

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the benefits certificate or coverage manual you will receive after you enroll and the enrollment regulations in force when the certificate or manual becomes effective. Certain exclusions and limitations apply.

PAYMENT CATEGORY:	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX
CHECK UPS AND TEETH CLEANING (Diagnostic and Preventive Services) <ol style="list-style-type: none"> 1. Dental Cleaning 2. Routine Oral Examination 3. Topical Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers 7. Periodontal Maintenance Therapy 	waived	0%	\$1,000 per covered person (excludes Straighter Teeth)
CAVITY REPAIR AND TOOTH EXTRACTIONS (Routine and Restorative Services) <ol style="list-style-type: none"> 1. Contour of Bone 2. Emergency Treatment 3. General Anesthesia/Sedation 4. Restoration of Decayed or Fractured Teeth 5. Limited Occlusal Adjustment 6. Routine Oral Surgery 	(single/family) \$25/\$75	20%	
ROOT CANALS (Endodontic Services) <ol style="list-style-type: none"> 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy 		20%	
GUM AND BONE DISEASES (Periodontal Services) <ol style="list-style-type: none"> 1. Conservative Procedures 2. Complex Periodontal 		20%	
HIGH-COST RESTORATIONS (Cast Restorations) <ol style="list-style-type: none"> 1. Cast Restorations <ol style="list-style-type: none"> a. Crowns b. Inlays c. Onlays d. Posts and Cores 		20%	
DENTURES AND BRIDGES (Prosthetics) <ol style="list-style-type: none"> 1. Bridges 2. Dentures 3. Implants 		20%	
STRAIGHTER TEETH (Orthodontics)		50%	\$1,000 maximum lifetime benefit

The following dental services are broken down by category to present a detailed overview of the limitations included within each.

Check-ups and Teeth Cleaning

- Dental cleaning/prophylaxis—twice per benefit period
- Oral evaluations—twice per benefit period
- Topical fluoride applications—for dependent children under the age of 19 once every 12 consecutive months
- X-rays
 - * Bitewing x-rays—once every 12 consecutive months
 - * Full-mouth x-rays—once every 5 consecutive years
 - * Occlusal and extraoral x-rays – without frequency
 - * Periapical x-rays – without frequency
- Topical sealant applications—for eligible dependent children under age 19; once every 12 months
- Space maintainers—only for dependent children under age 15

Cavity Repair and Tooth Extractions

- Contour of bone (alveoloplasty)
- Emergency treatment for the relief of pain or infection of dental origin
- General anesthesia/sedation
- Restoring decayed or fractured teeth
- Limited occlusal adjustment
- Routine oral surgery

Root Canals

- Apicoectomy/periradicular surgery
- Direct pulp caps
- Pulpotomy
- Retrograde fillings
- Root canal therapy

Gum and Bone Diseases

- Conservative periodontal procedures (periodontal splinting, root planing and scaling)—once every 24 consecutive months for each quadrant
- Complex periodontal procedures—once every 3 years for each quadrant
- Periodontal maintenance therapy

High-cost Restorations

- Cast restorations for advanced tooth decay or fracture—once every 5 consecutive years beginning from the date the cast restoration is cemented in place
 - * Crowns—limited to teeth that cannot be restored with a routine filling and once every 5 years per tooth
 - * Onlays
 - * Inlays
 - * Posts and cores
 - * Recementation of Cast Restorations – limited to once every 12 months after 6 months since initial placement

Dentures and Bridges

- Bridges - once every 5 years
- Bridge repair
- Dentures—once every 5 consecutive years
- Denture relining if performed 6 months or more after initial placement and limited to once every 2 years
- Implants – once in a lifetime per missing tooth

Orthodontics

- Services for proper alignment of teeth—only for unmarried dependent children under age 19 and at least age 8