

## **TRIPLE-S SALUD, INC.**

(Hereinafter, Triple-S Salud)

1441 Roosevelt Avenue, San Juan, Puerto Rico

Independent Licensee of the Blue Cross Blue Shield Association

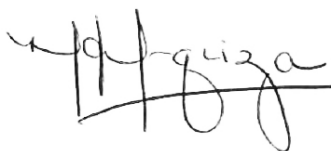
### **Dental Rider**

This rider becomes part of the policy to which it is attached and is issued in consideration to the payment in advance of the corresponding premiums. The rider is subject to the terms and conditions of the policy that do not conflict with the terms and conditions of this rider.

This document will help you understand the additional dental benefits this rider provides for you and your eligible dependents to the basic dental coverage

We encourage you to familiarize with this document and keep it at hand for reference.

The President of the Board of Directors and the President and Chief Executive Officer sign this rider on behalf of Triple-S Salud, Inc.

A handwritten signature in black ink, appearing to read "M. Hernández Urquiza". The signature is stylized with a large initial "M" and a long horizontal stroke at the end.

Madeline Hernández Urquiza  
President

*Keep this document in a safe place for reference on the benefits described in this rider that are part of your Health Plan.*

## TABLE OF CONTENTS

DEFINITIONS .....	3
DENTAL SERVICES COVERED .....	4
A.DIAGNOSTIC SERVICES .....	4
B.RESTORATIVE SERVICES .....	4
C.ENDODONTAL SERVICES .....	4
D.PERIODONTAL SERVICES.....	4
E.PROSTHETIC SERVICES .....	4
F.ORAL SURGERY SERVICES .....	5
G.ORTHODONTIC SERVICES .....	5
LIMITATIONS.....	5
EXCLUSIONS .....	6
INDIVIDUAL ELIGIBILITY .....	6
SUMMARY OF COINSURANCES .....	7

## DEFINITIONS

1. **BENEFIT PRE-DETERMINATION:** The evaluation of the treatment plan suggested by the dentist prior to the rendering of the services to determine the expenses Triple-S Salud will cover.
2. **COINSURANCE:** Percentage of the fees set forth according to the Fee Schedule, which the insured person will pay directly to the dentist when receiving the services.
3. **DENTIST:** An odontologist legally authorized to practice dentistry.
4. **FEE SCHEDULE:** The fees Triple-S Salud has set forth for the services covered by the policy. The network dentist, as well as the insured person commits to accept these fees as total payment for each dental service covered in the dental rider. These fees are subject to the terms and conditions specified in this rider.
5. **MAXIMUM BENEFIT:** The maximum lifetime or policy year benefit amount to be paid.
6. **NETWORK DENTIST:** A dentist who holds a regular license, issued by the government agency designated for this purpose, is a bona fide member of the Puerto Rico College of Dentists and has subscribed a contract with Triple-S Salud to render dental services.
7. **NON-NETWORK DENTIST:** Dentist with a regular license that has not subscribed a contract with Triple-S Salud to render dental services.
8. **ORTHODONTICS:** Branch of odontology that is concerned with the diagnosis and treatment necessary to correct malocclusion.
9. **PERIODONTICS:** Branch of odontology dealing with the diagnosis and treatment of diseases that affect the gums and other tissues that are part of the supporting structures of the teeth.
10. **TREATMENT PLAN:** A detailed report on the procedures recommended by the dentist for the treatment of the dental necessities of the insured, which were found in the exam performed by the same dentist.

## **DENTAL SERVICES COVERED**

Triple-S Salud Dental Coverage is designed to supplement your basic dental coverage. Refer to the sections on Limitations and Exclusions that prevail over the benefits described in this section.

### **A. DIAGNOSTIC SERVICES**

1. Periodontal exam

### **B. RESTORATIVE SERVICES**

1. Recementation of inlays and crowns

### **C. ENDODONTIC SERVICES**

1. Apicoectomy

### **D. PERIODONTAL SERVICES**

1. Periodontal maintenance
2. Root planning
3. Gingivectomy
4. Osseous surgery
5. Soft-tissue and bone grafting
6. Provisional splinting

The expenses for periodontal services are covered according to the fees set forth for this purpose until they reach the established maximum benefit.

### **E. PROSTHETIC SERVICES**

It is required that the dentist submits the treatment plan to Triple-S Salud before rendering the services.

1. Recementation of fixed bridges
2. Adjustment and repair of fixed bridges, removable bridges and complete dentures, including rebasing/relining
3. Complete dentures
4. Partial dentures (removable)
5. Individual crowns (including high noble)
6. Fixed bridges (including high noble)

7. Gold fillings (that are part of bridges)

## **F. ORAL SURGERY SERVICES**

1. Soft tissue biopsy
2. Excision of pericoronal gingiva
3. Alveoloplasty

## **G. ORTHODONTIC SERVICES**

1. Services for diagnosis, include X-rays and casts
2. Active treatment, includes the necessary devices
3. Retention treatment after active treatment

**REIMBURSEMENT:** Orthodontic treatment will be reimbursed to the insured at 100% of the usual and customary charge until the maximum benefit is reached.

## **LIMITATIONS**

### **A. ENDODONTIC SERVICES**

1. Apicoectomy to anterior teeth, bicuspid and molars are covered one (1) per lifetime, per tooth.
2. Services not used during a policy year cannot be accumulated to carry over into the next policy year.

### **B. PERIODONTAL SERVICES**

1. Periodontal services covered are subject to a \$1,000.00 maximum benefit per policy year, per insured person.
2. Services not used during a policy year cannot be accumulated to carry over into the next policy year.

### **C. PROSTHETIC SERVICES**

1. Crowns and fixed bridges are subject to Triple-S Salud's predetermination of benefits.
2. Fixed and removable prosthesis are limited to one (1) every five (5) years.
3. Services not used during a policy year cannot be accumulated to carry over into the next policy year.

#### **D. ORTHODONTIC SERVICES**

1. The benefits are available only to the insured eligible employees and their direct dependents and will be covered without age limit.
2. Orthodontic services are subject to a lifetime maximum benefit of \$1,000.00 per insured person.

#### **EXCLUSIONS**

Triple-S Salud will not pay for the following expenses or services, unless otherwise stated::

1. Any service not included as a covered service in this coverage description.
2. Endodontal treatments to primary teeth (deciduous).
3. Dental services not included under this coverage.
4. Dental services rendered by non-network providers in Puerto Rico, except for orthodontic services.
5. Dental services rendered outside Puerto Rico
6. Replacement or repair of orthodontic devices.

#### **INDIVIDUAL ELIGIBILITY**

Active employees and their direct dependents over age 65 that are insured under the group policy may enroll for the dental benefits in this rider. Eligibility of optional dependents ceases when they attain age 65.

## SUMMARY OF COINSURANCES

BENEFIT	COINSURANCE
➤ DIAGNOSTIC SERVICES	None
➤ RESTORATIVE SERVICES	None
➤ ENDODONTIC SERVICES	None
➤ PERIODONTAL SERVICES - Maximum benefit of \$1,000.00 per policy year	None
➤ PROSTHETIC SERVICES - Recementation, adjustments and repairs ○ Rebasing/relining  - Partial prosthesis and complete dentures  - Crowns and fixed bridges	None 50%  50%  57%
➤ ORAL SURGERY SERVICES - Alveoloplasty	30% 50%
➤ ORTHODONTIC SERVICES (by reimbursement) - Lifetime maximum benefit: \$1,000.00 - Reimbursement: 100% of the usual and customary charge	None