

HEALTH PLAN BENEFITS AND COVERAGE MATRIX

CONTRACT CODE: Q14R/Q14S
SMALL GROUP DENTAL NET PLAN

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

This is an overview of coverage. The Evidence of Coverage (EOC) contains the exact terms and conditions of coverage. You have a right to view the EOC prior to enrollment. To obtain a copy of the EOC, please call 800-627-8797.

Category	Services	Coverage	Your Co-Payment	Limitations/Exclusions
Annual Deductible	None	None	None	None
Lifetime Maximums	None	None	None	None
Professional Services	General Dentist Diagnostic	Initial oral examination Intraoral x-rays-complete series Panoramic film	No charge No charge No charge	None
	General Dentist Preventive	Prophylaxis-adult Prophylaxis-child Space maintainer-fixed-unilateral	No charge No charge \$ 40.00	Prophylaxis procedures are limited to two treatments in twelve consecutive months. Third prophylaxis in twelve (12) months will be subject to an 80% copayment of the Participating Dentist's usual fee.
	General Dentist Restorative	Amalgam one surface, primary Amalgam one surface, permanent Resin composite one surface, anterior	No Charge No Charge No Charge	
	General Dentist Endodontics*	Root canal therapy-three canals or four canals (molar) Apicoectomy (per tooth)-first root Retrograde filling-per root	\$240.00 \$115.00 \$125.00	*Teeth with questionable, guarded or poor prognosis are not covered for endodontic treatment. Plan will allow for observation or extraction and prosthetic replacement.
	General Dentist Periodontics	Periodontal scaling and root planing-per quadrant Osseous surgery-per quadrant	\$ 50.00 \$225.00	
	General Dentist Prosthodontics	Inlay-metallic-three or more surfaces Crown-porcelain fused to high noble metal Crown-full cast high noble metal Denture-complete upper or Lower Denture-adjustment, complete Upper or lower Partial denture predominantly cast base including clasps, upper or lower	\$120.00* \$230.00* \$230.00* \$250.00 \$ 10.00 \$300.00	*Plus actual costs for noble/high (precious) metal not to exceed \$100.00.

Category	Services	Coverage	Your Co-Payment	Limitations/Exclusions
	General Dentist Oral Surgery	Extraction-single tooth Removal of impacted tooth- partially bony*	No Charge \$ 80.00	*Removal of impacted teeth is limited to impactions which show radiographic evidence of a pathologic condition or for which the Member experiences unresolved symptoms of infection, swelling or chronic pain.
	Miscellaneous	Emergency palliative treatment	\$ 10.00	None
	Orthodontic	Adults age 18 and over Children through age 17 Retention	\$1850.00 \$1850.00 \$ 275.00	Myofunctional therapy and related services.
Outpatient Services		Not Applicable		
Hospitalization Services		Not Applicable		
Emergency Health Coverage		Not Applicable		
Ambulance Services		Not Applicable		
Prescription Drug Coverage		Not Applicable		
Durable Medical Equipment		Not Applicable		
Mental Health Services		Not Applicable		
Chemical Dependency Services		Not Applicable		
Home Health Services		Not Applicable		
Preventive Medicine for Women		Not Applicable		