Dental & Orthodontia Benefits

Plan Administrator: 90 Degree Benefits | www.90degreebenefits.com | 800-749-1422

Benefits At-a-Glance

Benefit	Summary
Annual Dental Maximum	$2,000 per person
Annual Dental Deductible	$25 per person
Dental Deductible Applies To	One time annually for Basic or Major Services
Lifetime Orthodontia Benefit	$3,800 per person
Orthodontia Deductible	$25 per person
Provider Network	Choose any Licensed Dentist or Orthodontist

Coverage Summary

Service Category	Examples	Plan Pays
Preventative Care *(2 per Plan Year Per Person)*	Exams, Cleanings, X-Rays	100%
Basic Services	Fillings, Extractions, Root Canals	80% after deductible
Major Services	Crowns, Bridges, Dentures	50% after deductible
Orthodontia	Braces and Related Treatment	50% after deductible

Eligible Expenses

The plan will pay benefits at the levels specified in the schedule of dental benefits outlined. Eligible dental expenses shall include the following Medically Necessary charges by a Dentist or Registered Dental Hygienist for the prevention of dental Disease, treating of injured or diseased teeth, and the treatment of supporting bone or tissue not to exceed the maximum benefits established in the schedule of dental benefits.

CLASS I (Preventative Services)

Class I dental services include preventative and diagnostic care. These services are essential for maintaining good oral health and catching potential issues early.

- Oral Examinations: Twice per plan year.
- Prophylaxis (Teeth Cleaning): Twice per plan year.
- X-Rays, Including Bitewings if necessary: Twice per plan year.
- Panoramic Survey: Once every three (3) years.
- Maxilla and Mandible Film: Considered an entire denture series.
- Diagnostic Evaluations
- Fluoride Treatment: For covered dependent children up to age nineteen (19).
- Sealants: For covered Dependent Children up to age nineteen (19), and fixed or removable space maintainers.

CLASS II (Basic/Restorative Services)
Class II dental services include basic restorative care, including procedures that address common dental issues such as decay and minor damage.

- Amalgam or Synthetic Restorations
- Endodontics
- Periodontics
- Oral Surgery: Includes local anesthesia or general anesthesia when recommended by a Dentist
- Emergency Palliative Treatment
- Injections of Antibiotic Drugs by Attending Dentist
- Simple Extraction of Teeth
- Special consultations by specialists for case presentation following diagnostic procedures performed by a general Dentist.

CLASS III (Major/Prosthetic Services)
Class III dental services, also referred to as major restorative care, include more extensive procedures that address significant dental issues.

- Gold, Porcelain, Non-Precious or Semi-Precious Metal Restorations, including inlays
- Crowns
- Bridgework
- Removable Dentures
- Repair or Re-Cementation, Rebasing or Relining of Removable Dentures and Implants.

CLASS IV (Orthodontic Services)
Class IV dental services refer to orthodontic care.

- Cephalometric X-Rays
- Full Mouth or Panoramic X-Rays
- Diagnostic Casts for Orthodontic Evaluation
- Surgical Exposure of Impacted or Unerupted Tooth for Orthodontic Purposes
- Extractions Performed for Orthodontic Purposes
- Fixed or Removable Orthodontic Appliances for Tooth Movement and/or Tooth Guidance.

EXCLUSIONS/LIMITATIONS

No benefit shall be payable under any part of this Plan with respect to the following list:

1. Anything not furnished by a Dentist, except x-rays ordered by a Dentist, and services by a licensed dental hygienist or dental technician under the Dentist's supervision; anything not Medically Necessary or not customarily provided for dental care.
2. Services furnished by or for the U.S. Government or furnished by or for any other government unless payment is legally required, or to the extent provided under any governmental program or law under which the Participant is, or could be, covered.
3. Expenses Incurred for any procedure commencing prior to the Participant's Effective Date of coverage.
4. Expenses Incurred for any procedure begun after the patient's coverage under this Plan terminates; or for any prosthetic dental appliances finally installed or delivered more than ninety (90) days after the patient's coverage terminates.
5. Replacement or modification of a crown, gold restoration, denture or bridge installed within five (5) years of the Participant's effective date and/or installed within five years of the date of last placement of such items, unless damaged beyond repair due to Injury of the mouth.
6. Services due to an Accident related to employment or Disease covered under a Worker's Compensation Act or similar law.
7. Any charges for any condition or disability which would entitle the Participant to any benefit under a Worker's Compensation Act or similar legislation, or which is due to Injury or Illness arising out of or in the course of any occupation or employment for wage or profit.

8. Replacement of lost or stolen appliances; appliances or restorations for the purpose of splinting, or to increase vertical dimension or occlusion, except as specifically provided for in Covered Dental Expenses.
9. Any portion of a charge for a service in excess of the Maximum Allowable Charge (Reasonable and Usual and Customary charge).
10. Charges for services which are not the generally accepted dental practice or service for the condition being treated.
11. Any charges for professional services performed by a relative of the Participant.
12. Charges for broken appointments, completion of claim forms or preparation of itemized bills.
13. Charges for oral hygiene instructions or dietary planning for the control of dental decay.
14. Charges for hospitalization due to dental treatment.
15. Expenses for services which were not recommended or prescribed by a Dentist.
16. Charges for dental treatment that is Experimental in nature or that is not yet approved by the Council of Dental Therapeutics of the American Dental Association.
17. Charges for the use of gold if treatment could have been provided at a lower cost by using a reasonable substitute consistent with generally accepted dental practice.
18. Any charges not Medically Necessary for Diagnosis or treatment of an Illness or Injury.
19. Any charges for cosmetic procedures or for the correction of congenital malformations.
20. Any charges for any condition, disability or expense resulting from or sustained as a result of being engaged in an illegal occupation, commission of or attempted commission of an assault or a felonious act. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition. *Dependent children under the age of nineteen (19) are exempt from this Exclusion.*
21. Any charges for any condition, disability or expense resulting from or sustained as a result of war or act of war, declared or undeclared.
22. Non-dental expenses such as training, educational instructions or educational materials, even if they are performed or prescribed by a Physician.
23. Services or supplies for which there is no legal obligation to pay, or charges which would not be made but for the availability of benefits under this Plan.
24. Charges for mailing or sales tax.
25. Any expenses resulting from self-inflicted Injury or attempted intentional self-destruction while sane or insane. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition. *Dependent children under the age of nineteen (19) are exempt from this Exclusion.*
26. Charges Incurred for surgical and non-surgical expenses in connection with treatment of Temporomandibular Joint Dysfunction.
27. Charges Incurred while incarcerated in a city, county, state or federal correctional facility.
28. Any expenses related to treatment or services rendered outside the United States of America or its territories except Medically Necessary treatment or services rendered while traveling for business and/or pleasure.
29. Charges for athletic mouth guards or night guards.
30. Charges for behavioral management.
31. Charges for tests and laboratory examinations, including bacterial cultures.
32. Charges for precision attachments, precision partials and treatment partials.
33. Charges for premedications and prescription drugs.
34. Any charge covered as an eligible medical expense.