

## SCHEDULE OF COVERED DENTAL SERVICES

BENEFIT DESCRIPTION & LIMITATION	NETWORK COPAYMENT	NON-NETWORK COPAYMENT
	is shown as a percentage of Eligible Expenses or is shown as a fixed dollar after applicable Deductible is satisfied.	is shown as a percentage of Eligible Expenses or is shown as a fixed dollar after applicable Deductible is satisfied.  You must also pay the amount of the Dentist's fee, if any, which is greater than the Eligible Expense.
<b>DIAGNOSTIC SERVICES</b>		
Bacteriologic Cultures	0%	20%
Viral Cultures	0%	20%
Intraoral Bitewing Radiographs Limited to 1 series of films per calendar year.	0%	20%
Panorex Radiographs Limited to 1 time per consecutive 36 months.	0%	20%
Oral/Facial Photographic Images Limited to 1 time per consecutive 36 months.	0%	20%
Diagnostic Casts Limited to 1 time per consecutive 24 months.	0%	20%
Extraoral Radiographs Limited to 2 films per calendar year.	0%	20%
Intraoral - Complete Series (including bitewings) Limited to 1 time per consecutive 36 months. Vertical bitewings can not be billed in conjunction with a complete series.	0%	20%
Intraoral Periapical Radiographs	0%	20%
Pulp Vitality Tests Limited to 1 charge per visit,	0%	20%

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<p>Repairs or Adjustments to Full Dentures, Partial Dentures, Bridges or Crowns</p> <p>Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>60%</p> <p>Subject to a 12 month Waiting Period.</p>

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primary anterior teeth.		
<b>FIXED PROSTHETICS</b>		
Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement.		
Fixed Partial Dentures (Bridges)  Limited to 1 time per tooth per consecutive 60 months.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
<b>REMOVABLE PROSTHETICS</b>		
Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement.		
Full Dentures  Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Partial Dentures  Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Relining and Rebasing Dentures  Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Tissue Conditioning - Maxillary or Mandibular  Limited to 1 time per consecutive 12 months.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.

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Pontics  Limited to 1 time per tooth per consecutive 60 months.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Retainer-Cast Metal for Resin Bonded Fixed Prosthesis  Limited to 1 time per tooth per consecutive 60 months.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Pin Retention  Limited to 2 pins per tooth; not covered in addition to cast restoration.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Post and Cores  Covered only for teeth that have had root canal therapy.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Re-Cement Inlays/Onlays, Crowns, Bridges and Post and Core  Limited to those performed more than 12 months after the initial insertion.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Sedative Filling  Covered as a separate benefit only if no other service, other than x-rays and exam, were done on the same tooth during the visit.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Stainless Steel Crowns  Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.

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with any other inlay, onlay and crown codes except post and core buildup codes.		
Crowns - Restorations  Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Temporary Crowns - Restorations  Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Inlays/Onlays – Retainers/Abutments  Limited to 1 time per tooth per 60 consecutive months. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Inlays/Onlays - Restorations  Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.

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Limited to relining and repair performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.		
Occlusion Analysis - Mounted Case  Limited to 1 time per consecutive 60 months.	50%	60%
Palliative Treatment  Covered as a separate benefit only if no other services, other than exam and radiographs, were done on the same tooth during the visit.	50%	60%
Consultation (diagnostic service provided by dentists or physician other than practitioner providing treatment.)  Not Covered if done with exams or professional visit.	50%	60%
<b>MAJOR RESTORATIVE SERVICES</b>		
Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement.		
Coping  Limited to 1 per tooth per consecutive 60 months. Not Covered if done at the same time as a crown on same tooth.	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.
Crowns – Retainers/Abutments  Limited to 1 time per tooth per consecutive 60 months. Not Covered if done in conjunction	50%  Subject to a 12 month Waiting Period.	60%  Subject to a 12 month Waiting Period.

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Covered when Necessary in conjunction with Covered Dental Services. If required for patients under 6 years of age or patients with behavioral problems or physical disabilities or if it is clinically Necessary. Covered for patients over age of 6 if it is clinically Necessary.		
Local Anesthesia  Not Covered in conjunction with operative or surgical procedure.	50%	60%
Intravenous Sedation and Analgesia  Covered when Necessary in conjunction with Covered Dental Services. If required for patients under 6 years of age or patients with behavioral problems or physical disabilities or if it is clinically Necessary. Covered for patients over age of 6 if it is clinically Necessary.	50%	60%
Therapeutic Drug Injection, by report/Other Drugs and/or Medicaments, by report  Limited to 1 per visit.	50%	60%
Occlusal Adjustment	50%	60%
Occlusal Guards  Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.	50%	60%
Occlusal Guard Reline and Repair	50%	60%

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Ridge Preservation - per site Limited to 1 per site per lifetime Not Covered if done in conjunction with other bone graft replacement procedures.		
Excision of Hyperplastic Tissue or Pericoronal Gingiva Limited to 1 per site per consecutive 36 months.	50%	60%
Appliance Removal (not by dentist who placed appliance) includes removal of arch bar Limited to once per appliance per lifetime.	50%	60%
Tooth Reimplantation and/or Transplantation Services Limited to 1 per site per lifetime.	50%	60%
Oroantral Fistula Closure Limited to 1 per site per visit.	50%	60%
<b>ADJUNCTIVE SERVICES</b>		
Analgesia Covered when Necessary in conjunction with Covered Dental Services. If required for patients under 6 years of age or patients with behavioral problems or physical disabilities or if it is clinically Necessary. Covered for patients over age of 6 if it is clinically Necessary.	50%	60%
Desensitizing Medicament	50%	60%
General Anesthesia	50%	60%

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Limited to 1 time per tooth per lifetime.		
Surgical Extraction of Erupted Teeth or Roots  Limited to 1 time per tooth per lifetime.	50%	60%
Surgical Extraction of Impacted Teeth  Limited to 1 time per tooth per lifetime.	50%	60%
Surgical Access, Surgical Exposure, or Immobilization of Unerupted Teeth  Limited to 1 time per tooth per lifetime.	50%	60%
Primary Closure of a Sinus Perforation  Limited to 1 per tooth per lifetime.	50%	60%
Placement of Device to Facilitate Eruption of Impacted Tooth  Limited to 1 time per tooth per lifetime.	50%	60%
Transseptal Fiberotomy/Supra Crestal Fiberotomy, by report  Limited to 1 time per tooth per lifetime.	50%	60%
Vestibuloplasty  Limited to 1 time per site per consecutive 60 months.	50%	60%
Bone Replacement Graft for	50%	60%

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Scaling and Root Planing Limited to 1 time per quadrant per consecutive 24 months.	50%	60%
Localized Delivery of Antimicrobial Agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report  Limited to 3 sites per quadrant, or 12 sites total, for refractory pockets, or in conjunction with scaling or root planing, by report.	50%	60%
<b>ORAL SURGERY</b>		
Alveoloplasty	50%	60%
Biopsy Limited to 1 biopsy per site per visit.	50%	60%
Frenectomy/Frenuloplasty	50%	60%
Surgical Incision Limited to 1 per site per visit.	50%	60%
Removal of a Benign Cyst/Lesions Limited to 1 per site per visit.	50%	60%
Removal of Torus Limited to 1 per site per visit.	50%	60%
Root Removal, Surgical Limited to 1 time per tooth per lifetime.	50%	60%
Simple Extractions	50%	60%

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Osseous Graft  Limited to 1 per quadrant or site per consecutive 36 months.	50%	60%
Osseous Surgery  Limited to 1 per quadrant or site per consecutive 36 months.	50%	60%
Guided Tissue Regeneration  Limited to 1 per quadrant or site per consecutive 36 months.	50%	60%
Soft Tissue Surgery  Limited to 1 per quadrant or site per consecutive 36 months.	50%	60%
Periodontal Maintenance  Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.	50%	60%
Full Mouth Debridement  Limited to once per consecutive 36 months.	50%	60%
Provisional Splinting  Cannot be used to restore vertical dimension or as part of full mouth rehabilitation, should not include use of laboratory based crowns and/or fixed partial dentures (bridges).  Exclusion of laboratory based crowns or bridges for the purposes of provisional splinting.	50%	60%

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Therapeutic Pulpotomy Limited to 1 time per primary or secondary tooth per lifetime.	50%	60%
Pulpal Therapy (resorbable filling) - Anterior or Posterior, Primary Tooth (excluding final restoration) Limited to 1 time per tooth per lifetime. Covered for anterior or posterior teeth only.	50%	60%
Pulp Caps - Direct/Indirect – excluding final restoration Not covered if utilized solely as a liner or base underneath a restoration.	50%	60%
Pulpal Debridement, Primary and Permanent Teeth Limited to 1 time per tooth per lifetime. This procedure is not to be used when endodontic services are done on same date of service.	50%	60%
<b>PERIODONTICS</b>		
Crown Lengthening Limited to 1 per quadrant or site per consecutive 36 months.	50%	60%
Gingivectomy/Gingivoplasty Limited to 1 per quadrant or site per consecutive 36 months.	50%	60%
Gingival Flap Procedure Limited to 1 per quadrant or site per consecutive 36 months.	50%	60%

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Gold Foil Restorations  Multiple restorations on one surface will be treated as a single filling.	50%	60%  Subject to a 12 month Waiting Period.
<b>ENDODONTICS</b>		
Apexification  Limited to 1 time per tooth per lifetime.	50%	60%
Apicoectomy and Retrograde Filling  Limited to 1 time per tooth per lifetime.	50%	60%
Hemisection  Limited to 1 time per tooth per lifetime.	50%	60%
Root Canal Therapy  Limited to 1 time per tooth per lifetime. Dentist who performed the original root canal should not be reimbursed for the retreatment for the first 12 months.	50%	60%
Retreatment of Previous Root Canal Therapy  Dentist who performed the original root canal should not be reimbursed for the retreatment for the first 12 months.	50%	60%
Root Resection/Amputation  Limited to 1 time per tooth per lifetime.	50%	60%

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Limited to 2 times per consecutive 12 months.		
Fluoride Treatments - child  Limited to Covered Persons under the age of 16 years, and limited to 2 times per consecutive 12 months.	0%	20%
Sealants  Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.	0%	20%
Space Maintainers  Limited to Covered Persons under the age of 16 years, once per consecutive 60 months . Benefit includes all adjustments within 6 months of installation.	0%	20%
Re-Cement Space Maintainers  Limited to 1 per consecutive 6 months after initial insertion.	0%	20%
<b>MINOR RESTORATIVE SERVICES</b>		
Amalgam Restorations  Multiple restorations on one surface will be treated as a single filling.	50%	60%  Subject to a 12 month Waiting Period.
Composite Resin Restorations - Anterior  Multiple restorations on one surface will be treated as a single filling.	50%	60%  Subject to a 12 month Waiting Period.

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regardless of how many teeth are tested.		
Intraoral Occlusal Film	0%	20%
Periodic Oral Evaluation  Limited to 2 times per consecutive 12 months.	0%	20%
Comprehensive Oral Evaluation  Limited to 2 times per consecutive 12 months. Not Covered if done in conjunction with other exams.	0%	20%
Limited or Detailed Oral Evaluation  Limited to 2 times per consecutive 12 months. Only 1 exam is Covered per date of service.	0%	20%
Comprehensive Periodontal Evaluation - new or established patient  Limited to 2 times per consecutive 12 months.	0%	20%
Adjunctive Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures  Limited to 1 time per consecutive 12 months.	0%	20%
<b>PREVENTIVE SERVICES</b>		
Dental Prophylaxis	0%	20%