

Group Benefit Page

Name of Group: Superior Officers Council - Buy Up

Group Number: 1730343 (64096)

Plan Effective Date: July 1, 2018

Benefit Period: Calendar Year

Plan Description - Covered services can be rendered by any licensed dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Dentcare. Using an in-network PPO provider may eliminate or reduce the member's out-of-pocket expense.

Payments by the plan are subject to the following terms

| | | |
|---------------------|---|---|
| Category I | Diagnostic Services Preventive Services | <u>100</u> % of the maximum allowable amount. |
| Category II | Basic Restorative Services Endodontic Services Periodontal Services Oral Surgery Services Prosthetic Repair/Reline Services | <u>100</u> % of the maximum allowable amount. |
| Category III | Major Restorative Services Prosthetic Services | <u>100</u> % of the maximum allowable amount. |
| Category IV | Orthodontic Services | <u>80</u> % of the maximum allowable amount. |

Individual/Family Deductible: N/A

Individual Maximum (Category I, II, III): \$3,000.00* per benefit period

Family Maximum (Category I, II, III): N/A

Orthodontic Maximum (Category IV): \$2,050.00 per lifetime

**Individual annual maximum does not apply to dependent children up to their 19th birthday.*

Dependent Eligibility - Dependent children are covered through the end of the month of their 23rd birthday.

Orthodontics - Coverage includes initial banding and up to 24 monthly adjustments for dependent children through age 19. Member copayments will apply and may vary based on the provider seen at the time of care.

Note: Due to certain Exclusions and/or Limitations, all member copayments may not be applicable. Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administrator for an explanation of these Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at yourdentalplan.com/healthplex. All benefits are governed by the provisions of your group's contract.

As of January 1st, 2024 your new group number is **1730343** and your new portal is yourdentalplan.com/healthplex

The *Schedule of Benefits* on the reverse side contains a partial listing of the most frequently utilized services covered under this plan. Frequencies and limitations apply.

| Services | In-Network PPO Copayments | Out-of-Network Reimbursement |
|--|---------------------------|------------------------------|
| Diagnostic & Preventive | | |
| Periodic Oral Examination | No Charge | \$22.00 |
| X-Rays, Complete Series | No Charge | 56.00 |
| Periapical, First Film | No Charge | 10.00 |
| Bitewings, Four Films | No Charge | 21.00 |
| Prophylaxis, Adult/Child | No Charge | 44.00/30.00 |
| Fluoride Treatment | No Charge | 31.00 |
| Sealants, Per Tooth | No Charge | 30.00 |
| Basic Restorative | | |
| Amalgam, 1/2 Surfaces | No Charge | \$45.00/60.00 |
| Amalgam, 3/4+ Surfaces | No Charge | 75.00/85.00 |
| Composite, 1 Surface - Anterior/Posterior | No Charge | 50.00/75.00 |
| Composite, 2 Surfaces - Anterior/Posterior | No Charge | 70.00/110.00 |
| Composite, 3 Surfaces - Anterior/Posterior | No Charge | 88.00/148.00 |
| Composite, 4+ Surfaces - Anterior/Posterior | No Charge | 95.00/155.00 |
| Labial Veneer (Resin Laminate) Direct/Indirect | No Charge | 125.00 |
| Veneer Repair - Material Failure | No Charge | 135.00 |
| Provisional Splint Intra/Extra coronal | No Charge | 252.60/195.00 |
| Enamel Microabrasion | No Charge | 75.00 |
| Odontoplasty, Per tooth | No Charge | 60.00 |
| External Bleaching, Per arch - performed in office | No Charge | 330.00 |
| Endodontics | | |
| Root Canal Therapy, Anterior/Bicuspid/ Molar | No Charge | \$350.00/425.00/500.00 |
| Apicoectomy, Anterior | No Charge | 210.00 |
| Periodontics | | |
| Gingivectomy, Per Quad | No Charge | \$180.00 |
| Osseous Surgery, Per Quad | No Charge | 460.00 |
| Scaling & Root Planing, Per Quad | No Charge | 90.00 |
| Periodontal Maintenance | No Charge | 72.50 |
| Oral Surgery | | |
| Routine/Surgical Extraction | No Charge | \$66.00/110.00 |
| Soft Tissue Impaction | No Charge | 155.00 |
| Partial/Full Bony Impaction | No Charge | 188.00/240.00 |
| Major Restorative | | |
| Porcelain with High Noble Metal Crown | No Charge | \$595.00 |
| Full Cast High Noble Metal Crown | No Charge | 525.00 |
| Re-cement Crown | No Charge | 38.00 |
| Post and Core, Cast/Prefabricated | No Charge | 165.00/105.00 |
| Prosthetics- Removable/Fixed Bridges | | |
| Complete Upper/Lower Denture | No Charge | \$650.00 |
| Partial Upper/Lower Denture, Cast Base | No Charge | 695.00 |
| Porcelain with High Noble Metal Pontic/Abutment | No Charge | 595.00 |
| Full Cast High Noble Metal Abutment | No Charge | 525.00 |
| Re-cement Bridge | No Charge | 62.00 |
| Prosthetic Repairs/Relines | | |
| Repair Complete Denture Broken Base | No Charge | \$65.00 |
| Repair Partial Denture Base/Framework | No Charge | 65.00/100.00 |
| Replace Broken Tooth | No Charge | 55.00 |
| Add Tooth to Existing Partial Denture | No Charge | 55.00 |
| Reline Complete Upper/Lower Denture - Direct | No Charge | 135.00 |
| Reline Complete Upper/Lower Denture - Indirect | No Charge | 150.00/200.00 |
| Orthodontics | | |
| Initial Banding and up to 24 Periodic Visits | 20% | \$2,050.00 |

In-Network PPO Copayments

You may select any dentist from the PPO20 Directory of Participating Providers. Some services are rendered without any cost while others may have a minimal copayment you pay directly to the dentist.

Member copayments will vary based on the location of the provider seen at the time of care.

Out-of-Network Reimbursement

When services are rendered by a non-participating provider, you will be reimbursed up to the Out-of-Network Reimbursement allowance indicated in the *Schedule of Benefits*. You will be responsible for all costs exceeding that amount.

Treatment Options/Materials

Due to the element of choice involved in the utilization of many dental services, situations arise where two or more methods of treatment for a particular dental condition could be used, each of which may produce a desirable, professional result. Please speak with your dentist regarding the options covered under your dental plan.

yourdentalplan.com/healthplex

Underwritten by



Administered by

