

ATTACHMENT A: COVERED SERVICES AND LIMITATIONS ON COVERED SERVICES

The Preferred Dental Care program provides a wide range of benefits to cover most services associated with dental care.

If more than one procedure or course of treatment:

- can be used to accomplish the same treatment goal; and
- meets generally accepted standards of professional dental care; and
- offers a favorable prognosis for the patient's condition;

benefits may be based on the lowest cost procedure or treatment. This will be at Our sole discretion.

If a Member transfers from the care of one Dentist to another during the course of treatment, or if more than one Dentist renders services for one dental procedure, benefits will not exceed those which would have been provided had one Dentist rendered the service.

COVERAGE A - Benefits for Preventive Dentistry

- Two initial or periodic examinations in any 12-month period;

The total number of exams (initial, periodic or emergency) may not exceed 3 in any 12-month period.

- One set of two bitewing X-rays per 12-month period;
- Full mouth X-rays once in any 36-month period;
- Topical fluoride application for Dependent children under age 19, once in any 12-month period;
- Prophylaxis and periodontal maintenance, not to exceed two such procedures in any 12-month period;

COVERAGE B - Benefits For Restorative Dentistry

- Emergency treatment for relief of pain;
- Restorative services: filling material such as amalgam, or resin-based composite restorations—limited to one restoration per tooth surface in any 12-month period;

Benefits will not be provided for replacement of the same restoration within 12 months of the original restoration.

- Oral surgery: provides for extractions and other oral surgery, including routine pre- and post-operative care;

General anesthesia or intravenous sedation is Covered only in connection with Covered oral surgical procedures when administered by a Dentist licensed to administer such agents.

- Endodontics (treatment of the dental pulp including root canal treatment);

Benefits will be provided for one standard root canal treatment for an individual tooth in a single five-year period.

Benefits will not be provided for X-rays and sedative filling or temporary filling material which is part of a root canal treatment.

- Periodontics (treatment for diseases of the gums and bones supporting teeth);

Benefits will be provided for root planing once in a single 24-month period.

Benefits will not be provided when performed on the same day as a prophylaxis, periodontal surgical or periodontal maintenance procedure.

Benefits for periodontal surgical procedures, including 3 months post-operative care, are covered once in a 36-month period.

Benefits for periodontal maintenance will not be provided unless performed 91 days or more after completion of active periodontal treatment.

Benefits for scaling in the presence of gingival inflammation will be limited to one such procedure per lifetime for Members age 19 years or older.

- Repair of full and partial dentures;
- Temporary stainless steel crowns.

Benefits will not be provided for replacement of a stainless steel crown within 36 months following initial placement of such crown.

- Space maintainers for Dependents up to age 14;
- Sealants, only for occlusal (biting) surface of first and second permanent molar teeth on Dependents up to age 16.

Only one sealant benefit will be allowed on each tooth per lifetime of Coverage.

COVERAGE C - Crown and Prosthetic Care

- Full and partial dentures;

Benefits will be provided for any necessary adjustments for a six-month period.

Benefits will not be provided for cast partial dentures for eligible Dependents under age 16.

- **Bridges and bridge repair 12 months after initial placement:**

Benefits will not be provided for cast or partial dentures or fixed bridges for eligible Dependents under age 16.

If, in the construction of a denture, the Member and the Dentist decide on personalized restoration or to employ special techniques rather than standard procedures, benefits provided shall be limited to those which would otherwise be provided for the standard procedures for prosthetic services (as determined by the administrator, acting on behalf of the Plan Administrator.)

Benefits will not be provided for recementation of a bridge if performed within 6 months of its placement where both procedures are performed by the same Dentist.

- **Cast crowns, onlays or laminate veneers for treatment of severe carious lesions or severe fracture when the teeth cannot be adequately restored with amalgam or composite resin restorative materials;**

Benefits will not be provided for porcelain, gold or veneer crowns for eligible Dependents under age 12. Benefits provided for cast restorations include preparation, temporary crowns, build-up, impressions, and cementation of temporary and permanent crowns.

Benefits will not be provided for a core build-up separate from those provided for crown construction—except in those circumstances where severe carious lesions or fracture are so extensive that retention of the crown would not be possible. Benefits will not be provided for reseating of a crown within 12 months of its initial placement or for prefabricated crowns when used as a permanent restoration on an adult tooth. (Charges for a prefabricated crown should be included as part of those for the permanent restoration.)

- **Relining and rebasing of full and partial dentures (up to one in any three-year period.)**

Benefits will be provided for core build-ups, posts and cores, cast onlays or crowns, laminate veneers, fixed bridges and dentures once in any 5-year period.