

**Summary of Dental Plan Benefits**  
**Group #53499-000-00001-00000**

**Maximum Benefit(s) Per Person**

**Regular Services:**

The Maximum Benefit for all Covered Services, including Implant Services and Temporomandibular Joint Dysfunction Services, but excluding Diagnostic and Preventive Services, for each Enrollee in any one Calendar Year is One Thousand Seven Hundred Dollars (\$1,700.00).

**Orthodontic Services:**

The Maximum Benefit for Orthodontic Services for each Enrollee is One Thousand Dollars (\$1,000.00) during such person's lifetime. Payment for Orthodontic Services shall not be included in determining the Maximum Benefit for each Calendar Year.

**\*NOTE:** When a claim is processed, if the insured person hasn't had at least one (1) Prophylaxis Cleaning and/or Oral Evaluation within the past twelve (12) months, all Basic Services are reduced to fifty percent (50%) coverage for all providers; and all Major Services are reduced to forty percent (40%) coverage if a PPO provider, or thirty percent (30%) coverage if a Non-Network Provider.

**Payment of Claims**

Before paying claims, DDKS may require reasonable evidence of the payment of Deductibles.

% paid by DDKS		Examples of Covered Services
<b><u>DIAGNOSTIC &amp; PREVENTIVE</u> (Not Subject to Deductible or Maximum)</b>		
<b>*PPO Network</b>	<b>*Non Network</b>	
100%	100%	I. <b>DIAGNOSTIC:</b> Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: <u>Oral evaluations</u> - two (2) times per each Calendar Year. <u>Bitewing x-rays</u> - bitewings two (2) each Calendar Year for dependents under age eighteen (18) and once (1) each twelve (12) months for adults age eighteen (18) and over. <u>Full mouth or panoramic x-rays</u> - once (1) each five (5) years.
100%	100%	II. <b>PREVENTIVE:</b> Provides for the following: <u>Prophylaxis</u> (Cleanings) - unlimited. <u>Topical Fluoride</u> - two (2) times per each Calendar Year for dependent children to age eighteen (18). <u>Space Maintainers</u> for dependent children under age fifteen (15) and only for premature loss of primary molars. <u>Sealants</u> - one (1) treatment per tooth in any four (4)-year period for dependent children from age three (3) to age eighteen (18) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.
100%	100%	III. <b>ANCILLARY:</b> Provides for visits to the Dentist for the emergency relief of pain.
<b><u>BASIC</u> (Subject to Deductible)</b>		
80%	60%	IV. <b>ORAL SURGERY:</b> Provides for extractions and related oral surgery including pre and post-operative care.
80%	60%	V. <b>FILLINGS OR REGULAR RESTORATIVE DENTISTRY:</b> Provides amalgam (silver) restorations; composite (white) resin restorations; and stainless steel crowns for dependents under age twelve (12).
80%	60%	VI. <b>ENDODONTICS:</b> Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth.
80%	60%	VII. <b>PERIODONTICS:</b> a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance is unlimited if diagnosed with periodontal treatment history. b. Surgical periodontal procedures.
80%	60%	
<b><u>MAJOR</u> (Not Subject to Deductible)</b>		
50%	50%	VIII. <b>IMPLANTS.</b>

#### Deductible Limitations

Coverage for Diagnostic and Preventive Services as identified in the "Summary of Dental Plan Benefits" and Right Start 4 Kids<sup>SM</sup> ("RS4K") coverage are not subject to the Deductible. However, the Deductible shall apply during each Calendar Year to all other Covered Services which are provided to each Enrollee, not covered under RS4K. If an out-of-network provider is seen, RS4K does not apply and the underlying contract applies including waiting periods, Deductibles, and coinsurance levels. After Enrollees have, in any Calendar Year, each paid either the individual Deductible of Fifty Dollars (\$50.00), or have cumulatively paid charges for Covered Services in the amount of One Hundred Fifty Dollars (\$150.00), the deductible requirements of the preceding sentence shall no longer be applicable for any Covered Services during the remaining portion of that Calendar Year.

**Right Start 4 Kids<sup>SM</sup> (RS4K)** Children, age twelve (12) and under, receive coverage at 100% for all services covered under the plan. Not subject to Deductible, but plan's annual maximum, frequencies and limitations apply. Excludes orthodontics. Must see a Participating Dentist or the plan's underlying contract applies including waiting periods, Deductibles and coinsurance levels.

#### Eligible Children Ages

Children are eligible for coverage to age twenty-six (26). Children ages twelve (12) and under are eligible for RS4K coverage.

% paid by DDKS		Examples of Covered Services
<b>MAJOR (Subject to Deductible)</b>		
*PPO Network	*Non Network	
50%	50%	IX. CROWNS OR SPECIAL RESTORATIVE DENTISTRY: When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for gold restorations and individual crowns.
50%	50%	X. PROSTHODONTICS: a. Includes bridges, partial and complete dentures.
50%	50%	b. Repairs and adjustments of bridges and dentures.
50%	50%	XI. TMJ: Includes non-surgical coverage for Temporomandibular Joint Dysfunction excluding procedures which are normally covered under medical care.
<b>ORTHODONTICS (Not Subject to Deductible)</b>		
50%	50%	XII. ORTHODONTICS: Includes orthodontic appliances and treatment, interceptive and corrective, for adults and dependent children under age twenty six (26). Subject to limitations in Section 1.7 and Section 2.2.