HRI DENTAL & VISION

## Product Summary Guide for Southern Indiana School Trust

| Plan Annual Maximum Benefit: | $1,500 | |
|---|---|---|
| **Diagnostic & Preventive** | **In Network** | **Out of Network*** |
| Exams – periodic, limited, comprehensive | Covered at 100% | Covered at 100% |
| Radiographs – full mouth series, panoramic, bitewings | Covered at 100% | Covered at 100% |
| Fluoride | Covered at 100% | Covered at 100% |
| Routine teeth cleaning | Covered at 100% | Covered at 100% |
| Sealants | Covered at 100% | Covered at 100% |
| **Restorative & Prosthodontics** | | |
| Core build ups | Covered at 90% | Covered at 90% |
| Crowns – porcelain, ceramic, stainless steel | Covered at 90% | Covered at 90% |
| Fillings - silver or white (anterior and posterior teeth) | Covered at 90% | Covered at 90% |
| Protective restorations | Covered at 90% | Covered at 90% |
| Removable dentures | Covered at 50% | Covered at 50% |
| **Endodontics & Periodontics** | | |
| Root canal therapy – anterior, posterior | Covered at 90% | Covered at 90% |
| Root canal therapy – retreatment | Covered at 90% | Covered at 90% |
| Scaling and root planing | Covered at 90% | Covered at 90% |
| Full mouth debridement | Covered at 90% | Covered at 90% |
| Periodontal maintenance | Covered at 90% | Covered at 90% |
| **Oral Surgery** | | |
| Simple extractions | Covered at 90% | Covered at 90% |
| Impactions | Covered at 90% | Covered at 90% |
| Surgical extractions | Covered at 90% | Covered at 90% |
| **Miscellaneous** | | |
| Implants | Covered at 90% | Covered at 90% |
| Emergency palliative treatment | Covered at 90% | Covered at 90% |
| **Deductible (Not applicable on Diagnostic & Preventive):** | **$50 / $100** | **$50 / $100** |
| **Lifetime Orthodontic Benefit (Dep. Child):** | **$1,500** | |
| **Out of Network Reimbursement** | **90th Percentile** | |

Procedures listed herein are payable up to the lifetime maximum benefit, not to exceed the maximum monthly installment. To receive maximum benefit, the patient must be in active orthodontic treatment a minimum of two years while covered by the Plan. Once an individual has exhausted his/her lifetime maximum benefit under any Plan, additional charges will be excluded.

Limited Orthodontic Treatment

Interceptive Orthodontic Treatment

Comprehensive Orthodontic Treatment

Treatment to Control Harmful Habits

*In-network dentists have agreed to accept discounts on covered dental services which allows for your benefit dollars to go further. Whereas out-of-network dentists are under no obligation to accept contracted fees. If there is a difference between the allowed reimbursement and the amount the dentist charges for the service, you are responsible for this difference. Therefore, your coinsurance may vary from the figures outlined above.

Your Employer will sponsor your plan and select your individual annual maximum dollar level, of which the benefit accumulation period is the Plan year. Your employer will also collect your portion of the premiums via payroll deduction and define eligibility requirements. You may not add, drop or change coverage during each contract period unless a qualifying event occurs. If a statement in this summary conflicts with a statement in the Certificate, the terms of the Certificate will control. All plans are issued subject to certain exclusions, limitations and restrictions such as frequency and age limitations. These exclusions, limitations and restrictions, and a listing of all covered services by ADA code, are described in your Certificate, which is available on our website or by calling HRI at 800-727-1444.

**To find a dentist visit: InsuringSmiles.com/FindADentist**

Dependent Age Limit: 26

Dependents will terminate at the end of the month in which they attain age 26.