

A service or supply is not automatically covered simply because it is recommended or prescribed by a dentist. Should you have any questions about whether a service is covered, contact the Claims Administrator shown on your ID card.

Orthodontic Benefits

Following enrollment, there is a one year/12-month waiting period for orthodontia services. All services must be performed by a licensed dentist. Orthodontia benefits are available only to covered dependents up to age 19. A separate deductible as shown in the chart below applies to orthodontia expenses and cannot be used to satisfy any other deductible. All orthodontia expenses must be reasonable and necessary, and incurred for the diagnosis and treatment of malposed teeth. Benefits are payable only if such treatment is required to move and correct the position of maloccluded or malpositioned teeth, such as an overbite, maxillary and mandibular arches in either a protrusive or retrusive relation of at least one cusp, or a cross bite. Payments for orthodontia treatment will only be made if the participant is still covered under the Plan and is still receiving orthodontic treatment. Benefits will be paid in accordance with the approved treatment plan over a period of up to 8 calendar quarters.

Summary of Dental Benefits

Annual Maximum Benefit (per plan year)	\$1,000 per person
Annual Deductible (per plan year)	\$25/person \$75/family
Orthodontia Maximum Benefit (per lifetime)	\$1,000 One Year Waiting Period
Orthodontia Deductible (per plan year)	\$25/person \$75/family
Major and Prosthodontic (Class C) Services	One Year Waiting Period

Diagnostic and Preventive Care (Class A) Services	Plan Pays
Oral exams (limited to 2 per plan year)	100%
Bite-wing X-Rays (limited to 2 per plan year)	100%
Full mouth x-rays (limited to 1 per 3 year period)	100%
Prophylaxis (dental or periodontal) - cleaning of the teeth (limited to 2 per plan year)	100%
Topical fluoride applications (limited to 1 per plan year) (limited to dependent children under age 19)	100%

Diagnostic and Preventive Care (Class A) Services	Plan Pays
Topical application of sealants on permanent molars (limited to 1 per plan year) (limited to dependent children under age 19)	100%
Space maintainers and their fitting (limited to 1 per plan year) (limited to dependent children under age 19)	100%
Emergency palliative treatment to relieve pain	100%

Therapeutic and Restorative (Class B) Services	Plan Pays
Periapical x-rays (PAS)	80%
Any x-rays needed to diagnose a condition requiring treatment	80%
Extraction of teeth, cutting procedures in the mouth, and treatment of fractures and dislocations of the jaw (but excluding charges for removal of stitches or post-operative exams)	80%
Periodontics (treatment of the gums and support structures of the teeth)	80%
Root canals and other endodontic treatments	80%
General anesthetics and their administration in connection with oral surgery, Periodontics, fractures, and dislocations	80%
Injectable antibiotics	80%
Fillings or restorations consisting of amalgam, acrylic, silicate, or composite materials	80%
Recementing of inlays, crowns, and bridges	80%
Consultations with a specialist	80%

Major and Prosthodontic (Class C) Services	Plan Pays
Relining of full or partial dentures if done more than one year after initial installation	50%
Gold restorations, including inlays, onlays, and foil fillings. The cost of gold restorations in excess of the cost for other fillings will be included only when the teeth must be restored with gold.	50%
Repair of crowns, bridgework, and removable dentures	50%
Replacing an existing removable partial or full denture or fixed bridgework, adding teeth to an existing partial denture, or adding teeth to existing bridgework to replace newly extracted natural teeth. Applies only if existing denture or bridgework was installed at least five years prior to its replacement and cannot be made serviceable.	50%
Rebasing of removable dentures or existing dentures which have not been replaced by a new denture	50%
Full to partial dentures, fixed bridges, or adding teeth to an existing denture due to loss of natural teeth while participant is covered under the Plan, or to replace an existing prosthesis which is over five years old.	50%
Crowns and gold fillings necessary to restore the structure of teeth broken down by decay/injury (charge for a crown or gold filling is limited to the charge for a silver, porcelain or other filling material unless the tooth cannot be restored with such materials); covered only if the crown or gold filling is over five years old.	50%
Dental implant surgery	50%

Orthodontia Benefits	Plan Pays
Treatment and services necessary to move and correct the position of maloccluded or malpositioned teeth.	50%

Dental Exclusions

The following list includes some common dental charges which are not covered under the Plan: