

SCHEDULE OF COVERED DENTAL SERVICES

BENEFIT DESCRIPTION & LIMITATION	NETWORK COPAYMENT is shown as a percentage of Eligible Expenses or is shown as a fixed dollar after applicable Deductible is satisfied.	NON-NETWORK COPAYMENT 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.
DIAGNOSTIC SERVICES		
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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Repairs or Adjustments to Full Dentures, Partial Dentures, Bridges or Crowns Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.	50% Subject to a 12 month Waiting Period.	60% Subject to a 12 month Waiting Period.
ORTHODONTICS Orthodontic services are subject to the applicable Waiting Period, satisfaction of any Deductible and any orthodontic Deductible, and payment of any applicable Copayments.		
Orthodontic Services Services or supplies furnished by a Dentist to a Dependent under age 25 in order to diagnose or correct misalignment of the teeth or the bite. The extended coverage provision does not apply to orthodontic services.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.
Appliance Therapy, Fixed or Removable Limited to 1 time per consecutive 60 months. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.
Cephalometric Film Limited to 1 per consecutive 12 months. Can only be billed for orthodontics.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.

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primary anterior teeth.		
FIXED PROSTHETICS		
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.
REMOVABLE PROSTHETICS		
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%
MAJOR RESTORATIVE SERVICES		
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%
ADJUNCTIVE SERVICES		
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%
ORAL SURGERY		
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%
PERIODONTICS		
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.
ENDODONTICS		
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%
MINOR RESTORATIVE SERVICES		
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%
PREVENTIVE SERVICES		
Dental Prophylaxis	0%	20%