

SUMMARY OF DENTAL BENEFITS

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Dental Plan. This Plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Dental Benefits and the Dental Exclusions and Limitations sections of the Plan Document for complete details of each benefit.

Services can be rendered by any Dental Professional who is licensed to perform the services. The Plan contains three service categories: Preventive; Basic; and Major Services. The Plan applies a 90-day waiting period to Basic Services and a 180-day waiting period to Major Services prior to benefits being paid by the Plan. The Plan does not include a missing tooth clause. Pre-determinations and referrals for specialty care are not required by the Plan. If a dental procedure is not specifically listed under one of the service categories below, the dental procedure will be considered to fall under the Major Services category, whether the service is major or not, unless excluded by the Plan.

Deductibles & Benefit Year Maximums	
Benefit Year Deductibles (Deductible is waived for Preventive Services)	\$50 Individual \$150 Family
Benefit Year Maximum for Preventive, Basic and Major Procedure Categories combined	\$1,000 per Plan Member

Dental Service Category	Deductible Applied	Waiting Period Applied	Plan Pays	Types of Services Provided
Preventive Services	No	No	100%	<ul style="list-style-type: none"> – Routine exams & cleanings twice per Benefit Year; – Fluoride treatments for Dependents under age 18 twice per Benefit Year; – Sealants up to age 16; – One bitewing x-ray series per Benefit Year; – One full mouth or panorex x-ray every three years. – Palliative emergency treatment – Other X-rays
Basic Services	Yes	Yes 90-days	80%	<ul style="list-style-type: none"> – Oral surgery; – Periodontics – Endodontics – Extractions – Recementing and repair of bridges, crowns, removal dentures or inlays – Fillings – General anesthesia – Antibiotic drugs – Space maintainers for Dependents under the age of 16 to replace primary teeth
Major Services	Yes	Yes 180-days	50%	<ul style="list-style-type: none"> – Gold restorations – Installing partials, full/removable dentures – Installation of fixed bridges – Inlays, Onlays, Crowns-not a part of bridge