

TripleChoicePlan

Exclusive Dental Packages

EPO Plan A

Dental Insurance with an Exclusive Provider Organization (EPO)

Your employer has selected the EPO Plan A Dental Plan. Through this plan, you have the flexibility to choose a dental professional from First Dental Health's EPO network. Our thousands of dental professionals have contracted to provide dental services at negotiated fees. These negotiated fees help contain costs, which means you end up paying less out-of-pocket.

Dental Health Services Dental Benefits at a Glance

In Network
(percentage policy pays)

<p>Preventive Care:</p> <ul style="list-style-type: none"> • Prophylaxis (once per 6 months) • One topical application of sodium fluoride or stannous fluoride for Dependent children, under age 19 every 12 months 	<p>100%</p>
<p>Diagnostic Care:</p> <ul style="list-style-type: none"> • Routine oral exams, once per 6 months • Bitewing x-rays (set of 4) once per calendar year • Periapicals • Tests and laboratory exams related to dental procedures and second opinions 	<p>100%</p>
<p>Basic Care:</p> <ul style="list-style-type: none"> • Sealants for dependents under age 14. Only one treatment per tooth (permanent posterior only) or quadrant during a 36 consecutive month period • Space maintainers: the initial appliance for dependent children age 14, including all adjustments within the 6 month period immediately following installation • Amalgam and composite fillings • Maintenance prosthodontics, only one denture reline or rebase in a 24 consecutive month period • Tissue conditioning, only 2 treatments per arch within 24 consecutive month period • Simple extractions • Palliative treatment if no other service was rendered except x-rays • Oral surgery and anesthesia or I.V. sedation for same, except for pre-orthodontics oral surgery and simple extractions • Periodontics: <ul style="list-style-type: none"> • Scaling and Root Planing—no less than 24 months apart • Localized deliver of Chemotherapeutic Agents—limited to 3 sites per quad and no less than 24 months apart • Endodontics: <ul style="list-style-type: none"> • Treatment and related surgery, including root canal therapy and pulp capping, pulpotomy 	<p>90%</p>

EPO Plan A

Dental Insurance with an Exclusive Provider Organization (EPO)

Dental Health Services Dental Benefits at a Glance (continued)	In Network (percentage policy pays)
Major Care: <ul style="list-style-type: none"> • Periodontics: <ul style="list-style-type: none"> • Gingivectomy • Gingival Flap Procedure • Apically Positioned Flap • Clinical Crown Lengthening—hard tissue • Osseous Surgery—no less than 24 months apart • Bone replacement Graft • Biologic Materials to Aid in Tissue Regeneration • Guided Tissue Regeneration • Surgical Revision Procedure—per tooth • Pedicle Soft Tissue Grafts • Free Soft Tissue Graft • Subepithelial Connective Tissue Graft • Distal of Proximal Wedge Procedure • Soft Tissue Allograft • Restoration: <ul style="list-style-type: none"> • Inlays, onlays, crowns (single restorations) • Prosthodontics; installation of bridges or partial or full dentures, including adjustments made within 6 months after installation. Treatment must begin after the Covered Person's Effective Date of coverage under this Certificate. 	60%
Deductible (waived for Preventive services)	\$50
Annual Maximum	\$2000

1 The dental network is administered by First Dental Health—www.firstdentalhealth.com.

Exclusions Benefits will not be paid for dental expenses arising from or in connection with:

Treatment, services or supplies which:

- Are not Medically Necessary
- Are not prescribed by a Dentist
- Are received from any Family Member
- Are determined to be Experimental/Investigational in nature by Us
- Self-inflicted injuries
- Cosmetic procedures
- Are received without charge or legal obligation to pay
- Would not routinely be paid in the absence of insurance
- War or an act of war, whether or not declared
- Riot, nuclear accident, or a major disaster
- Periodontal splinting
- Loss to which a contributory cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered person's being engaged in an illegal occupation
- Bite registrations
- Employment, whether caused by, related to, or as a condition of, including self-employment. This exclusion applies even if Workers' Compensation or any Occupational Disease or similar law does not cover the charges
- Treatment which began, before the Covered Person's Effective Date of coverage or after the Covered Person's termination of coverage.
- Surgical implants or transplants of any type including prosthetic devices attached to them
- Congenital or development malformations existing when the Covered Person's coverage began effective under this Certificate.
- Temporomandibular joint syndrome
- Facings on crowns, or pontics posterior to the 2nd bicuspid
- Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period
- Relining of dentures more often than once in any 2 year period
- Counseling on diet and nutrition
- Lost, stolen, or missing dentures or bridges or for duplicates
- Prescription Drugs and analgesia pre-medication

Limitations: procedure limitations by ADA code

- Prophylaxis & Exam— once per six-month period
- Fluoride— once every 12 months, limited to age 19
- Bitewings— (set of 4) once per calendar year
- Full Mouth— one set (0210 or 0330) every 36 months
- Sealants— (Basic) one every 36 months on permanent posterior teeth, limited to children under age 14
- Space Maintainers— (Basic) limited to children under age 13, includes all adjustment for 6 months

- Fixed or removable bridgework involving replacement of a natural tooth or teeth which was lost prior to the Covered Person's Effective Date of coverage under this Certificate. Benefits may be payable for bridgework required for loss of teeth while covered under this Certificate, if such bridgework is not an abutment for non-covered bridgework
- Charges for telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending Dentist statements, and any other services or supplies which are not part of the direct treatment of the Covered Person
- Charges made by any government entity unless the Covered Person is required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made
- Use of materials, other than fluorides or sealants, to prevent tooth decay
- Charges payable under any medical insurance
- Bacteriologic cultures in connection with a covered dental service
- Therapeutic injections administered by a Dentist
- Dental education or training programs including oral hygiene or plaque control programs
- Expense related to a Covered Person's military service, including service in a military reserve unit
- Orthodontia, unless this coverage is elected by the Policyholder and the required premium is paid
- Prosthodontics, unless this coverage is elected by the Policyholder and the required premium is paid
- Charges made by any government entity unless the Covered Person is required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made
- Use of materials, other than fluorides or sealants, to prevent tooth decay
- Bacteriologic cultures in connection with a covered dental service
- Therapeutic injections administered by a Dentist

- Crowns— 5 year replacement rule
- Prosthodontics— 5 year replacement rule, missing tooth exclusion
- Maintenance Prosthodontics— not covered 6 months after installation
- Relines & Rebase— once every 24 months
- Tissue Conditioning— two treatments per arch within 24 consecutive months