



## DENTAL PRO PLAN

Dental Pro provides affordable dental services through doctors in the DenteMax network. You will have access to covered preventative procedures at no charge. No waiting period applies before benefits can be used. Deductible waived for preventive services.

	IN-NETWORK	OUT-OF-NETWORK
Network	DenteMax	Not Covered
Individual / Family Annual Deductible	\$50/\$150	
Preventive/Diagnostic (x-rays, cleanings, etc.)	100%	
Basic Restorative (fillings, root canals, etc.)	80% (after deductible)	
Major Restorative (crowns, bridges, etc.)	50% (after deductible)	
Orthodontia (dependents under age 19)	50% (after deductible)	
Orthodontia Lifetime Max	\$1,000	
Max Benefit Paid / Calendar Year (dental & orthodontia)	\$1,500	
Reimbursement Level	Based on reduced contracted fees	
Waiting Period	No waiting period	

BENEFITS	IN-NETWORK		OUT-OF-NETWORK
	PLAN PAYS	YOU PAY	
<b>Class I - Preventive &amp; Diagnostic Care</b> <ul style="list-style-type: none"> <li>Oral Exams</li> <li>Routine Cleanings</li> <li>Full Mouth X-rays</li> <li>Bitewing X-Ray</li> </ul>	<ul style="list-style-type: none"> <li>Panoramic X-ray</li> <li>Fluoride Application</li> <li>Sealants</li> <li>Histopathologic Exams</li> </ul>	100%  No charge	<b>PLAN PAYS</b> Not covered  <b>YOU PAY</b> 100% of billed charges
<b>Class II - Basic Restorative Care</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Emergency Care to Relieve Pain</li> <li>Root Canal Therapy/Endodontics</li> <li>Periapical X-rays</li> <li>Periodontal Scaling and Root Planing</li> </ul>	<ul style="list-style-type: none"> <li>Oral Surgery – Simple Extractions</li> <li>Oral Surgery – all except simple Extractions</li> <li>Anesthetics</li> <li>Space Maintainers</li> <li>Surgical Extractions of Impacted Teeth</li> </ul>	80% (deductible applies)  20% (deductible applies)	<b>PLAN PAYS</b> Not covered  <b>YOU PAY</b> 100% of billed charges
<b>Class III - Major Restorative Care</b> <ul style="list-style-type: none"> <li>Crowns</li> <li>Dentures</li> <li>Bridges</li> <li>Inlays/Onlays</li> </ul>	<ul style="list-style-type: none"> <li>Prosthesis Over Implant</li> <li>Repairs to Bridges, Crowns and Inlays</li> <li>Denture Adjustments and Repairs</li> </ul>	50% (deductible applies)  50% (deductible applies)	<b>PLAN PAYS</b> Not covered  <b>YOU PAY</b> 100% of billed charges
Class IV – Orthodontia Lifetime Maximum	50% (deductible applies) \$1,000 dependent children to age 19	50% (deductible applies)	<b>PLAN PAYS</b> Not covered  <b>YOU PAY</b> 100% of billed charges

**WEEKLY PRICING**

Employee Only

Employee +Child(ren)

Employee + Spouse

Employee + Family

# DENTAL PRO PLAN SPECIFICATIONS

Dental Procedure	Limitations	Dental Procedure	Limitations
<b>Exams</b>	Two per calendar year	<b>Fluoride</b>	1 per calendar year for people under 20
<b>Prophylaxis</b> (cleanings)	Two per calendar year	<b>X-Rays</b> (routine)	Bitewings: 2 per calendar year
<b>X-Rays</b> (non-routine)	Full mouth: 1 every 36 consecutive months., Panorex: 1 every 36 consecutive months	<b>Relines, Rebases, Adjustments</b>	Covered if more than 6 months after installation
<b>Surgeries</b> (ALL)	Limited to removal of teeth, preparation of the mouth for dentures and removal of tooth-generated cysts.	<b>Repairs - Bridges &amp; Dentures</b>	Reviewed if more than once
<b>Crowns and Inlays</b>	Replacement every 5 years	<b>Space Maintainers</b>	Limited to non-orthodontic treatment
<b>Dentures and Partial</b>	Replacement every 5 years	<b>Bridges</b>	Replacement every 5 years
<b>Prosthesis Over Implant</b>	1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.	<b>Sealants</b>	One treatment per tooth every 3 years up to age 14
		<b>Missing Tooth Limitation</b>	Teeth missing prior to coverage under the Dental plan are not covered. Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

## Dental Pro Benefit Exclusions:

- Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan.
- Services performed primarily for cosmetic reasons.
- Replacement of a lost or stolen appliance.
- Replacement of a bridge or denture within five years following the date of its original installation.
- Replacement of a bridge or denture which can be made useable according to accepted dental standards.
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion.
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars.
- Bite registrations; precision or semi-precision attachments; splinting.
- Instruction for plaque control, oral hygiene and diet.
- Dental services that do not meet common dental standards.
- Services that are deemed to be medical services.
- Services and supplies received from a hospital.
- Charges which the person is not legally required to pay.
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service.
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit.
- Any sickness covered under any workers' compensation or similar law.
- Charges in excess of the reasonable and customary allowances.
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

This benefit summary highlights some of the benefits available under Plan Document and Summary Plan Description.