

## #1083A – PETER RABBIT FARMS

### US – DENTAL BENEFITS-OPTIONAL – 01, 01A, 02B, 02C

|   |    |            |
|---|----|------------|
| <b>Deductible</b>                                     |    |            |
| Per Person .....                                      | \$ | 50.00      |
| Per Family .....                                      | \$ | 150.00     |
| <b>Calendar Year Maximum per Covered Person</b> ..... | \$ | 1,000.00   |
| Preventative (Deductible Waived) .....                |    | 80% of UCR |
| Routine .....   |    | 80% of UCR |
| Major .....   |    | 50% of UCR |

### **MEXICO DENTAL PANEL BENEFITS- OPTIONAL DENTAL – 01A, 02A, 02C**

Services provided by panel dentist will be paid in full according to schedule. Panel providers are those dental providers contracted with Transwestern Insurance Administrators. THE EMPLOYEE WILL BE RESPONSIBLE FOR CHARGES WHEN TREATMENT IS RENDERED BY A NON-PANEL PROVIDER.

**Annual Maximum** (per family).....\$ 500.00

| Description  | Co-pay | Benefit |
|--|--------|---------|
| Initial Oral Examination   | 5.00   | 10.00   |
| Periodic Oral Examination  | 5.00   | 10.00   |
| Visits after Hours   | 5.00   | 20.00   |
| Emergency Palliative Treatment   | 5.00   | 20.00   |
| Consultation by Specialist, Requested by the attending dentist                           | 5.00   | 25.00   |
| Dental Prophylaxis, ADULT  | 5.00   | 25.00   |
| Dental Prophylaxis, UNDER AGE 19   | 5.00   | 15.00   |
| Topical Stannous Fluoride, One Treatment, In addition to Prophylaxis (Under age 19 only) | 5.00   | 15.00   |
| Topical Application of Sealant (per quad)  | 5.00   | 30.00   |
| Per Tooth  | 5.00   | 12.00   |
| X-Rays   |        |         |
| Full Mouth Films (Intraoral)   | 5.00   | 40.00   |
| Intraoral – Single, First Film   | 5.00   | 7.00    |
| Intraoral – Each additional Film   | 5.00   | 6.00    |
| Bitewings – Two Films  | 5.00   | 10.00   |
| Four Films   | 5.00   | 20.00   |
| Panorex-Maxilla-Mandible Single Film   | 5.00   | 30.00   |
| <b>Restorative Dentistry</b>   |        |         |
| Amalgam Filling, Primary Teeth-One Surface   | 5.00   | 20.00   |
| Two Surfaces   | 5.00   | 30.00   |
| Three Surfaces   | 5.00   | 35.00   |
| Amalgam Filling, Permanent Teeth One Surface   | 5.00   | 25.00   |
| Two Surfaces   | 5.00   | 35.00   |
| Three Surfaces   | 5.00   | 40.00   |
| <b>Crowns</b>  |        |         |
| Plastic Acrylic Crown  | 5.00   | 60.00   |
| Plastic with Metal Crown   | 5.00   | 120.00  |
| Stainless Steel-Primary Tooth  | 5.00   | 50.00   |
| Permanent Tooth  | 5.00   | 40.00   |
| Recementation of Crown   | 5.00   | 15.00   |
| <b>Endodontics</b>   |        |         |
| Pulp Capping   | 5.00   | 18.00   |
| Recalcification, Per Tooth   | 5.00   | 25.00   |
| Vital Pulpotomy  | 5.00   | 35.00   |
| Therapeutic Pulpotomy, In addition to Restoration  | 5.00   | 35.00   |
| <b>Removable Dentures and Bridges (PROSTHETICS)</b>                                      |        |         |
| Complete Dentures - Upper  | 5.00   | 220.00  |

|   |      |        |
|---|------|--------|
| Lower                                   | 5.00 | 220.00 |
| Upper and Lower Partial Denture         | 5.00 | 160.00 |
| Partial (Metal Frame) Lower             | 5.00 | 250.00 |
| Upper                                   | 5.00 | 250.00 |
| <b>Extractions</b>                      |      |        |
| Extraction single tooth                 | 5.00 | 30.00  |
| Each additional tooth                   | 5.00 | 30.00  |
| Surgical removal of erupted tooth       | 5.00 | 40.00  |
| Removal of tooth, soft tissue impaction | 5.00 | 60.00  |

## ADDITIONAL MEXICO DENTAL INFORMATION

To obtain a better Dental Service only a Maximum of 3 dependents per visits will be seen per day, preferably with previous appointment. Dental treatment will be given in various phases and in the scheduling that the dentist indicates according to the diagnosis. There are no complete treatments in one single session.

This program consists of 4 phases of Dental Treatment, during the first 4 months of benefits with Transwestern Insurance Administrators.

**1<sup>st</sup> Phase** – (1<sup>st</sup> month) includes initial Oral examination, Medical History, X-rays, Diagnosis and Scheduled treatment.

**2<sup>nd</sup> Phase** – ( 2<sup>nd</sup> month) restorative, includes Amalgams, fillings, extractions, sealants, fotocurables.

**3<sup>rd</sup> Phase** – ( 3<sup>rd</sup> month) Removable prosthesis, includes partial dentures and complete dentures

**4<sup>th</sup> Phase** – (4<sup>th</sup> month) Fixed prosthesis includes crowns of acrylic material

### Exclusions:

There is no coverage in the following procedures

Endodontology

Dental Implants

Orthodontics

Paradoncy

Fixed prosthesis – porcelain, metal like gold

Maxillofacial Surgery

General Anesthesia

Dental Whitening

Any Dental procedure that involves dental, anesthetics

No dental service under Cobra plan

### Limitations:

In case of accident with dental lesions, there will be coverage only if the insured has benefits or is eligible and the lesion is no more than 6 months old. Maximum Benefit of \$500.00 per Family.

**LIFE INSURANCE – 01,01A, 02, 02A, 02B, 02C**

| <b>TYPE OF COVERAGE</b>   | <b>BENEFIT</b> |
|---|----------------|
| <b>Employee Life</b> .....  | \$ 10,000.00   |
| Benefits reduce 35% at age 65 25% at age 70, 15% at age 75, Terminates at retirement. |                |
| <b>Spouse</b> .....   | \$ 5,000.00    |
| Spouse insurance terminates at age70.   |                |
| <b>Children</b>   |                |
| Six months and older .....  | \$ 5,000.00    |
| 14 days to less than six months.....  | \$ 5,000.00    |
| Less than 14 days.....  | \$ 5,000.00    |