

Choice 100/80/50/0

	In Network	Out of Network
DIAGNOSTIC & PREVENTIVE		
Oral examinations	100%	100%
Teeth cleaning	100%	100%
X-rays	100%	100%
BASIC RESTORATIVE		
Fillings	80%	80%
Simple extractions	80%	80%
Denture repairs	80%	80%
General anesthesia	80%	80%
ENDODONTICS		
Root canals	50%	50%
PERIODONTICS		
Scaling and root planing	50%	50%
Gingivectomy/gingivoplasty	50%	50%
ORAL SURGERY		
Extraction of impacted teeth	50%	50%
MAJOR RESTORATIVE		
Inlays and onlays	50%	50%
Crowns	50%	50%
Dentures	50%	50%
Implants (in lieu of a 3-unit bridge)	50%	50%
Fixed bridges	50%	50%
ORTHODONTICS	0%	0%
ORTHODONTICS AGE LIMIT	N/A	
ORTHODONTICS LIFETIME MAXIMUM	N/A	
CALENDAR YEAR DEDUCTIBLE (waived for Preventive)		
Individual	\$50	\$50
Family	\$150	\$150
CALENDAR YEAR MAXIMUM	\$1000	\$1000
OUT OF POCKET MAXIMUM	N/A	N/A
MAXIMUM ROLLOVER	\$1000	
DEPENDENT AGE LIMIT	26	
OUT OF NETWORK ALLOWANCE*	80th	
WAITING PERIODS	None	

The dental plan is underwritten by Dominion Dental Services, Inc. d/b/a Dominion National.

* Out-of-Network Allowance: A limitation on a billed charge, as determined by the Plan, by geographic area where the expenses are incurred. Please note when using out-of-network services members may incur any charges exceeding the allowed amount.

Plan will pay either the Participating Dentist's negotiated fee or the Maximum Allowable Charge (subject to benefit coverage percentage) for dental procedures and services as shown below, after any required Annual Deductible.

Benefits

You have the right to benefits on a non-discriminatory basis for the following services, EXCEPT as limited or excluded elsewhere in this Subscriber Certificate. The benefits are limited to a maximum dollar payment for each covered individual for each benefit period. The extent of your benefits is explained in the *Schedule of Benefits* your Plan Sponsor has purchased and which is incorporated as a part of this Subscriber Certificate.

- Initial oral examination (including the initial dental history and charting of teeth); once per dentist.
- Periodic exam; once every six (6) months.
- X-rays of the entire mouth; once every sixty (60) months.
- Bitewing x-rays (x-rays of the crowns of the teeth); once every six (6) months or when oral conditions indicate need.
- Single tooth x-rays; as needed.
- Study models and casts used in planning treatment; once every sixty (60) months.
- Routine cleaning, scaling and polishing of teeth; once every six (6) months.
- Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy when preceded by active periodontal therapy.
- Fluoride treatment for children under nineteen (19) years; once every six (6) months.
- Fluoride treatment for adults following osseous surgery or new decay.
- Space maintainers required due to the premature loss of teeth; only for children under age fourteen (14) and not for the replacement of primary or permanent anterior teeth.
- Sealants on unrestored permanent molars; once per tooth for children through age fifteen (15).
- Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings, but limited to one filling for each tooth surface for each twenty-four (24) month period. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge. No benefits are provided for replacing a filling within twenty-four (24) months of the date that the prior filling was furnished.
- Sedative fillings; once per tooth.
- Stainless steel crowns on deciduous (baby) teeth; once every twenty-four (24) months.
- Simple tooth extractions.
- General anesthesia only when necessary and appropriate for covered surgical services only when provided by a licensed, practicing dentist.
- Repair of dentures or fixed bridges; once every twelve (12) months. Recementing of fixed bridges; once each twelve (12) months.
- Rebase or reline dentures; once every thirty-six (36) months.
- Tissue conditioning; two treatments every thirty-six (36) months.
- Repair or recement crowns and onlays. Recementing is limited to once every twelve (12) months per tooth.
- Adding teeth to existing partial or full dentures.
- Palliative (emergency) treatment of dental pain – minor procedures.
- Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth.
- Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery).
- Endodontic services for root canal treatment of permanent teeth except for permanent molars including the treatment of the nerve of a tooth, the removal of dental pulp, and pulpal therapy. Vital pulpotomy is limited to deciduous teeth.
- Dentures and Bridges
 - Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once every sixty (60) months.
 - Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.
 - Temporary partial dentures as follows:
 - To replace any of the six (6) upper or lower front teeth, but only if they are installed immediately following the loss of teeth during the period of healing.
 - For the replacement of permanent teeth for Covered Individuals who are under sixteen (16) years.
- Crowns and Onlays as follows, but only when the teeth cannot be restored with the fillings described in the Schedule of Benefits due to severe decay or fractures:
 - Initial placement of crowns and onlays.
 - Replacement of crowns and onlays; once each sixty (60) months per tooth.
- Endosteal implant, a device surgically inserted into the bone to provide support for a single restoration when used in lieu of a three unit bridge and adjacent abutment teeth are not to be restored, age sixteen (16) or older, once per tooth per sixty (60) months.

Limitations and Exclusions

1. BENEFITS ARE PROVIDED ONLY FOR NECESSARY AND APPROPRIATE SERVICES

We will not provide benefits for a dental service that is not covered under the terms of the Subscriber Certificate. We will not provide benefits for a covered dental service that is not necessary and appropriate to diagnose or to treat your dental condition. We will not cover experimental care procedures that have not been sanctioned by the American Dental Association and for which no procedure codes have been established.

A. To be necessary and appropriate, a service must be consistent with the prevention of oral disease or with the diagnosis and treatment on (1) those teeth that are decayed or *fractured* or (2) those teeth where supporting periodontium is weakened by disease in accordance with standards of good dental practice not solely for your convenience or the convenience of your dentist.

B. Who determines what is necessary and appropriate under the terms of the Subscriber Certificate: That decision is made based on a review of dental records describing your condition and treatment. We may decide a service is not necessary and appropriate under the terms of the Subscriber Certificate even if your dentist has furnished, prescribed, ordered, recommended or approved the service.

2. WE DO NOT PROVIDE BENEFITS FOR:

- Experimental care procedures that have not been sanctioned by the American Dental Association, or for which no procedure codes have been established.
- A service or procedure that is not described as a benefit in this Subscriber Certificate.
- Services that are rendered due to the requirements of a third party, such as an employer or school.
- Travel time and related expenses.
- An illness or injury that we determine arose out of and in the course of your employment.
- A service for which you are not required to pay, or for which you would not be required to pay if you did not have coverage under this Subscriber Certificate.
- An illness, injury or dental condition for which benefits in one form or another are covered, in whole or in part, through a government program. A government program includes a local, state or national law or regulation that provides or pays for dental services. It does not include Medicaid or Medicare.
- A method of treatment more costly than is customarily provided. Benefits will be based on the least costly method of treatment.
- A separate fee for services rendered by interns, residents, fellows or dentists who are salaried employees of a hospital or other facility.
- Appointments with your dentist that you fail to keep.
- Dietary advice and instructions in dental hygiene including proper methods of tooth brushing, the use of dental floss, plaque control programs and caries susceptibility tests.
- A service rendered by someone other than a licensed dentist or a hygienist who is employed by a licensed dentist.
- Prescription drugs.
- A service to treat disorders of the joints of the jaw (temporomandibular joints).
- A service, supply or procedure to increase the height of teeth (increase vertical dimension) or restore occlusion.
- Restorations for reasons other than decay or fracture, such as erosion, abrasion, or attrition.
- Services that are meant primarily to change or to improve your appearance.
- Occlusal guards for the treatment of disorders of the joints of the jaw or for bruxism (grinding).
- Repair or relines of an occlusal guard.
- Implants, other than covered endosteal implants.
- Transplants.
- Replacement of dentures, bridges, space maintainers or periodontic appliances due to theft or loss.
- Services, supplies or appliances to stabilize teeth when required due to periodontal disease such as periodontal splinting.
- Lab exams.
- Photographs.
- Laminate veneers.
- Duplicate dentures and bridges.
- Temporary, complete dentures and temporary fixed bridges or crowns.
- Stainless steel crowns on permanent teeth.
- Cast restorations, copings and attachments for installing over dentures.
- Services related to congenital anomalies. However, this exclusion does not apply to orthodontic services that may be covered by your group's orthodontic rider.
- Tooth desensitization.
- Occlusal adjustment.