

## **SCHEDULE OF BENEFITS**

### **Indemnity Plan**

|                                       |  |
|---------------------------------------|--|
| Waiting Period for Type I Services:   | None   |
| Waiting Period for Type II Services:  | None   |
| Waiting Period for Type III Services: | None   |
| Waiting Period for Type IV Services:  | None   |
| Dependent Age:                        | 26   |
| Dependent Maximum Age:                | 26   |
| Annual Deductible                     | \$50 per person, Max 3 per family, Waived for Type I |
| Maximum Annual Payment                | \$1,000  |

**Type I - Diagnostic and Preventive Services** **80%**

**Type II - Basic Restorative Services** **80%**

**Type III - Major Services** **50%**

**Type IV – Orthodontia** **50%**

Orthodontic Annual Maximum: \$500

Orthodontic Lifetime Maximum: \$1,000

Orthodontic care will be provided when in the opinion of the Orthodontic Consultant a satisfactory result can be achieved.

Cross bite in permanent teeth will only be treated when, in the opinion of the Orthodontic Consultant, other conditions are present which would indicate that orthodontic treatment is necessary. Plan benefits shall cover 24 months of usual and customary Orthodontic Care. Treatment beyond said 24 months will not be covered.

## SCHEDULE OF BENEFITS

### Indemnity Plan

#### Type I – Diagnostic and Preventive

|              |   |   |
|--------------|---|---|
| D0120        | Periodic Oral Evaluation  | Limit 1 per 6 month period  |
| D0140        | Limited Oral Evaluation – problem focused                         | Limit 1 per 6 month period  |
| D0150        | Comprehensive Oral Evaluation – new or established patient        | Limit 1 per 2 year period   |
| D0180        | Comprehensive periodontal evaluation – new or established patient | 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        | Intraoral Periapical x-rays, each additional film                 | Limit 2 films per 12 month period   |
| D0240        | Intraoral Occlusal  | Limit 2 films per 12 month period   |
| D0250, D0260 | Extraoral x-rays  | Limit 1 set in any 12 month period  |
| D0270-D0274  | Bitewing x-rays   | Limit 1 set per 3 year period   |
| D0330        | Panoramic film  | Limit 1 per 6 month period  |
| D1110, D1120 | Prophylaxis   | Limit 1 per 12 month period; limited to children under age 16                           |
| D1201, D1203 | Topical Application of Fluoride, per tooth                        | Limit 1 per 3 year period; limited to children under age 16 for non carious molars only |
| D1351        | Sealant - per tooth   |   |

#### Type II - Basic Restorative Services

|              |  |   |
|--------------|--|---|
| D1510-D1550  | Space Maintainers  | 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 |
| D4320, D4321 | Provisional Splinting  | Limit 1 per 12 month period                                   |
| D4341, D4342 | Periodontal Scaling and Root Planing, per quadrant                         | Limit 1 per 24 month period                                   |
| D4355        | Full Mouth Debridement   | Limit 1 per 24 month period                                   |
| D4910        | Periodontal Maintenance  |   |
| D7111        | Coronal Remnants, deciduous tooth  |   |
| D7140        | Extraction, erupted tooth or exposed root elevation and/or forceps removal |   |

#### Type III - Major Services

|   |                   |  |
|---|-------------------|--|
| D2510, D2520, D2530, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664 | Inlays and Onlays | Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown   |
| D2710, D2721, D2740, D2750-D2752, D2790-D2792,  | Crowns            | Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown. For patients under 16 years of age, benefit is limited to plastic and stainless steel Crowns |

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### Type III - Major Services (cont.)

|  |   |   |
|--|---|---|
| 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 – per root   |   |
| D3450                                    | Root Amputation – per root  |   |
| D3920                                    | Hemisection   |   |
| D4210, D4211                             | Gingivectomy or gingivoplasty   | Per Quadrant - Limit 1 per 36 months  |
| D4240, D4241                             | Gingival Flap Procedure including root planing  | Per Quadrant - Limit 1 per 36 months  |
| D4249                                    | Clinical crown lengthening - hard tissue  | Per Quadrant - Limit 1 per 36 months  |
| D4260, D4261                             | Osseous Surgery   | Per Quadrant - Limit 1 per 36 months  |
| D4263                                    | Bone replacement graft - first site in quadrant   | Per Quadrant - Limit 1 per 36 months  |
| D4264                                    | Bone replacement graft - each additional site in quadrant   | Per Quadrant - Limit 1 per 36 months  |
| D4266                                    | Guided tissue regeneration - resorbable barrier - per site – per tooth  | Per Quadrant - Limit 1 per 36 months  |
| D4267                                    | Guided tissue regeneration – nonresorbable barrier – includes membrane removal, per site - per tooth                      | Per Quadrant - Limit 1 per 36 months  |
| D4270                                    | Pedicle Soft Tissue Graft   | Per Quadrant - Limit 1 per 36 months  |
| D4271                                    | Free soft tissue graft including donor site surgery   | Per Quadrant - Limit 1 per 36 months  |
| D4273                                    | Subepithelial connective tissue graft procedure   | Per Quadrant - Limit 1 per 36 months  |
| D4274                                    | Distal or proximal wedge procedure when not performed in conjunction with surgical procedures in the same anatomical area | Per Quadrant - Limit 1 per 36 months  |
| D5110-D5140                              | Complete Dentures removable   | 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 removable  |   |
| 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                                    | Add clasp to existing partial denture   | Limit 1 per 12 months   |
| D5710-D5761                              | Relining Dentures, Rebasing Dentures  |   |
| D5850, D5851                             | Tissue Conditioning - maxillary or mandibular   |   |
| D6100                                    | Removal of implant, by report   |   |

### **Type III - Major Services (cont.)**

|                     |   |  |
|---------------------|---|--|
| D6211, D6241, D6251 | 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 |  |
| D6602-D6607         |   |  |
| D6610-D6615         |   |  |
| 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.   |  |
| 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  |  |
| D7260               | Oral Antral Fistula Closure   |  |
| D7261               | Primary closure of a sinus perforation  |  |
| 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   |  |
| D7410, D7411        | Excision of benign lesion   |  |
| D7450, D7451        | Removal of benign odontogenic cyst or tumor   |  |
| D7471               | Removal of exostosis maxilla or mandible  |  |
| 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        | Deep sedation/general anesthesia  | Covered as a separate procedure only when required for covered complex oral surgical procedures as determined by us. |