

<b>ALL SERVICES MUST BE PERFORMED BY A PARTICIPATING DENTAL PROVIDER</b> This plan provides benefits for the following services	
<b>Diagnostic Services</b> Office Calls. Dental Exams. Bite-wing, full-mouth or panoramic x-rays or other dentally indicated x-rays. Professional consultations performed in conjunction with a covered service. Pulp vitality test. Emergency palliative treatment.	Covered in full. Covered in full. Covered in full. Covered in full. Covered in full. Covered in full.
<b>Restorative Services</b> Fillings on anterior (front) teeth with composite or synthetic porcelain and fillings on posterior (back) teeth with amalgam or composite fillings up to the amalgam reimbursement amount. Bases, retention pins and local anesthetic. Extraction of primary teeth (the first set of teeth) for dental caries (cavities) and dental abscesses. Extraction of primary teeth (the first set of teeth), except for purposes of orthodontic treatment. Stainless steel crowns and pulpotomies are covered on primary teeth only (the first set of teeth), not on secondary teeth.	Covered in full. Covered in full. Covered in full. Covered in full.
<b>Preventive Services</b> Routine Dental cleanings — 2 per calendar year Fluoride treatments for children through age 12. Oral hygiene instruction Sealants for children through age 14	Covered in full*. Covered in full. Covered in full. Covered in full.
<b>Orthodontic Services</b> Extraction of primary teeth (the first set of teeth) by a participating dentist for the purpose of orthodontic treatment.  Orthodontic Services (per member per lifetime)	Covered at 50%.  Paid at 50% up to \$1500 in covered services when provided by a Physicians Plus orthodontist. You must receive such services while covered under the policy, and treatment must be completed before the participant reaches age 19.
<b>Other Dental Services:</b> NON covered services such as crowns, bridges or teeth whitening. All services must be performed by a participating dentist.	Covered up to \$75 per member per calendar year.

\* The routine dental cleaning benefit may be applied to periodontal maintenance cleanings. The member will be responsible for the difference in cost and additional services performed for periodontal disease maintenance not covered on this policy.

**Note:** This is only a general outline of Physicians Plus dental benefits, limitations and exclusions. This is not the contract document. A more detailed description of Physicians Plus Dental Plan coverage is available to each plan member. Coverage is subject to all the terms and conditions of the Group Master Policy, Medical Certificate of Coverage, riders and amendments issued.

See the DENTAL RIDER for policy details and reverse side for General Policy Exclusions and Limitations.

### The Policy provides no benefits for:

- a) Treatment, services and supplies: for cosmetic purposes; to correct temporomandibular joint dysfunction; for removal of cysts and lesions of the jaw; in connection with orthognathic surgery; related to periodontal/inflammatory gum disease;
- b) Dental treatment, services and supplies provided in an Emergency Room that, as determined by Physicians Plus, does not meet the definition of a Emergency Medical Condition and/or Emergency Medical Care;
- c) Orthodontic treatment, services and supplies after the Member reaches age 19;
- d) Replacement of lost or stolen dentures or other prosthetic devices;
- e) Hospital treatment, services and supplies and hospitalization costs;
- f) Dental procedures designed to adjust vertical dimension or restore occlusion;
- g) Any precision attachments on partials, implants, transplants and any splinting procedures;
- h) Extraction of crowns and pulpomies on Secondary Teeth;
- i) Fluoride treatments for Members 13 years of age or older;
- j) Removal or replacement of amalgam fillings unless dentally Indicated due to disease or decay;
- k) Nitrous oxide;
- l) Treatment, services and supplies provided or ordered by a provider other than a participating provider;
- m) Treatment, services and supplies not specifically identified as being covered under the policy;
- n) Treatment, services and supplies required in connection with, in follow up to, or as a result of a treatment, service or supply not covered under the policy;
- o) Treatment, services and supplies that are not dentally indicated or that are not appropriate to the treatment of a condition, as determined by Physicians Plus;
- p) Treatment, services and supplies provided when a member's coverage was not in effect under the policy. This includes care provided either prior to the Member's effective date of coverage or after the coverage terminated under the Policy, except as stated in Continuation of Coverage Section of the Medical Certificate;
- q) Dental Services for which benefits are paid under another part of the members group health plan with Physicians Plus;
- r) Treatment, services and supplies provided by periodontists, endodontists and prosthodontists, unless precertified by Physicians Plus;
- s) Drugs and medicines, except those received by a Member in a Participating Providers office.

We know it is difficult for a member to determine whether any non-emergency procedure or service will be covered before starting treatment. We encourage members to contact Physicians Plus to find out whether or not a treatment, service or supply will be covered and how much in benefits will be paid. If we prior authorize the treatment, service or supply in writing, payment will be made as long as coverage is in effect at the time the treatment, service or supply is provided to the member.

If a member or their dentist disagrees with our decision, the member may file a complaint or grievance in accordance with the procedure described in your Medical Certificate of Coverage.