction with extractions - per quadrant	0	0	\$400
Vestibuloplasty - ridge extension (secondary epithelialization)	0	0	\$750
Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachments and management of hypertrophied tissue)	0	0	\$1000
Excision of benign lesion up to 1.25 cm	0	0	\$165
Excision of benign lesion greater than 1.25 cm	0	0	\$500
Excision of malignant lesion up to 1.25 cm	0	0	\$165
Excision of malignant lesion greater than 1.25 cm	0	0	\$550
Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0	0	\$165
Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0	0	\$500
Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	0	0	\$325
Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0	0	\$500
Removal of lateral exostosis (maxilla or mandible)	0	0	\$325
Incision and drainage of abscess - intraoral soft tissue	0	0	\$100
Incision and drainage of abscess - extraoral soft tissue	0	0	\$450
Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	0	0	\$165
Removal of reaction producing foreign bodies, musculoskeletal system	0	0	\$200
Partial ostectomy/sequestrectomy for removal of non-vital bone	0	0	\$125
Maxillary sinusotomy for removal of tooth fragment or foreign body	0	0	\$825
Frenulectomy (frenectomy or frenotomy) - separate procedure	0	0	\$200
Excision of hyperplastic tissue - per arch	0	0	\$200
Excision of pericoronal gingival	0	0	\$75
Surgical reduction of fibrous tuberosity	0	0	\$250
Sialodochoplasty	0	0	\$275