

Preventive Benefits

Preventive and Diagnostic Services

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| Routine Oral Examinations..... | limited to two visits each year |
| Prophylaxis (cleaning) | limited to two each year |
| Topical application of fluoride | limited to two treatments each year to children under age 18 |
| Bitewing x-rays | limited to one set each year |
| Vertical Bitewing xrays..... | limited to once every three years (7-8 films) |
| Periapical x-rays..... | limited to 5 films per year |
| Full mouth x-rays..... | limited to once every three years (complete series or panoramic) |

Basic Benefits

Diagnostic Services

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| Emergency/limited oral examinations | |
| Office visit after hours | for emergencies only |
| Referral consultations and examinations performed by a specialist | |
| Extraoral x-rays | |
| Emergency palliative treatment | |

Sealants

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| Permanent molar teeth..... | limited to children under 15 years of age and once every five years per tooth |
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Space Maintainers

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| Fixed band type..... | only with prior authorization, limited to children under age 19 |
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Oral Surgery (Includes local anesthesia and routine postoperative care)

Extractions

- Simple single tooth Extractions
- Root removal - exposed roots

Surgical Extractions

- Removal of an erupted tooth (uncomplicated)

Incision and drainage of abscess

Biopsy and examination

General Anesthesia or intravenous

sedation only when necessary and provided
in connection with oral surgery

Periodontic Services (Includes local anesthesia and routine postoperative care)

Emergency treatment (periodontal abscess, acute periodontitis, etc.)

Periodontal scaling limited to four quadrants each year,
and root planing as a definitive treatment when pocket
depths of at least 4mm are demonstrated

Surgical periodontics limited to two additional recalls in the
(including post-surgical visits) first year following complex surgery

Gingivectomy, Osseous and muco-gingival surgery, Gingival grafting

Guided Tissue Regeneration

Periodontal maintenance procedure limited to two each year following a
history of periodontal disease

Endodontic Services (Includes local anesthesia and routine postoperative care)

Root canal therapy, traditional

Retreatment of previous root canal..... must be at least 3 years following
previous root canal on same tooth

Recalcification and Apexification

Basic Benefits

Restorative Services (Includes local anesthesia. Multiple restorations on single surface considered as a single restoration.)

Restorations (amalgam, limited to once every two years
composite and sedative fillings) per tooth (same surfaces only)

Pins - pin retention as part of restoration when used instead of gold or crown restoration

Stainless steel crowns when tooth cannot be adequately restored with filling material

Recementation of inlays, onlays, crowns, bridges, and space maintainers

Repairs to crowns and bridges

Full and Partial Denture Repairs

Repair broken, complete or partial dentures. Replacement of broken teeth on complete or partial denture. Additions to partial denture to replace extracted natural teeth.

Major Benefits

Restorative Services limited to once in five years on same tooth

Gold restorations and crowns are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.

- Inlay
- Onlays
- Crowns
- Post and Core

Oral Surgery (Includes local anesthesia and routine postoperative care)

Surgical extractions

- Removal of impacted tooth - soft tissue
- Removal of impacted tooth - partially bony
- Removal of impacted tooth - completely bony
- Removal of impacted tooth - completely bony, with complications
- Surgical removal of residual roots

Pre-prosthetic oral surgery

- Alveoloplasty and vestibuloplasty

Prosthetic Services

Fixed bridge limited to one original or replacement prosthesis every five years

Complete upper or lower denture limited to one original or replacement prosthesis every five years

Partial upper or lower denture limited to one original or replacement prosthesis every five years

Relining and rebasing limited to once every three years

***Orthodontic Benefits Refer to Plan design for Individual Lifetime Maximum**

Comprehensive Orthodontic Treatment

Other Orthodontic Treatment limited to one appliance per individual

Appliance for tooth guidance

Orthodontic retention appliance

All benefits paid toward orthodontia services by your current employers previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontia maximum.

* May or may not apply to your specific plan. Please refer to your benefit sheet in your packet or your benefits administrator for details.