

D. SCHEDULE OF COVERAGE

Coverage is subject to the exclusions in Sections 7 and 8 and to the limitations of this plan.

Medically Necessary In-Network and Out-of-Network Services will be Covered as set forth below.

SUMMARY OF BENEFITS

Effective 7/1/2015

Medically Necessary In-Network and Out-of-Network Services will be Covered as set for below.

CLASS I - PREVENTIVE AND DIAGNOSTIC SERVICES

SERVICES	IN-NETWORK -	OUT-OF-NETWORK	NOTES
Prophylaxis (dental cleaning)	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	Limited to maximum of four per contract year
Topical application of fluoride	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	Limited to one every six months
Dental sealants	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	Covered for Covered Persons under age 16, limited to one every 36 months for posterior teeth only
Oral Exams	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	Limited to maximum of four per contract year
Emergency Palliative Treatment and other non-routine unscheduled visits	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	Covered only if no other services, except x-rays, are provided during the visit
X-rays	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	Intraoral x-ray - complete series including bitewings are limited to one every 60 months Intraoral periapical or occlusal X-rays-single films are limited to 4 periapical & 2 occlusal x-rays every 12 months

			<p>Bitewing film are limited to 4 films per visit every 12 months</p> <p>Panoramic Film, maxilla and mandible, is limited to one every 60 months</p> <p>Extraoral superior or inferior maxillary films are limited to 2 every 12 months</p>
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CLASS II - MINOR RESTORATIVE SERVICES

SERVICES	IN-NETWORK -	OUT-OF-NETWORK	NOTES
Space Maintainers Fixed and removable, bilateral and unilateral	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	
Amalgam restorations (fillings) for primary or permanent teeth	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	
Composite resin restorations (fillings) for primary or permanent teeth	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	
Extractions	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	

Oral surgery - Removal exposed root - Surgical removal of erupted tooth - Removal of impacted tooth, soft or bony - Alveoloplasty-per quadrant - Excision of benign tumor lesion - Removal of odontogenic cyst - Incision/drainage of intraoral abscess - Frenulectomy	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	
Anesthesia	Covered at 100% of	Covered up to the	General anesthesia

<ul style="list-style-type: none"> - local anesthesia - regional block anesthesia - trigeminal division block anesthesia - general anesthesia-first 30 minutes 	Scheduled Allowance, subject to Annual Maximum	Scheduled of Allowances, subject to Annual Maximum	covered only if medically necessary
Prosthodontics <ul style="list-style-type: none"> - Adding teeth to partial dentures to replace extracted natural teeth - Repairs to crowns - Recementation inlay, onlay, crown - Crowns, acrylic or plastic, without metal, and stainless steel 	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	
Endodontics <ul style="list-style-type: none"> - Pulp cap-direct and indirect (excluding final restoration) - Therapeutic Pulpotomy (excluding final restoration) - Root canal-anterior, bicuspid, molar (excluding final restoration) - Apexification - Apicoectomy 	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	
Periodontics <ul style="list-style-type: none"> - Gingivectomy or Gingivoplasty-per tooth or quadrant - Mucogingival surgery-per quadrant - Osseous surgery-per quadrant - Periodontal scaling & root planing-per quadrant 	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	
Occlusal adjustment, per quadrant	Covered at 100% of Scheduled Allowance, subject to Annual Maximum	Covered up to the Scheduled of Allowances, subject to Annual Maximum	Limited to 4 quadrants every 36 months

CLASS III - MAJOR RESTORATIVE SERVICES

SERVICES	IN-NETWORK -	OUT-OF-NETWORK	NOTES
<ul style="list-style-type: none"> -Crowns, resin - Crowns, porcelain fused to noble metal - Crowns, full cast high noble metal or 3/4 cast metallic - Inlay-metallic, one, two, three or more surfaces - Onlay, in the presence of an inlay - Core build-up, including any pins - Pin retention/tooth (in addition to crown) - Cast Post and Core (in addition to crown) - Prefabricated Post and Core (in addition to crown) - Temporary crown (fractured tooth) - Pontic-cast noble metal, high noble metal or base metal - Retainer-inlay or onlay-metallic - Crown-Retainer-Porcelain fused to noble metal, high noble metal or base 	<p>Covered at 100% of Scheduled Allowance, subject to Annual Maximum</p>	<p>Covered up to the Scheduled of Allowances, subject to Annual Maximum</p>	<p>Replacement crowns, inlays and onlays are limited to one every 5 years</p>
<p>Prosthodontics</p> <ul style="list-style-type: none"> -Dental Implants Complete upper or lower denture - Partial upper or lower denture, resin base or chrome cast - Removable unilateral partial denture - Fixed bridgework - Adjustments to complete or partial dentures, upper or lower - Repair of dentures, bridges - Reline or rebase complete or partial denture, upper or lower 	<p>Covered at 100% of Scheduled Allowance, subject to Annual Maximum</p>	<p>Covered up to the Scheduled of Allowances, subject to Annual Maximum</p>	<p>Replacement prosthodontics are limited to one every 5 years</p>

CLASS IV - ORTHODONTIA SERVICES

SERVICES	IN-NETWORK -	OUT-OF-NETWORK	NOTES
Diagnostic services	Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400	Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400	
Initial placement of appliance	Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400	Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400	
Monthly visits and adjustments	Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400	Covered up to the Scheduled of Allowances, subject to Lifetime Maximum of \$2,400	