# DENTAL PRO PLAN
## BENEFITS SPECIFICATION

| Benefits | In-Network | Out-Of-Network |
|---|---|---|
| **Network** | Aetna Dental Administrators (ADA) | Not applicable |
| **Calendar Year Maximum** | $1,500 | Not applicable |
| **Annual Deductible**<br>Individual<br>Family | <br>$50 per person<br>$150 per family | Not applicable |
| **Reimbursement Level** | Based on reduced contracted rees | Not applicable |
| **Waiting Period** | A period of 30 consecutive days after the plans effective date of the plan before benefits will be available for covered services. | Not applicable |

| Benefits | Plan Pays | You Pay | Plan Pays | You Pay |
|---|---|---|---|---|
| **Class I - Preventive & Diagnostic Care**<br>Oral Exams<br>Routine Cleanings<br>Full Mouth X-rays<br>Bitewing X-Ray<br>Panoramic X-ray<br>Fluoride Application<br>Sealants<br>Histopathologic Exams | 100% | No charge | Not covered | 100% of billed charges |
| **Class II - Basic Restorative Care**<br>Fillings<br>Emergency Care to Relieve Pain<br>Root Canal Therapy/Endodontics<br>Periapical X-rays<br>Periodontal Scaling and Root Planing<br>Oral Surgery – Simple Extractions<br>Oral Surgery – all except simple Extractions<br>Anesthetics<br>Space Maintainers<br>Surgical Extractions of Impacted Teeth | 80% (deductible applies) | 20% (deductible applies) | Not covered | 100% of billed charges |
| **Class III - Major Restorative Care**<br>Crowns<br>Dentures<br>Bridges<br>Inlays/Onlays<br>Prosthesis Over Implant<br>Repairs to Bridges, Crowns and Inlays<br>Denture Adjustments and Repairs | 50% (deductible applies) | 50% (deductible applies) | Not covered | 100% of billed charges |
| **Class IV – Orthodontia**<br><br>Lifetime Maximum | 50% (deductible applies)<br>$1,000 dependent children to age 19 | 50% (deductible applies) | Not covered<br><br>Not covered | 100% of billed charges<br>100% of billed charges |

## Dental Pro Benefit Limitations

| Procedure | Limitations |
|---|---|
| **Exams** | Two per calendar year |
| **Prophylaxis (Cleanings)** | Two per calendar year |
| **Fluoride** | 1 per calendar year for people under 20 |
| **X-Rays (routine)** | Bitewings: 2 per calendar year |
| **X-Rays (non-routine)** | Full mouth: 1 every 36 consecutive months., Panorex: 1 every 36 consecutive months |
| **Surgeries (ALL)** | Limited to removal of teeth, preparation of the mouth for dentures and removal of tooth-generated cysts. |
| **Crowns and Inlays** | Replacement every 5 years |

## Dental Pro Benefit Limitations

| Procedure | Limitations |
|---|---|
| **Bridges** | Replacement every 5 years |
| **Dentures and Partials** | Replacement every 5 years |
| **Relines, Rebases** | Covered if more than 6 months after installation |
| **Adjustments** | Covered if more than 6 months after installation |
| **Repairs - Bridges** | Reviewed if more than once |
| **Repairs - Dentures** | Reviewed if more than once |
| **Sealants** | One treatment per tooth every three years up to age 14 |
| **Space Maintainers** | Limited to non-orthodontic treatment |
| **Prosthesis Over Implant** | 1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non- precious metals. No porcelain or white/tooth colored material on molar crowns or bridges |
| **Missing Tooth Limitation** | Teeth missing prior to coverage under the Dental plan are not covered. Pretreatment review is available on a voluntary basis when extensive dental work in excess of $200 is proposed. |

### Dental Pro Benefit Exclusions:

- Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan.
- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

*This benefit summary highlights some of the benefits available under Plan Document and Summary Plan Description.*