

Part III: MAXIMUMS PLAN WILL PAY

Maximums	In-Network	Out-of-Network
Annual Maximum	\$1,500 per individual (Age 19 and older); None (Child up to age 19)	\$1,500 per individual (Age 19 and older); No (Child up to age 19)
Lifetime or Annual Maximum for Orthodontia	None (Child up to age 19)	No (Child up to age 19)

- **Annual maximum** is the maximum dollar amount your plan will pay toward the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period. **Not all services accrue to the annual maximum.**
- **Lifetime maximum** means the maximum dollar amount your plan providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.

Part IV: WAITING PERIODS

Waiting Periods: A waiting period is the amount of time that must pass before you are eligible to receive benefits or services for all or certain dental treatments. **Your dental benefit package has a 6 consecutive month waiting period for Major Services for age 19 and older. This waiting period is waived with proof of prior coverage.**

Part V: WHAT YOU WILL PAY

All copayments and coinsurance costs shown in this chart apply after your deductible has been met, if a deductible applies. The Common Dental Procedures fit into one of the following applicable categories: Preventive & Diagnostic, Basic or Major. The Benefit Limitations and Exclusions column includes common limitations and exclusions only. For a full list, see the full disclosure document referenced in the Benefit Limitations and Exclusions column.

Common Dental Procedures	Category	In-Network	Out-of-Network	Benefit Limitations and Exclusions
Oral Exam	Preventive & Diagnostic	0%	0%	<ul style="list-style-type: none"> • Child up to Age 19: 1 per patient per provider • Age 19 and Older: 1 per lifetime per provider • Refer to the Disclosure Form for the full limitation and exclusion
Bitewing X-ray	Preventive & Diagnostic	0%	0%	<ul style="list-style-type: none"> • Child up to Age 19: 1 per 36 months • Age 19 and Older: 1 per 60 months • Refer to the Disclosure Form for the full limitation and exclusion
Cleaning	Preventive & Diagnostic	0%	0%	<ul style="list-style-type: none"> • Child up to Age 19: 1 per 6 months • Age 19 and Older: 2 per calendar year • Refer to the Disclosure Form for the full limitation
Filling	Basic	20%	30%	<ul style="list-style-type: none"> • Child up to Age 19: 1 per 12 months for primary teeth, 1 per 36 months for permanent teeth • Refer to the Disclosure Form for the full limitation and exclusion
Extraction, Erupted Tooth or Exposed Root	Major	50%	50%	<ul style="list-style-type: none"> • Child up to Age 19: 1 per lifetime • Age 19 and Older: 1 per lifetime; 6-month waiting period applies <p>Refer to the Disclosure Form for the full limitation and exclusion</p>
Root Canal	Major	50%	50%	<ul style="list-style-type: none"> • Child up to Age 19: 1 per lifetime • Age 19 and Older: 1 per lifetime; 6-month waiting period applies • Refer to the Disclosure Form for the full limitation and exclusion
Scaling and Root Planing	Major	50%	50%	<ul style="list-style-type: none"> • Child up to Age 19: 1 per quadrant per 24 months; age 13+; • Age 19 and Older: 1 per quadrant per 24 months; 6-month waiting period applies • Refer to the Disclosure Form for the full limitation and exclusion
Ceramic Crown	Major	50%	50%	<ul style="list-style-type: none"> • Child up to Age 19: 1 per 60 months; age 13+; • Age 19 and Older: 1 per 60 months; 6-month

				<p>waiting period applies</p> <ul style="list-style-type: none"> Refer to the Disclosure Form for the full limitation and exclusion
Removable Partial Denture	Major	50%	50%	<ul style="list-style-type: none"> Child up to Age 19: 1 per 60 months Age 19 and Older: 1 per 60 months; 6-month waiting period applies Refer to the Disclosure Form for the full limitation and exclusion
Extraction, Erupted Tooth with Bone Removal	Major	50%	50%	<ul style="list-style-type: none"> Child up to Age 19: 1 per lifetime; Age 19 and Older: 1 per lifetime; 6-month waiting period applies Refer to the Disclosure Form for the full limitation and exclusion
Orthodontia	Orthodontia	Up to Age 19: 50% Age 19 and Older: Not Covered	Up to Age 19: 50% Age 19 and Older: Not Covered	<ul style="list-style-type: none"> Coverage is restricted to: Medically Necessary for Enrollees up to age 19. <p>Refer to the Disclosure Form for the full limitation and exclusion</p>

Part VI: COVERAGE EXAMPLES

THESE EXAMPLES DO NOT REPRESENT A COST ESTIMATOR OR GUARANTEE OF PAYMENT. The examples provided represent commonly used services in the categories of Diagnostic and Preventive, Basic and Major Services for illustrative purposes and to compare this product to other dental products you may be considering. Your actual costs will likely be different from those shown in the chart below depending on the actual care you receive, the prices your providers charge and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and the summary of excluded services under the plan.

Dana Has a Dental Appointment with a New Dentist	Sam Needs a Tooth Filled	Maria Needs a Crown
New patient exam, x-rays (full-mouth x-ray) and cleaning	Resin-based composite – one surface, posterior	Crown – porcelain/ceramic substrate

Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
Total Cost of Care	In-network: \$400 Out-of-network: \$550	Total Cost of Care	In-network: \$150 Out-of-network: \$200	Total Cost of Care	In-network: \$1,300 Out-of-network: \$1,750
Deductible	In-network: Child up to Age 19: Not Applicable Age 19 and Older: Not Applicable Out-of-network: Child up to Age 19: Not Applicable Age 19 and Older: Not Applicable	Deductible	In-network: Child up to Age 19: \$75 Age 19 and Older: \$50 Out-of-network: Child up to Age 19: \$75 Age 19 and Older: \$50	Deductible	In-network: Child up to Age 19: \$75 Age 19 and Older: \$50 Out-of-network: Child up to Age 19: \$75 Age 19 and Older: \$50

Annual Maximum (Plan Will Pay)	In-network: Child up to Age 19: None Age 19 and Older: \$1,500 Out-of-network: up to Age 19: No Age 19 and Older: \$1,500	Annual Maximum (Plan Will Pay)	In-network: Child up to Age 19: None Age 19 and Older: \$1,500 Out-of-network: up to Age 19: No Age 19 and Older: \$1,500	Annual Maximum (Plan Will Pay)	In-network: Child up to Age 19: None Age 19 and Older: \$1,500 Out-of-network: up to Age 19: No Age 19 and Older: \$1,500
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Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
Patient Cost (copayment or coinsurance)	In-network: Child up to Age 19: \$0 Age 19 and Older: \$0 Out-of-network: Child up to Age 19: 10% Age 19 and Older: 10%	Patient Cost (copayment or coinsurance)	In-network: Child up to Age 19: 20% Age 19 and Older: 20% Out-of-network: Child up to Age 19: 30% Age 19 and Older: 30%	Patient Cost (copayment or coinsurance)	In-network: Child up to Age 19: 50% Age 19 and Older: 50% Out-of-network: Child up to Age 19: 50% Age 19 and Older: 50%
In this example, Dana would pay (includes copays/coinsurance and deductible, if applicable):	In-network: Child up to Age 19: \$0 Age 19 and Older: \$0 Out-of-network: Child up to Age 19: \$55 Age 19 and Older: \$55	In this example, Sam would pay (includes copays/coinsurance and deductible, if applicable):	In-network: Child up to Age 19: \$90 Age 19 and Older: \$70 Out-of-network: Child up to Age 19: \$112.50 Age 19 and Older: \$95	In this example, Maria would pay (includes copays/coinsurance and deductible, if applicable):	In-network: Child up to Age 19: \$350 Age 19 and Older: \$675 Out-of-network: Child up to Age 19: \$912.50 Age 19 and Older: \$900
Summary of what is not covered or subject to a limitation:	Full Mouth X-ray: <ul style="list-style-type: none"> Child up to Age 19: 1 per 36 months per provider Age 19 and Older: 1 per 60 months Oral Exam: <ul style="list-style-type: none"> Child up to Age 19: 1 per patient 	Summary of what is not covered or subject to a limitation:	<ul style="list-style-type: none"> Child up to Age 19: 1 per 12 months for primary teeth, 1 per 36 months for permanent teeth 	Summary of what is not covered or subject to a limitation:	<ul style="list-style-type: none"> Child up to Age 19 Maximum Out of Pocket is \$350 per calendar year Child up to Age 19: 1 per 60 months Age 19 and Older: 1 per 60 months Age 19 and

	<p>per provider</p> <ul style="list-style-type: none">• Age 19 and Older: 1 per lifetime per provider <p>Cleaning:</p> <ul style="list-style-type: none">• Child up to Age 19: 1 per 6 months• Age 19 and Older: 2 per calendar year				<p>Older: Major services have a 6 consecutive month waiting period. This waiting period is waived with proof of prior coverage.</p>
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