

## Schedule of Covered Dental Services

<b>BENEFIT DESCRIPTION &amp; LIMITATION</b>	<b>NETWORK COPAYMENT</b> is shown as a percentage of Eligible Expenses after applicable Deductible is satisfied.	<b>NON-NETWORK COPAYMENT</b> is shown as a percentage of Eligible Expenses 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%	0%
Viral Cultures	0%	0%
Intraoral Bitewing Radiographs  Limited to 1 series of films per calendar year.	0%	0%
Panorex Radiographs  Limited to 1 time per consecutive 36 months.	0%	0%
Oral/Facial Photographic Images  Limited to 1 time per consecutive 36 months.	0%	0%
Diagnostic Casts  Limited to 1 time per consecutive 24 months.	0%	0%
Extraoral Radiographs  Limited to 2 films per calendar year.	0%	0%
Intraoral - Complete Series (including bitewings)  Limited to 1 time per consecutive 36	0%	0%

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months. Vertical bitewings can not be billed in conjunction with a complete series.		
Intraoral Periapical Radiographs	0%	0%
Pulp Vitality Tests  Limited to 1 charge per visit, regardless of how many teeth are tested.	0%	0%
Intraoral Occlusal Film	0%	0%
Periodic Oral Evaluation  Limited to 2 times per consecutive 12 months.	0%	0%
Comprehensive Oral Evaluation  Limited to 2 times per consecutive 12 months. Not Covered if done in conjunction with other exams.	0%	0%
Limited or Detailed Oral Evaluation  Limited to 2 times per consecutive 12 months. Only 1 exam is Covered per date of service.	0%	0%
Comprehensive Periodontal Evaluation - new or established patient  Limited to 2 times per consecutive 12 months.	0%	0%
Adjunctive Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy	0%	0%

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procedures  Limited to 1 time per consecutive 12 months.		
<b>PREVENTIVE SERVICES</b>		
Dental Prophylaxis  Limited to 2 times per consecutive 12 months.	0%	0%
Fluoride Treatments - child  Limited to Covered Persons under the age of 16 years, and limited to 2 times per consecutive 12 months.	0%	0%
Sealants  Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.	0%	0%
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%	0%
Re-cement Space Maintainers  Limited to 1 per consecutive 6 months after initial insertion.	0%	0%
<b>MINOR RESTORATIVE SERVICES</b>		
Amalgam Restorations  Multiple restorations on one surface will be treated as a single filling.	20%	20%

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<p>Composite Resin Restorations - Anterior</p> <p>Multiple restorations on one surface will be treated as a single filling.</p>	20%	20%
<p>Gold Foil Restorations</p> <p>Multiple restorations on one surface will be treated as a single filling.</p>	20%	20%
<b>ENDODONTICS</b>		
<p>Apexification</p> <p>Limited to 1 time per tooth per lifetime.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Apicoectomy and Retrograde Filling</p> <p>Limited to 1 time per tooth per lifetime.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Hemisection</p> <p>Limited to 1 time per tooth per lifetime.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Root Canal Therapy</p> <p>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.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Retreatment of Previous Root Canal Therapy</p> <p>Dentist who performed the original root canal should not be reimbursed for the retreatment for the first 12 months.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>

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<p>Root Resection/Amputation</p> <p>Limited to 1 time per tooth per lifetime.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Therapeutic Pulpotomy</p> <p>Limited to 1 time per primary or secondary tooth per lifetime.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Pulpal Therapy (resorbable filling) - Anterior or Posterior, Primary Tooth (excluding final restoration)</p> <p>Limited to 1 time per tooth per lifetime. Covered for anterior or posterior teeth only.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Pulp Caps - Direct/Indirect - excluding final restoration</p> <p>Not Covered if utilized solely as a liner or base underneath a restoration.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Pulpal Debridement, Primary and Permanent Teeth</p> <p>Limited to 1 time per tooth per lifetime.</p> <p>This procedure is not to be used when endodontic services are done on same date of service.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<b>PERIODONTICS</b>		
<p>Crown Lengthening</p> <p>Limited to 1 per quadrant or site per consecutive 36 months.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>

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Gingivectomy/Gingivoplasty  Limited to 1 per quadrant or site per consecutive 36 months.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Gingival Flap Procedure  Limited to 1 per quadrant or site per consecutive 36 months.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Osseous Graft  Limited to 1 per quadrant or site per consecutive 36 months.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Osseous Surgery  Limited to 1 per quadrant or site per consecutive 36 months.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Guided Tissue Regeneration  Limited to 1 per quadrant or site per consecutive 36 months.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Soft Tissue Surgery  Limited to 1 per quadrant or site per consecutive 36 months.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Periodontal Maintenance  Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Full Mouth Debridement  Limited to once per consecutive 36 months.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.

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<p>Provisional Splinting</p> <p>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).</p> <p>Exclusion of laboratory based crowns or bridges for the purposes of provisional splinting.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Scaling and Root Planing</p> <p>Limited to 1 time per quadrant per consecutive 24 months.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Localized Delivery of Antimicrobial Agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report</p> <p>Limited to 3 sites per quadrant, or 12 sites total, for refractory pockets, or in conjunction with scaling or root planing, by report.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<b>ORAL SURGERY</b>		
<p>Alveoplasty</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Biopsy</p> <p>Limited to 1 biopsy per site per visit.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Frenectomy/Frenuloplasty</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>

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Surgical Incision Limited to 1 per site per visit.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.
Removal of a Benign Cyst/Lesions Limited to 1 per site per visit.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.
Removal of Torus Limited to 1 per site per visit.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.
Root Removal, Surgical Limited to 1 time per tooth per lifetime.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.
Simple Extractions Limited to 1 time per tooth per lifetime.	20%	20%
Surgical Extraction of Erupted Teeth or Roots Limited to 1 time per tooth per lifetime.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.
Surgical Extraction of Impacted Teeth Limited to 1 time per tooth per lifetime.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.
Surgical Access, Surgical Exposure, or Immobilization of Unerupted Teeth Limited to 1 time per tooth per lifetime.	50% Subject to a 12 month Waiting Period.	50% Subject to a 12 month Waiting Period.



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Primary Closure of a Sinus Perforation  Limited to 1 per tooth per lifetime.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Placement of Device to Facilitate Eruption of Impacted Tooth  Limited to 1 time per tooth per lifetime.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Transseptal Fiberotomy/Supra Crestal Fiberotomy, by report  Limited to 1 time per tooth per lifetime.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Vestibuloplasty  Limited to 1 time per site per consecutive 60 months.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Bone Replacement Graft for Ridge Preservation - per site  Limited to 1 per site per lifetime. Not Covered if done in conjunction with other bone graft replacement procedures.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Excision of Hyperplastic Tissue or Pericoronal Gingiva  Limited to 1 per site per consecutive 36 months.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Appliance Removal (not by dentist who placed appliance) includes removal of arch bar  Limited to once per appliance per lifetime.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.

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Tooth Reimplantation and/or Transplantation Services  Limited to 1 per site per lifetime.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
Oroantral Fistula Closure  Limited to 1 per site per visit.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
<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.	20%	20%
Desensitizing Medicament	20%	20%
General Anesthesia  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.	20%	20%
Local Anesthesia  Not Covered in conjunction with operative or surgical procedure.	20%	20%

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<p>Intravenous Sedation and Analgesia</p> <p>Covered when Necessary in conjunction with Covered Dental Services.</p> <p>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.</p>	20%	20%
<p>Therapeutic Drug Injection, by report/Other Drugs and/or Medicaments, by report</p> <p>Limited to 1 per visit.</p>	20%	20%
<p>Occlusal Adjustment</p>	20%	20%
<p>Occlusal Guards</p> <p>Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.</p>	20%	20%
<p>Occlusal Guard Reline and Repair</p> <p>Limited to relining and repair performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.</p>	20%	20%
<p>Occlusion Analysis - Mounted Case</p> <p>Limited to 1 time per consecutive 60 months.</p>	20%	20%
<p>Palliative Treatment</p> <p>Covered as a separate benefit only if</p>	20%	20%

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no other services, other than exam and radiographs, were done on the same tooth during the visit.		
<p>Consultation (diagnostic service provided by dentists or physician other than practitioner providing treatment.)</p> <p>Not Covered if done with exams or professional visit.</p>	20%	20%
<p><b>MAJOR RESTORATIVE SERVICES</b></p> <p>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.</p>		
<p>Coping</p> <p>Limited to 1 per tooth per consecutive 60 months. Not Covered if done at the same time as a crown on same tooth.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Crowns - Retainers/Abutments</p> <p>Limited to 1 time per tooth per consecutive 60 months. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Crowns - Restorations</p> <p>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.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>

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<p>Temporary Crowns - Restorations</p> <p>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.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Inlays/Onlays - Retainers/Abutments</p> <p>Limited to 1 time per tooth per consecutive 60 months. Not Covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Inlays/Onlays - Restorations</p> <p>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.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Pontics</p> <p>Limited to 1 time per tooth per consecutive 60 months.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Retainer-Cast Metal for Resin Bonded Fixed Prosthesis</p> <p>Limited to 1 time per tooth per consecutive 60 months.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Pin Retention</p> <p>Limited to 2 pins per tooth; not Covered in addition to cast restoration.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>

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Post and Cores  Covered only for teeth that have had root canal therapy.	50%  Subject to a 12 month Waiting Period.	50%  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.	50%  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 performed on the same tooth during the visit.	50%  Subject to a 12 month Waiting Period.	50%  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 primary anterior teeth.	50%  Subject to a 12 month Waiting Period.	50%  Subject to a 12 month Waiting Period.
<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.	50%  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.		

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<p>Full Dentures</p> <p>Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Partial Dentures</p> <p>Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Relining and Rebasing Dentures</p> <p>Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<p>Tissue Conditioning - Maxillary or Mandibular</p> <p>Limited to 1 time per consecutive 12 months.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>	<p>50%</p> <p>Subject to a 12 month Waiting Period.</p>
<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>50%</p> <p>Subject to a 12 month Waiting Period.</p>