



Prepaid Group Dental Plan
Plan E

<u>PROCEDURE</u>	<u>PATIENT COST</u>
DIAGNOSTIC	
Charting history, oral examination, periodic recall examination (every six months), emergency treatment	No Charge
RADIOGRAPHIC	
Complete intraoral series, periapical and bitewing films	No Charge
Intraoral periapical	No Charge
Each additional single film (periapical or bitewing)	No Charge
Occlusal view x-ray	No Charge
Lateral jaw x-ray, each	No Charge
Four bitewing x-ray films	No Charge
Antero-posterior x-ray of head and jaw	No Charge
Cephalometric radiograph	No Charge
Panoramic (panography) including bitewings	No Charge
PREVENTIVE	
Oral prophylaxis (every six months)	No Charge
Topical fluoride treatment following prophylaxis (to age 19)	No Charge
Space maintainers – unilateral	No Charge
Space maintainers – bilateral	No Charge
OPERATIVE (RESTORATIVE) SERVICES	
Primary Silver amalgam – 1 surface	No Charge
Primary Silver amalgam – 2 surfaces	No Charge
Primary Silver amalgam – 3 surfaces or more	No Charge
Permanent Silver amalgam – 1 surface	No Charge
Permanent Silver amalgam – 2 surfaces	No Charge
Permanent Silver amalgam – 3 surfaces or more	No Charge
Silver amalgam reinforcement pins – 1 st	No Charge
Each additional pin	No Charge
Composite filling (for front teeth)	No Charge
Composite Class III	No Charge
Composite Class IV	No Charge
Core build-up (including any pins)	No Charge





PROCEDURE

PATIENT COST

PERIODONTIA

Root scaling and root planing (per quadrant)	No Charge
Prophylaxis, medication and minor bite correction	No Charge
Gingivectomy, Gingivoplasty (per quadrant)	No Charge
Occlusal adjustment (and/or equilibration)	No Charge
Bite guard	No Charge
Osseous surgery (per quadrant)	No Charge

ENDODONTICS (INCLUDING RADIOGRAPHS)

Single root canal, filling	No Charge
Double root canal, filling	No Charge
Triple or more root canal, filling	No Charge
Apicoectomy (per root)	No Charge

SIMPLE EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)

Single tooth	No Charge
Each additional tooth	No Charge

ORAL SURGERY EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)

Surgical extraction	No Charge
Extraction of tooth (soft tissue impaction)	No Charge
Extraction of tooth (partial bony impaction)	No Charge
Extraction of tooth (complete bony impaction)	No Charge
Alveoplasty/Alveolectomy (per jaw maximum) per quadrant in conjunction with extraction	No Charge
Alveoplasty, including ridge extension, arch	No Charge
Excision of benign tumor, lesion diameter up to 2.5 cm	No Charge
Removal of cyst up to 2.5 cm diameter	No Charge

PROSTHETICS (INCLUDING ADJUSTMENTS AND RELINES FOR 6 MONTHS FOLLOWING INSTALLATION) REMOVABLE

Full upper denture	No Charge
Full lower denture	No Charge
Partial upper or lower denture without clasps, acrylic base	No Charge
Partial upper or lower denture with two chrome clasps with rests, acrylic base	No Charge
Partial upper or lower with chrome lingual or palatal bar with two clasps and rests, acrylic base	No Charge





Repair broken full or partial denture, no teeth damaged	No Charge
Repair broken full or partial denture, replace broken tooth	No Charge
Each additional tooth	No Charge
<u>PROCEDURE</u>	<u>PATIENT COST</u>
Replace broken tooth on denture, no other repairs	No Charge
Each additional tooth	No Charge
Adding tooth to partial denture to replace extracted tooth	No Charge
Each additional tooth	No Charge
Reattaching clasp on denture, clasp intact	No Charge
Replacing broken clasp with new clasp on denture	No Charge
Relining upper or lower full or partial denture (office) once every three years	No Charge
Relining upper or lower full or partial denture (lab) once every three years	No Charge
Jump case, complete denture (duplicate of denture) once every three years	No Charge
CROWNS	
Two surface gold inlay	No Charge
Three or more surfaces gold inlay	No Charge
Acrylic jacket	No Charge
Acrylic with metal (semi-precious)	No Charge
Porcelain jacket	No Charge
Porcelain fused to metal (semi-precious) ¾ cast	No Charge
Full cast	No Charge
BRIDGES – PONTICS & ABUTMENTS (FIXED)*	
Cast	No Charge
Maryland bridge	No Charge
Porcelain fused to metal (semi-precious)	No Charge
Plastic processed to metal (semi-precious)	No Charge
ORTHODONTIC	
Maximum, 24 months (to age 19)	\$ 500.00
Adult (19 years or older)	\$ 1,250.00

*Refer to exclusion #22



LIMITATIONS AND EXCLUSIONS

BENEFITS shall not be provided for any of the following:

1. Any dental services which were not rendered, prescribed, arranged, or approved by a Participating Dentist.
2. Bedside calls, either at home or in a hospital.
3. Any Hospital, outpatient or emergency facility administered anesthesia or any form of general anesthesia wherever administered, hospital charges, prescription drugs and/or laboratory tests.
4. Consultation by Non-Participating Dentist(s) unless specifically directed by DSO.
5. Any service or appliance for which the Covered Person incurs no charge.
6. Any service or appliance not required in accordance with accepted standards of dental practice in the geographic area and/or location in which the service is provided.
7. Any service or appliance received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or other similar person or group.
8. Services provided under any governmental program (excluding the Medicaid Act), any state or federal worker's compensation, employer's liability or occupational disease law or similar law for loss covered by such benefits; and services performed by a member of a Member's immediate family.
9. Anything other than services enumerated in this Contract.
10. Services rendered or items furnished for any conditions, disease, ailment or injury occurring while the Covered Person is on active duty during military service, or for services or items provided under the laws of the United States of America or of any State of the United States or of any Foreign country or of any political subdivision of any of the foregoing.
11. Dental services rendered prior to the date the Enrollee or Covered Person became eligible for such services under this Contract.
12. Any service(s) or item(s) which are determined by DSO's Dental Director, prior to being provided, not to be a necessary service or item incidental to the condition, disease or injury for which the Covered Person is being treated.
13. Broken appointments. An Enrollee may be liable for charges for broken appointments consistent with and if that is the policy of the provider office.
14. Any dependent(s) below age ten (10) where such dependent is so unruly as to make the rendering of services impractical under the circumstances in the opinion of the Participating Dentist.

15. Treatment of unmanageable patients. An attempt will be made to treat all patients; however, if a Covered Person is untreatable by virtue of fear or phobia, it is the Enrollee's responsibility to contact DSO and discuss possible referral to another office for treatment at the Enrollee's expense.
16. Treatment of a Covered Person with a communicable disease without medical clearance from such person's physician.
17. Services/supplies partially or wholly cosmetic in nature, including bleaching, bonding procedures and orthodontic services and appliances.
18. Replacement of any lost, stolen or existing prosthesis made within five (5) years.
19. Prosthetic devices, including but not limited to bridges, crowns, inlays, complete and partial removable dentures for which the final impressions were taken while the Covered Person was not Covered under this Plan; or where final impressions were taken while such Covered Person was covered under this Plan, but not finally installed or delivered to such Covered Person within sixty (60) days after termination of coverage.
20. Replacement of an orthodontic appliance including retainers, bite plates, functional appliances, lingual arches and tongue cribs or repair due to patient negligence.
21. Dental procedure(s) required because of insurrection, invasion, bombardment, rebellion, revolution, military or usurped power or riot or resulting from any type of accidental injury, whether or not due to or caused by negligence, act of God, deliberate conduct of any kind or caused by anything other than natural biological factors, improper, poorly performed or nonexistent dental hygiene or by reason of dental (including periodontal) disease.
22. Replacement of teeth by fixed bridgework where teeth are missing on both sides of the same arch or jaw. Where teeth are missing on both sides of the same arch, replacement will be accomplished by removable prosthesis.
23. Expenses for duplication, maintenance or repair of any appliance to be used as a spare.
24. Expenses for all periodontal regenerative therapy and appliances or restorations necessary to accomplish periodontal splinting, increase vertical dimensions or restore occlusion.
25. Expenses for occlusal equilibration except to the extent necessary to treat periodontal disease.
26. Expenses for implantology, sealants or mouthguards.
27. Treatment of major congenital defects, such as cleft palates, and associated deformities and temporomandibular joint dysfunction.
28. Repairs to a removable denture which is (i) at least five (5) years old;(ii) to be replaced; (iii) beyond repair; and (iv) no longer serviceable.