

# DENTAL COVERAGE SUMMARY

Meadows Health's **Dental Plan** is a self-insured plan. This Plan does not restrict participants to utilizing any specific dentists or facilities; you may choose your own dental providers.

Dental Summary of Benefits	Responsibility (per covered member)
Calendar Year Deductible (Type B & C Services)	\$50
Type A Services (exams, x-rays, cleanings)	Plan pays 100%
Type B Services (fillings, extractions)	Deductible + 20% coinsurance
Type C Services (crowns, root canals, general anesthesia)	Deductible + 50% coinsurance
Type D Services (Orthodontia Services)	50% coinsurance

Dental Services	Maximums (per covered member)
Calendar Year Maximum (Type A, B & C Services)	\$1,000
Orthodontia Lifetime Maximum (Type D)	\$1,000

Waiting Period For Late Enrollees	Time Frame
Type A Services (exams, x-rays, cleanings)	None
Type B Services (fillings, extractions)	One (1) Year Waiting Period
Type C Services (crowns, root canals, general anesthesia)	
Type D Services (Orthodontia Services)	

## Dental Schedule of Benefits

### Covered Types of Dental Care:

- Type A: Diagnostic and Preventive
- Type B: Restorative and Surgical
- Type C: Prosthodontic Procedures
- Type D: Orthodontia Procedures

### Calendar Year Deductible

\$50 per Calendar Year per covered individual for Types B & C procedures only.

### Calendar Year Maximum per Person

The Calendar Year Maximum Benefit is \$1,000 per covered individual.

### **Lifetime Maximum per Person for Orthodontic Services**

The Lifetime Maximum Benefit is \$1,000 per covered individual.

### **Coinsurance**

The Calendar Year Coinsurance for This Plan is as follows:

Type A: 100% of Reasonable Charges

Type B: 80% of Reasonable Charges

Type C: 50% of Reasonable Charges

Type D: 50% of Reasonable Charges

Eligibility is based on the same eligibility requirements as for the Medical portion of the Plan.

### **Waiting Period for Late Enrollees**

For late enrollees, one (1) year waiting period for Type B, C & D services however routine services are covered once coverage is in force.

### **Benefits from Other Sources**

For instance, you may be covered by this plan and a similar plan through your spouse's employer. If you are, we coordinate our benefits with the benefits from the other plans. We do this so no one gets more in benefits than the charges incurred. Read "Coordination of Benefits" to see how this works.

## **Plan Payment Provisions – Dental**

The following is a complete list of Covered Dental Procedures under this Dental Expense Benefit. Any procedure not listed is excluded.

**TYPE A – Preventive, diagnostic, emergency or palliative services and some corrective surgical procedures.**

**Twice in any twelve (12) month period:**

- Recall oral examinations
- Bitewing x-ray's

- Prophylaxis
- Topical Fluoride application

**Once during any thirty-six (36) month period:**

- One complete initial oral examination, diagnosis and charting
- One complete series of x-rays, or pantographic x-rays

**In addition, to the above, as required;**

- Emergency or specific examinations
- X-ray to diagnose a symptom or to examine progress of a particular course of treatment, other than x-rays required for root canal therapy
- Required consultations with another dentist or specialist
- Emergency or palliative services
- Diagnostic tests and laboratory examinations, other than x-rays, study models or similar records prepared for root canal therapy
- Provision of space maintainer for missing primary teeth for dependent children under age sixteen (16). Benefits limited to the initial appliance
- Appliances to correct harmful habits.

**TYPE B – Restorative and surgical procedures**

- Diagnostic casts and tissue biopsy
- Dental Sealants for children under age sixteen (16), limited to once per thirty-six (36) month period
- Fillings – amalgam composite, acrylic or equivalent
- Removal of teeth, other than impacted teeth
- Performed stainless steel crowns and repairs to preformed stainless steel crown, for primary teeth only.
- Endodontics – (root canal therapy)
- Periodontics – (treatment of the gums, and other supporting tissues of the teeth).
- Repair of bridges or dentures
- Re-base or reline of an existing partial or complete denture conjunction with a cutting procedure.
- Oral surgery, and related anesthesia (includes extractions) partial or bony impactions, will be paid under major medical
- Occlusal Adjustment
- General Anesthesia when administered in Dentist's office in conjunction with a cutting procedure.

**TYPE C – Prosthodontic Procedures**

- Inlays and Onlays
- Crowns, and repairs to crowns (other than preformed stainless steel crowns which is a Type B expense)
- Prosthodontic Services – Construction and insertion of bridges and dentures, except those expenses for initial installation of bridgework or dentures whose sole purpose is to replace natural teeth extracted prior to becoming insured under the Plan
- Denture Repair

#### **TYPE D – Orthodontic Dental Expense Benefits**

Orthodontic care or treatment provided to you or your insured dependents, up to any maximum age or other limitations specified in the Schedule of Benefits.