

DENTAL BENEFITS

Please Note: Dental Benefits require a separate benefit election

Calendar Year Dental Deductible - None

Coinsurance – The Coinsurance amounts or cost-share for dental charges are as follows:

Preventive Services – Class I	100%
Basic Services – Class II	50%
Major Services – Class III	50%
Orthodontia – Class IV	50%

Calendar Year Maximum – \$500 per Covered Person (*Preventive, Basic, Major services combined*)

Lifetime Orthodontia Maximum – \$1,000 per Covered Person *under age nineteen (19)*

Dental Charges

Dental charges are the Usual, Customary and Reasonable Charges made by a Dentist or other Physician for necessary care, appliances or other dental material listed as covered dental services. Benefits are payable up to the Calendar Year Maximum for each Covered Person. Benefits payments are subject to the Deductible, if applicable, Coinsurance or cost share percentage and maximum amounts shown above, subject to the terms and conditions, limitations and exclusions that are described in this section and in section *Dental Exclusions*.

A covered dental charge is considered made on the date treatment is given or the dental procedure begins. A dental procedure will be considered to begin on the date:

- (1) The impression is made for a removable appliance or modification of an appliance;
- (2) The tooth or teeth are fully prepared for a fixed bridge, a crown, or a gold or cast restoration; or
- (3) The pulp chamber is opened and explored to the apex for root canal therapy.

COVERED DENTAL SERVICES

Class I: Preventive Dental Services

The limits on Preventive Services are for routine services. If dental need is present, this Plan will consider for reimbursement services performed more frequently than the limits shown.

- (1) Routine dental exams. (two (2) exams per Calendar Year).
- (2) Dental cleanings. (two (2) per Calendar Year).
- (3) Topical fluoride for Dependent children under age eighteen (18). (two (2) per Calendar Year).
- (4) X-rays: Bitewings (two (2) series per Calendar Year).
- (5) Up to two (2) topical applications of sealants per permanent molar for Dependent children under age eighteen (18).
- (6) Emergency Palliative treatment (with x-ray).
- (7) Space Maintainers, but only if needed to manage lost or extracted teeth for a Dependent child under age fifteen (15).
- (8) Full-mouth x-ray or Panorex (*limited to one (1) every three (3) years*).

Class II: Basic Dental Services

- (1) Dental exams other than for routine care.
- (2) Diagnostic Casts and study models.
- (3) Any X-ray other than listed in *Preventive Services*
- (4) Restorative services (all fillings and stainless steel crowns).
- (5) Simple Extractions.
- (6) Oral Surgery (*however, impacted third molars are covered under the Medical Plan*).

- (7) Endodontics.
- (8) Periodontics.
- (9) Repair/recement crowns, bridges, partials etc.
- (10) Reline and tissue conditioning for partial or full dentures.
- (11) Injectable antibiotics.
- (12) Appliances to control harmful habits (i.e. bruxism, thumb sucking).
- (13) Anesthesia.

Class III: Major Dental Services

All services listed below include temporaries and twelve (12) month follow-up care.

- (1) Crowns – gold, plastic, or porcelain.
- (2) Veneers.
- (3) Inlays and onlays.
- (4) Porcelain restorations.
- (5) Post and Core.
- (6) Full Dentures.
- (7) Partial Dentures.
- (8) Fixed or removable bridges.
- (9) Precision attachments for dentures.

Class IV: Orthodontic Dental Services

The following orthodontic services are covered by the Plan for covered Dependent children under the age of nineteen (19):

- * necessary services related to an active course of orthodontic treatment.
- * models and radiographs.
- * adjustment of orthodontic appliances.
- * retention treatment.

For purposes of this provision, each active course of orthodontic treatment is the period of time that begins when the first orthodontic appliance is installed and ends when the active appliance is removed. The payment method chosen will reflect the method in which the Covered Person pays the orthodontist not to exceed the orthodontic maximum benefit of \$1,000 per Covered Person under the age of nineteen (19).

Predetermination of Benefits. Before starting a dental treatment a predetermination of benefits form can be submitted but is not a plan requirement. A regular dental claim form is used for the predetermination of benefits. The Covered Eligible Employee fills out the Eligible Employee section of the form and then gives the form to the Dentist. The Dentist should itemize all recommended services and costs and send the form to the Claims Supervisor at this address:

Unified Group Services, Inc.
P.O. Box 10
Pendleton, IN 46064-0010

The Claims Supervisor will notify the Dentist of the benefits payable under the Plan. The Covered Person and the Dentist can then decide on the course of treatment, knowing in advance how much the Plan will pay.

If a description of the procedures to be performed, x-rays and an estimate of the Dentist's fees are not submitted in advance, the Plan reserves the right to make a determination of benefits payable taking into account alternative procedures, services, or courses of treatment, based on accepted standards of dental practice. If verification of necessity of dental services cannot reasonably be made, the benefits may be for a lesser amount than would otherwise have been payable.

Dental Exclusions. A charge for the following is not covered:

- (1) Procedures that are not included in the classes of eligible dental expenses as described in this section, that are not necessary, or are not the treatment customarily recognized by the Dentist's field of specialty as essential to treating the condition;
- (2) Replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouth guards, denture duplication.
- (3) Any dental procedure for which benefits are payable under the medical provisions of the Plan;
- (4) Oral hygiene instruction, plaque control completion of claim forms, missed appointment and infection control;
- (5) Procedures that are begun but not completed;
- (6) Procedures performed by a Dentist who is a family member or for whose services there would be no charge without this coverage;
- (7) For treatment which the Covered Person would not be required to pay in the absence of coverage;
- (8) For services caused by war or any act or war, whether declared or undeclared, by participating in civil insurrection or a riot, or because of an Accident while on full-time duty in the armed forces of any country; and
- (9) For care and treatment for which you are entitled to, or are eligible for, benefits under any Worker's Compensation Act or similar law.