

DENTAL SCHEDULE OF BENEFITS

Benefit Period	Calendar year
Benefit Period Deductible	Does not apply
Maximum Benefit Payable per Covered Person per Benefit Period	\$3,300
Dependent Age Limit	The 26th birthday

It is important that you understand how the Claims Administrator, Medical Mutual, calculates your responsibilities under this coverage. Please consult the "HOW CLAIMS ARE PAID" section for necessary information.

Type of Service	Maximums and Limitations
Initial and Periodic Oral Evaluations	Two examinations per Benefit Period
Bitewing x-rays	Two sets per Benefit Period
Full mouth / Panoramic x-rays	One every two Benefit Periods
Prophylaxis	Two per Benefit Period
Topical Fluoride Applications	Two per Benefit Period
Dental Sealants ¹	One every 36 months for Eligible Dependent children under age 19
Space Maintainers	For Eligible Dependent children under age 19
Crowns	Once every five years per tooth
Inlays	Once every five years per tooth
Onlays	Once every five years per tooth
Fixed Partial Dentures (Bridges)	Once every five years per unit
Dentures (Complete and Partial)	Once every five years Relining and rebasing is covered if done no less than six months after initial placement but not more than once in any 36-month period. One replacement of a temporary denture if a permanent denture is installed within 12 months of the installment of the temporary denture.

¹ Dental sealants are limited to eligible teeth free from decay or restorations on the occlusal surface.

DENTAL PAYMENT SCHEDULE	
Type of Service	You Pay the Following
Routine Preventive Services <ul style="list-style-type: none"> • initial and periodic oral evaluations • bitewing x-rays • prophylaxis • space maintainers • topical fluoride applications • emergency palliative treatments • dental sealants¹ • panoramic and full-mouth x-rays 	0% of the Reasonable and Customary Amount
Essential Services <ul style="list-style-type: none"> • diagnostic x-rays • amalgam or resin based composite fillings • endodontic services • periodontal services • impactions • extractions • repairs, relines & adjustments of prosthetics • general anesthesia • IV sedation • minor oral surgery 	20% of the Reasonable and Customary Amount
Complex Services <ul style="list-style-type: none"> • inlays • onlays • crowns • dentures (complete & partial) • fixed partial dentures (bridges) • dental implants and associated services • gold foil restorations • labial veneers 	20% of the Reasonable and Customary Amount
Orthodontic Services	20% of the Reasonable and Customary Amount

ORTHODONTIC SERVICES	
Maximum benefit payable per Covered Person	\$3,300 per lifetime
Eligibility	Available for all Covered Persons, regardless of age.
Deductible	No Deductible is required for Orthodontic services.

BENEFIT VERIFICATION

Required for any Course of Treatment exceeding \$200 or involving major restorations.