

Dental Benefit Summary: Green Source EPC

NLB Dental 2

	<u>In Network</u>	<u>Out of Network</u>
Deductible	\$50	\$50
Deductible Waived for Preventive	Yes	Yes
Annual Maximum	\$1,000	\$1,000
Reimbursement	Fee Schedule	90th percentile prevailing fee
Rollover	Yes	Yes
Deductible Combined	No	No
<u>Type I - Preventive Services</u>	100%	100%
Preventive Exams, once per 6 months		
Teeth Cleaning, once per 6 months		
Fluoride Treatment, every 12 months under age 16		
Bitewing X-rays, once per 12 months. Panoramic/Full Mouth X-rays, one set per 60 months		
Oral Cancer Screenings, once per 24 months		
Sealants: Dependent children under age 16, once per 36 months		
<u>Type II - Basic Services</u>	90%	80%
Crowns (Stainless Steel) only if tooth cannot be restored by filling, once per 84 months		
Endodontic Services/Root Canal Therapy		
Periodontal Surgical Services, once per 36 months		
Minor Oral Surgery, No Limitation		
Problem Focused Exams		
Occlusal/Periapical X-rays		
Space Maintainers: Dependent children under age 16		
Restorations/Fillings, once per 24 months		
Simple Extractions		
Extraoral X-rays, once per 6 months		
Periodontal prophylaxis, twice in 12 months		
<u>Type III - Major Services</u>	60%	50%
Crowns (other than stainless steel), once per 84 months		
Dentures/Bridges/Repairs Fixed, once per 84 months. Removable, once per 60 months		
Inlays/Onlay, once per 84 months. Removable, once per 60 months		
Relining or rebasing of dentures (once in 36 months)		
Complex Oral Surgery		
General Anesthesia		
Implants		
<i>Child Orthodontic Benefit</i>	No	
<i>Child Orthodontic Lifetime Maximum</i>	Not Available	
<i>Adult Orthodontic Benefit</i>	No	
<i>Adult Orthodontic Lifetime Maximum</i>	Not Available	