

DENTASSURE DENTAL BENEFITS**PPO PLAN BENEFITS****CALENDAR YEAR MAXIMUM****\$1,500****DEDUCTIBLE:****\$50 PER PERSON**

- Maximum \$150 per Family
- Applies to Basic and Major Services only

WAITING PERIODS:**0 MONTHS**

- No waiting period on Major Services

IN-NETWORK**OUT-OF-NETWORK****PREVENTIVE SERVICES:****PAID AT 100%****PAID AT 100%**

- Dental Exams (every 6 months)
- Routine Cleanings (3 per year)
- Fluoride Treatment for Children (1 every 12 months)
- Emergency Treatment
- X-Rays (Intraoral complete series and Bitewing)
- Sealants (1 every 36 consecutive months under age 14)
- Space Maintainers for Children to age 19

BASIC SERVICES:**PAID AT 80%****PAID AT 80%**

- Oral Evaluation (problem focused)
- Intraoral Pariapical
- Simple Extractions
- Oral Surgery
- Biopsy (including brush biopsy)
- Incision and Drainage
- General Anesthesia
- Restorative-type Fillings (Amalgam and Composite)
- Pin Retention Restorations
- Endodontic and Periodontic Treatment

MAJOR SERVICES:**PAID AT 50%****PAID AT 50%**

- Crowns, Inlays, Onlays
- Full or Partial Dentures
- Fixed Bridges
- Implants (Covered to the extent of Dentures)
- Tissue Conditioning
- Denture Adjustments

Monthly Rates effective 10/1/20:**Employee only: \$56.81****Emp + Spouse: \$111.29****Emp + Child(ren): \$122.45****Emp + Family: \$181.42**

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LIMITATIONS & EXCLUSIONS

The Company will not pay for (and covered dental expenses do not include) charges for:

1. Services or supplies received as a result of war or any act of war, riot, commission of a felony, intentionally self-inflicted injury, work related injury, the non-therapeutic release of nuclear energy or a physical altercation;
2. Services or supplies other than covered procedures;
3. Services or supplies received before the effective date of coverage or after the termination date of coverage;
4. Services or supplies that are medically necessary;
5. Services or supplies that are experimental or investigative;
6. Services or supplies that an insured person can obtain without charge from a governmental agency;
7. Services and supplies if no charge would be made in the absence of insurance;
8. Costs in excess of the reasonable and customary charges for the services and supplies provided;
9. Application of desensitizing medications or analgesics;
10. Cosmetic procedures, and the cosmetic replacement of serviceable amalgams with composite or similar material;
11. Implantology, or transplants, appliances or restoration to increase the vertical dimension, to restore an occlusion, or gnathologic recordings of jaw movements and positions;
12. Instruction in dental plaque control, dental hygiene, nutritional counseling, or dental decay prevention programs;
13. Services or supplies related to the diagnosis or treatment of TMJ Syndrome;
14. Study models or duplicate prosthetic devices or the replacement of lost, missing, or stolen prosthetic devices;
15. Prescribed drugs or medications, or general anesthesia, except when administered by a Dentist in connection with oral surgery;
16. Supplies intended for home use;
17. Missed dental appointments;
18. The completion of dental claim forms;
19. Fees for supplies used in the self application of fluoride;
20. Space maintainers after a child attains age 19, or 26 if a full time student;
21. The repair or replacement of lost or stolen space maintainers;
22. Dentures or fixed bridgework for replacing teeth lost prior to this policy's effective date;
23. Services related to congenital or development malformations existing on the insured's effective date;
24. Services related to periodontal splinting;
25. Services related to facings on crowns, or pontics posterior to the 2nd bicuspid;
26. The replacement of partial or full dentures, fixed bridgework, crowns, gold restorations and jackets more often than once in any 5 year period;
27. Services related to relining of dentures more often than once in any 2 year period;
28. Services which are not performed by a Dentist;
29. Services received from a provider who is the insured's spouse, child, brother, sister, parent or in-law; resides with the insured; or is acting outside of the scope of his license;
30. Conditions caused by, or related to, an insured's military service, including service in a military reserve unit;
31. Services which are payable under any medical insurance;
32. Bite registrations;
33. Bacteriologic cultures in connection with a covered dental service;
34. Therapeutic injections administered by a Dentist;
35. Cleaning of a prosthetic device;
36. Restorations on the same surface(s) of the same tooth more than once in a 12 months period;
37. Root planning or subgingival curettage (but not both) more than once in a 12 month period;
38. More than one consultation or exam per course of periodontal treatment;
39. Crowns and/or bridgework in conjunction with periodontal splinting and any periodontal appliances;
40. Root canal treatment on the same tooth more than once in any 2 year period;
41. Bleaching of the teeth;
42. Stainless steel crowns more than once in any 2 year period;
43. A crown used as an abutment to a partial denture;
44. Overhang removal, recontouring or polishing of restoration;
45. Crowns and copings in conjunction with overdentures;
46. Charges made by a hospital for hospital services or supplies or charges for hospital treatment;
47. Charges for facings (veneers).