



GOLD PLUS

[SAMPLE]

Description of Covered Services

PREVENTATIVE & DIAGNOSTIC SERVICES	BASIC RESTORATIVE SERVICES	MAJOR RESTORATIVE SERVICES
100% Coverage In-Network	80% Coverage In-Network	50% Coverage In-Network
No Deductible	\$50 Deductible Per Member Per Year	

\$1,000 PER MEMBER PER YEAR

\$1.500 ORTHO PER LIFETIME PER PLAN

ORAL EXAMS

- Comprehensive Evaluation, once every 60 months
- Periodic oral exams, twice a year

X-RAYS

- Single tooth X-rays, as needed
- Bitewing X-rays; once every other year
- Full mouth X-rays; once every 60 months

ROUTINE DENTAL CARE

- Routine cleaning, twice a year
- Periodontal cleanings; once every 3 months after active periodontal treatment, not to exceed twice in a year if combined with routine cleanings
- Fluoride Treatments, twice a year for members under age 19
- Sealants for children under 16, once per unrestored permanent molar every 36 months.
- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months.

FILLINGS

- Amalgam (silver) fillings; one filling per tooth surface every 24 months
- Composite resin (white) fillings; one filling per tooth surface every 24 months
- Temporary fillings; one filling per tooth

ROOT CANAL TREATMENT (ENDODONTICS)

- Root canals on permanent teeth; once per tooth
- Vital pulpotomy, limited to deciduous teeth
- Retreatment of prior root canal on permanent teeth; once per tooth after 24 months have elapsed from initial treatment
- Root end surgery on permanent teeth; once per tooth

GUM TREATMENT (PERIODONTICS)

- Periodontal scaling and root planing; once per quadrant in 24 months
- Periodontal surgery; once per quadrant in 36 months

PROSTHETIC MAINTENANCE

- Repair of partial or complete dentures and bridges; once per 12 months after 24 months of initial insertion
- Reline or rebase partial or complete dentures; once within 36 months
- Recement of Crowns, Onlays and Bridges, once per tooth

ORAL SURGERY

- Simple tooth extractions; once per tooth
- Erupted or exposed root removal; once per tooth
- General anesthesia or intravenous sedation for complex surgical procedures

OTHER NECESSARY SERVICES

- Dental care to relieve pain (palliative care), 4 occurrences per year

CROWNS

Crowns; once per tooth in 60 months

IMPLANTS

Endosteal Implant, once per 60 months per implant

TOOTH REPLACEMENT (PROSTHODONTICS)

- Removable complete or partial dentures, including services to fabricate, measure, fit, and adjust them; once in 60 months
- Fixed bridges and crowns (when part of a bridge), including services to fabricate, measure, fit, and adjust them; once per tooth in 60 months
- Replacement of dentures and bridges, but only when they are installed at least 60 months after the initial placement and only if the existing appliance cannot be made serviceable
- Temporary partial dentures to replace any of the six upper or lower front teeth, but only if they are installed immediately after the loss of teeth and during the period of healing
- Single tooth dental endosteal implants when the implant replaces permanent teeth through second molars; once per tooth in 60 months



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Network Access

YOUR BENTO NETWORK

As a Bento member you have access to all 4 of Bento's Nationwide networks. Bento Platinum, Gold, Blue, and Silver networks provide one of the fastest growing networks in the country. You will enjoy great benefits when you receive your dental care from a participating dentist.

- All 4 Networks offer discounted fees and a No Balance Billing policy.
- You will enjoy the greatest savings when visiting Gold, Blue, or Silver dentists due to even deeper discounts.
- If you choose to receive services from an out-of-network dentist, you will have higher out-of-pocket costs as the Bento contract rates and no balance billing policy applies **only** to Network Dentists.

Bento Members can also take advantage of expanded discounts on all covered services, even after they have used up their benefit dollars, visit limits, and other plan limitations.

OUT-OF-NETWORK COVERAGE

The plans payment for services received from non-participating dentists is based on either the dentist's fee or the maximum fee allowed by the plan for non-participating dentists, whichever is lower. If you utilize the services of a non-participating dentist whose fees are higher than the maximum fee allowed by the plan, you will be responsible for the difference between your plan payment and the dentist's total submitted charges.

REIMBURSEMENT PROCESS FOR NON-PARTICIPATING DENTISTS

- Simply provide your dentist with your Bento Member ID. Your dentist will collect his/her fees directly from you.
- Bento will process the plans reimbursement based on the claim form that you submit at: reimbursements.bento.net
- You are responsible for paying any deductibles or co-payments as well as the difference between what the plan pays and what the dentist charges.

Other Reimbursement Information

- All claims must be submitted within one year.
- Ask your dentist to give an "instant pre-treatment estimate" using Bento to see any out-of-pocket costs for your service.