



Dental Plan Benefits and Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERED BENEFITS AND IS A SUMMARY ONLY. THE BENEFIT DESCRIPTION SECTION OF THE EVIDENCE OF COVERAGE BOOKLET SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERED BENEFITS AND LIMITATIONS.

BENEFITS*	SERVICES	COST TO MEMBER
Diagnostic and Preventive Care	Initial and periodic oral examinations, Consultations, including specialist consultations, Topical fluoride treatment, Preventive dental education and oral hygiene instruction, X-rays, Prophylaxis services (cleanings), Space maintainers, Dental sealant treatments.	No charge
Restorative Dentistry (Fillings)	Amalgam and composite resin, acrylic, synthetic or plastic restorations Replacement of a restoration, Use of pins and pin build-up in conjunction with a restoration, Sedative base and sedative fillings.	No charge
Oral Surgery	Extractions, including surgical extractions, Removal of impacted teeth, Biopsy of oral tissues, Treatment of palatal torus, Treatment of mandibular torus, Frenectomy, Post-operative services, including exams, suture removal and treatment of complications.	No charge, except a \$15 copayment for the removal of completely bony impacted teeth with unusual surgical complications.
Endodontic	Pulp capping and Pulpotomy, Apexification, Root amputation, Root canal therapy, Retreatment of previous root canal therapy, Apicoectomy.	No charge, except a \$20 copayment, per canal, for root canal therapy or retreatment of previous root canal therapy and a \$50 copayment per root for an Apicoectomy.
Periodontics	Periodontal scaling and root planing, and subgingival curettage, Gingivectomy, Osseous surgery.	No charge, except a \$150 copayment per quadrant for osseous surgery and a \$5 copayment for Gingivectomy procedure involving 1-3 teeth.



Western Dental[®]

BENEFITS

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Crown and Fixed Bridge	Crowns, including those made of acrylic with metal, porcelain, porcelain with metal, full metal, onlay or three quarter crown, and stainless steel, Related dowel pins and pin build-up, Fixed bridges, which are cast, porcelain baked with metal, or plastic processed to gold, Recementation of crowns and bridges Post and core, including cast retention under crowns.	No copayment, except a \$50 copayment for crowns and each unit of a bridge. The copayment for any precious (noble) metals used in any crown or bridge will be a maximum of \$75 per unit.
Removable Prosthetics	Complete and partial dentures, teeth, clasps and stress breakers, Office or laboratory relines or rebases, Denture repair, Denture adjustment, Tissue conditioning, Stayplates.	No copayment, except a \$65 copayment for a complete or partial denture, a \$60 copayment for a stayplate, a \$20 copayment for a denture rebase and a \$15 copayment for a denture reline.
Dental Implant Services	Includes a device specifically designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement. Please refer to the Schedule of Benefits for a listing of covered services applicable to Implant Services	Please refer to the Schedule of Benefits for copayments applicable to Implant Services. Please note that there are no annual or lifetime maximums applicable to Dental Implant Services.
Orthodontic Services	24 months of standard, comprehensive orthodontic treatment (for children and adults) Orthodontic retention Orthodontic visits beyond 24 months of active treatment. Western Dental will assume responsibility for completion of orthodontic treatment in-progress and member will not incur additional costs as a result of the take-over.	There is a \$1,000 copayment for 24 months of active orthodontic treatment. In addition, there is a \$25/visit copayment for visits in excess of the initial 24 months of treatment/retention. Start-up fees of \$250 are in addition to the orthodontic copayment.

Providers	Participants must use a network provider to receive covered services. Each member of the family may select their own network dentist.
Deductibles	No deductibles will be charged for covered benefits under this program.
Lifetime Maximums	No lifetime maximum limits on benefits apply under this program.

* Benefits are provided if the Plan determines them to be medically necessary.