

**PUBLIX GROUP DENTAL PLAN
SCHEDULE OF BENEFITS
Plan Three - UCR**

Waiting Period for Type I Services:	None
Waiting Period for Type II Services:	None
Waiting Period for Type III Services:	12 Months
Waiting Period for Type IV Services:	Not Applicable
Dependent Age:	26
Dependent Maximum Age:	26
Annual Deductible	\$50 per person, Max 3 per family, Waived for Type I
Maximum Annual Payment	\$1,500

Type I - Diagnostic and Preventive 100%

D0120	Periodic Oral Evaluation	Limit 1 per 6 month period
D0140	Limited Oral Evaluation	Limit 1 per 6 month period
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Limit 1 per two year period, limited to child under 3
D0150	Comprehensive Oral Evaluation	Limit 1 per 2 year period
D0210	Intraoral – Complete Series, including bitewings	Limit 1 per 3 year period
D0220	Intraoral Periapical x-rays	Limit 4 per 12 month period unless in conjunction with operative procedure
D0230		Limit 2 films per 12 month period
D0240	Intraoral Occlusal	Limit 2 films per 12 month period
D0250, D0260	Extraoral x-rays	Limited to 1 set in any 12 month period
D0270-D0274	Bitewing x-rays	Limit 1 per 3 year period; in lieu of D0210
D0330	Panoramic Film	Limit 1 per 6 month period
D1110, D1120	Dental Prophylaxis	Limit 1 per 12 month period; limited to children under age 16
D1203	Topical Application of Fluoride, per tooth	Limit 1 per 12 month period, limited to child under 16
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	Limit 1 per 12 month period, limited to child under 16

Type II - Basic Restorative Services 80%

D1351	Sealants, per tooth	Limit 1 per 3 year period; limited to children under age 16 for non carious molars only
D1510-D1550	Space Maintainer	Limited to children under age 16
D2140-D2161	Amalgam Restorations	Current amalgam must have been in place for 24 months
D2330-D2335	Composite Resin Restorations-anterior	Current composite resin must have been in place for 24 months
D2391-D2394	Composite Resin Restorations-posterior	Current composite resin must have been in place for 24 months
D7111	Coronal remnants, deciduous tooth	
D7140	Extraction, erupted tooth or exposed root elevation and/or forceps removal	
D7210	Surgical Extractions - except removal of impacted teeth	
D7220	Surgical removal of impacted tooth - soft tissue	
D7230	Surgical removal of impacted tooth - partially bony	
D7240	Surgical removal of impacted tooth - completely bony	
D7250	Surgical removal of residual tooth roots cutting procedure	

Type III - Major Services**50%**

D2510, D2520, Inlays and Onlays
 D2530, D2543
 D2544, D2610,
 D2620, D2630,
 D2642, D2643,
 D2644, D2650,
 D2651, D2652,
 D2662, D2663,
 D2664
 D2710, D2721, Crowns
 D2740
 D2750-D2752
 D2790-D2792

Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown

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D2910 Re-Cement Inlays
 D2920 Re-Cement Crowns
 D2930-D2933 Stainless Steel Crowns, Resin Crowns
 D2950 Core Build-up including any pins
 D2951 Pin Retention – per tooth, in addition to restoration
 D2952 Cast Post and Core, in addition to crown
 D2954 Prefabricated Post and Core, in addition to crown
 D2980 Crown Repair, by report
 D3220 Therapeutic Pulpotomy
 D3230 Pulpal therapy anterior, primary tooth
 D3240 Pulpal therapy posterior, primary tooth
 D3310-D3330 Root Canal Therapy
 D3346-D3348 Root Canal Therapy - retreatment-by report
 D3351-D3353 Apexification
 D3410-D3426 Apicoectomy
 D3430 Retrograde Filling
 D3450 Root Amputation
 D3920 Hemisection
 D4210, D4211 Gingivectomy
 D4220 Gingival curettage, by report
 D4240 Gingival Flap Procedure including root planing
 D4249 Clinical crown lengthening - hard tissue
 D4260 Osseous Surgery
 D4263 Bone replacement graft - first site in quadrant
 D4264 Bone replacement graft - each additional site in quadrant
 D4266 Guided tissue regeneration - resorbable barrier - per site, per tooth
 D4267 Guided tissue, per site, nonresorbable barrier - Includes membrane removal, per site – per tooth
 D4270 Pedicle Soft Tissue Graft
 D4271 Free soft tissue graft including donor site surgery
 D4273 Subepithelial connective tissue graft procedure including donor site surgery
 D4274 Distal or proximal wedge, procedure when not performed in conjunction with surgical procedures in the same anatomical
 D4320, D4321 Provisional Splinting
 D4341 Periodontal Scaling and Root Planing, per quadrant

Per Quadrant - Limit 1 per 36 months
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 Per Quadrant - Limit 1 per 36 months
 Limit 1 per 12 month period
 Limit 1 per 24 month period

Type III - Major Services (cont.)**50%**

D4910	Periodontal Maintenance procedures following active therapy	
D5110-D5140	Full Dentures	Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown.
D5211, D5212, D5213, D5214, D5281	Partial Dentures	
D5410-D5422	Denture Adjustments	
D5510, D5520, D5610, D5620, D5630, D5640	Repairs to full and partial dentures	
D5650	Add tooth to existing partial denture to replace newly extracted functioning natural tooth	Limit 3 once denture is 6 months old
D5660		Limit 1 per 12 months
D5710-D5761	Relining Dentures, Rebasing Dentures	
D5850, D5851	Tissue Conditioning - maxillary or mandibular	
D6100	Removal of implant, by report	
D6211, D6241, D6251, D6520	Fixed Partial Dentures non-precious metal pontics, crown abutments, and metallic retainers; benefits for the replacement of an existing fixed bridge are payable only if the existing bridge is more than 5 years old	
D6530, D6543, D6544		
D6545	Cast Metal Retainer for resin bonded fixed partial denture	
D6721		
D6751, D6780, D6791		
D6930	Re-Cement fixed partial denture	
D6970-D6972	Post and Core in conjunction with a fixed partial denture	
D6973	Core Buildup for Retainer including any pins	
D6980	Fixed partial denture repair, by report area.	
D7260	Oral Antral Fistula Closure	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	
D7272	Tooth transplantation	
D7281	Surgical Exposure of impacted or unerupted tooth to aid eruption.	
D7285, D7286	Biopsy of oral tissue	
D7310, D7320	Alveoloplasty	
D7340, D7350	Vestibuloplasty	
D7430, D7431	Excision of benign tumor	
D7450, D7451	Removal of odontogenic cyst or tumor	
D7471	Removal of exostosis – per site	
D7510, D7520	Incision and Drainage	
D7530, D7540	Removal of foreign body	
D7960	Frenectomy	
D7970	Excision of Hyperplastic tissue - per arch	
D7971	Excision of pericoronal gingiva	
D7980	Sialolithotomy	
D7981	Excision of Salivary Gland, by report	
D7982	Sialodochoplasty	
D7983	Closure of Salivary Fistula	
D9110	Palliative emergency treatment of dental pain	
D9220, D9221	General Anesthesia	Covered as a separate procedure only when required for covered complex oral surgical procedures as determined by Us

Major Restorative Limitations

The charges for Major Restorative services will be Covered Dental Expenses subject to the following:

1. the denture or partial denture must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
2. the fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
3. the replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury.;
4. the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if: (a) replacement occurs at least five years after the initial date of insertion; and (b) they are not serviceable and cannot be restored to function;
5. the replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and
6. the replacement of teeth up to the normal complement of 32.

Exclusions

Benefits will not be paid for:

1. procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
2. any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by CompBenefits;
3. crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
4. appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
5. any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration, or bite analysis;
6. pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
7. charges for travel time; transportation costs; or professional advice given on the phone;
8. procedures performed by a Dentist who is a member of Your immediate family;
9. any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
10. charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
11. any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures;
12. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;

13. the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
14. treatment for cosmetic purposes. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
15. any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
16. procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
17. a sickness for which the patient can receive benefits under a workers' compensation act or similar law;
18. an injury that arises out of or in the course of a job or employment for pay or profit; or
19. charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, CompBenefits will determine the amount. CompBenefits will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors.
20. Orthodontic plan benefits for persons 19 years of age or older.