

[SAMPLE]

Summary Plan Description - [COMPANY NAME]

Dental Plan

The Company's Dental Plan ("Plan") helps you and your family pay for dental care. Under this Plan, you may receive treatment from any dentist in Bento's network. The Plan will reimburse a specified percentage for covered services.

Participating in the Plan

You are eligible to participate in the Plan if you meet the eligibility requirements described in the [Participating in Dental care Benefits](#) section. You have the option to cover your family members who meet the eligibility requirements that are described in the [Participating in Healthcare Benefits](#) section.

Participating in Dental care Benefits

This section explains which employees are eligible to participate in the [COMPANY NAME], inc. (Company) dental care benefits. It also explains which family members are eligible to participate in the dental benefit plans.

Enrollment

To participate in this plan, you must enroll for coverage. You may enroll only:

- within 30 days of the date you become eligible to participate
- during Annual Enrollment
- within 30 days of a qualifying change in family status that makes you eligible to enroll
- within 30 days of losing other coverage that you had relied upon when you waived your opportunity to enroll in this plan.

Enrollment procedures for you and your [eligible family members](#) are described in the [Participating in Dental care Benefits](#) section.

Participation Information for Non-Employees

For the dental benefit plans that provide benefits for those who are not current employees (such as Medicare eligible retirees), the eligibility and participation information is generally contained in the section that describes the applicable benefit.

How the Plan Works

This Plan pays benefits for dental services received by you and your covered family members.

If you use a Bento provider, you are responsible for the coinsurance amount on the provider's negotiated fee. The Plan pays the balance directly to a participating Bento provider. For example, if the Plan pays an 80% benefit, your coinsurance amount would be 20% of the Bento provider's negotiated fee.

About the Network

This plan pays benefits at the Bento benefit level up to the Plan's maximum benefit when you receive care from a Bento dentist. The Plan pays a Bento dentist directly.

How does the network operate?

You can choose any dentist you wish, but if you use a dentist in Bento's network, your costs are generally lower.

If you use a Bento provider, you are responsible for the coinsurance amount on the provider's negotiated fee. The Plan pays the balance directly to a participating Bento provider. For example, if the Plan pays an 80% benefit, your coinsurance amount would be 20% of the Bento provider's negotiated fee.

Dentists are neither agents nor employees of the Bento. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change.

How can a dentist join Bento's Network?

If your dentist is not a member of the program, he or she may sign up at dentists.bento.net.

In order to become a member of the program, the dentist must satisfy Bento's credentialing criteria and agree to Bento's fee schedule. Not all dentists who apply are guaranteed admittance to Bento's network.

What happens if I am referred to an out-of-network dentist?

If you start your treatment with a Bento dentist and then are referred to an out-of-network dentist, services of the out-of-network dentist will be reimbursed at the dentist's reasonable and customary rate.

What are the participating dentist's qualifications?

Dentists participating in the Bento Network undergo a credential-checking process by Bento that focuses on practice location, specialty, licensing, utilization, malpractice coverage and history, and emergency care arrangements. Participating dentists are re-credentialed by Bento Dental periodically and are monitored periodically to ensure proper utilization patterns.

Where can I get a list of dentists and specialists in the network?

To view the provider network, open your Bento app and search the map. If your dentist is not included, simply hit "I want to use this dentist." and the Bento Network Development team goes to work.

Does the Plan cover dental services or treatment outside the United States?

No, the Plan does not reimburse dental services and treatment you receive outside the United States.

Deductible

The annual deductible is \$50 per member per year. Preventive and diagnostic services; however, are covered at 100% of the Bento negotiated rate with no deductible.

Can I carry over any dental expenses from one year to the next to meet my deductible?

No, expenses that apply toward your deductible in one calendar year can't be applied toward the next calendar year deductible.

What expenses are covered without my having to meet the deductible?

The following expenses are covered without your first having to meet the annual deductible:

- Preventive and diagnostic services
- Orthodontia services (covered under the Plus plans only)

What expenses are not applied to the deductible?

The following services do not apply toward the deductible:

- Services not covered by the Plan
- Expenses in excess of reasonable and customary charges.

Treatment Started Before Coverage Begins

Does the Plan pay for treatment started before my coverage starts?

No. The Plan doesn't pay for any treatment performed before you or your covered family member was covered by the Plan.

Treatment Started Before Coverage Ends

Does the Plan continue to pay for orthodontia treatment in progress after my coverage ends?

No, the Plan won't continue to pay for treatment in progress after your coverage ends. However, you can elect to continue coverage through COBRA.

Does the Plan continue to pay for any other treatments in progress after my coverage ends?

No, the Plan won't continue to pay for treatment in progress after your coverage ends. However, you can elect to continue coverage through COBRA.

When is the expense for my denture, fixed bridgework, crownwork or root canal therapy incurred?

For the following procedures, the expense is incurred and the procedure is considered started when:

- the denture or fixed bridgework impression is taken,
- the crownwork preparation of the tooth is begun, or
- the root canal therapy work on the tooth is begun.

What's Covered

The following table summarizes the benefits the Plan pays for certain services. Participants can either use a [Bento](#) or an out-of-network provider.

For more detailed information on covered services, including information on co-payment amounts, please refer to "[Covered Benefits and CDT Codes](#)."

Below is an example of a Description of Covered Services. Depending on which plan [COMPANY NAME], inc. has chosen, coverage rates may differ.



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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[SAMPLE] 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.

A more detailed list of covered services with general information is provided below.

Anesthetics

Does the Plan cover anesthetics?

The Plan covers:

- separate charges for medically necessary general anesthetics with oral and periodontal surgery
- charges for local anesthetics included in the allowances for treatments requiring local anesthesia.

What are the anesthetics exclusions?

The Plan does not cover:

- separate charges for analgesia
- separate charges for local anesthetics.

Cleanings and Oral Examinations

Does the Plan cover oral examinations and cleanings?

The Plan covers oral examinations and cleanings twice per calendar year.

Crowns

Does the Plan cover crowns?

The Plan covers:

- crowns and gold fillings only if a tooth, broken down by decay or injury, cannot be reconstructed by any other filling material
- replacement crowns and gold fillings.

The Plan has a crown time limit. Replacement crowns will be covered only if the existing crown was installed at least 60 months before its replacement.

What are the crown exclusions?

The Plan does not cover:

- facing or veneers on molar teeth. Full cast or amalgam restorations are covered
- reimbursement for a temporary and a permanent crown is limited to the permanent crown charge.

Drugs

Does the Plan cover drugs?

The Plan only covers therapeutic drug injections. Any prescriptions you may receive from your dentist generally would be covered under the rules of your medical plan's prescription plan.

What are the Plan's drug exclusions?

The Plan only covers therapeutic drug injections.

Depending on which plan [COMPANY NAME], inc. has chosen, coverage rates may differ.

Emergency Treatment

Does the Plan cover emergency treatment?

The Plan covers emergency care to relieve pain when no other dental treatment is rendered. If any other treatment, except X-rays, is given, the benefit is based on that treatment.

Depending on which plan [COMPANY NAME], inc. has chosen, coverage rates may differ.

Endodontic Treatment (Root Canals)**Does the Plan cover endodontics?**

The Plan covers root canal therapy and other endodontics treatments.

What are the endodontics exclusions?

There are no specific endodontic exclusions.

Fillings**Does the Plan cover fillings?**

The Plan covers silver (amalgam), porcelain, resin/composite and plastic fillings to restore the structure of teeth broken down by decay or injury.

Fluoride Applications**Does the Plan cover fluoride applications?**

The Plan covers fluoride applications once per calendar year for children under age 14.

What are the fluoride applications exclusions?

The Plan does not cover fluoride treatment for individuals age 14 or above.

Oral Surgery and Extractions**Does the Plan cover oral surgery and extractions?**

The Plan covers all extractions and other oral surgery.

What are the oral surgery and extractions exclusions?

The Plan does not cover:

- oral surgery postoperative care
- oral surgery treatment of fractures and dislocations

Orthodontia

Does the Plan cover orthodontia?

The Plus option covers orthodontia; there is no coverage for orthodontia under the Standard or Essential plans.

The Plus option covers the following orthodontia services:

- diagnostic procedures
- appliance therapy
- functional/myofunctional therapy to correct position of teeth.

The Plus option covers orthodontia for employees and covered family members.

If you use a Bento dentist with the Plus option, the Plan pays 50% of the provider's negotiated fee, up to a \$1,000 lifetime maximum benefit. With the Plus option, the Plan pays 20% of the orthodontia lifetime maximum after the first visit, with the remainder paid in equal quarterly installments over the duration of the treatment program, up to a 24-month payment period. For orthodontia services, fees are negotiated periodically.

If you use an out-of-network dentist with the Plus option, the Plan pays 50% of reasonable and customary charges for orthodontia services up to a \$1,000 lifetime maximum benefit. With the Plus option, the Plan pays 20% of the orthodontia lifetime maximum after the first visit, with the remainder paid in equal quarterly installments over the duration of the treatment program, up to a 24-month payment period. For orthodontia services, fees are negotiated periodically. Orthodontia services are not subject to a deductible.

Depending on which plan [COMPANY NAME], inc. has chosen, coverage rates may differ.

What are the orthodontia exclusions?

The Standard option provides no coverage for orthodontia.

The Plus option doesn't cover:

- charges for continuation of orthodontic treatment that began before the employee or family member was covered by the Plan
- repair or replacement of an orthodontic appliance.

Periodontics and Periodontal Cleanings

Does the Plan cover periodontics?

The Plan covers periodontics, including periodontal surgery, to treat the gum and supporting tissues.

Are periodontal cleanings covered by the Plan?

Yes, the Plan covers four periodontal cleanings per calendar year (or two periodontal cleanings combined with two regular cleanings) provided one or more of the following periodontal treatments has been performed in two or more quadrants:

- scaling
- root planing
- osseous surgery.

What are the periodontics exclusions?

There are no specific periodontic exclusions.

Prosthodontics

Does the Plan cover dentures and bridgework?

The Plan covers:

- dentures or bridges to replace existing appliances, even if the teeth were extracted before coverage began
- if the appliances are more than 60 months old and cannot be made serviceable
- full or partial dentures and fixed or partial removable bridgework to replace missing natural teeth
- replacing or repairing damaged dentures and adding teeth to existing dentures.

What are the denture and bridgework exclusions?

The Plan does not cover:

- adjustments to dentures more than six months after installation
- specialized techniques, precision attachments, personalization or characterization of dentures
- reimbursement for a temporary and a permanent denture is limited to the permanent denture charge.

Does the Plan cover sealants?

The Plan covers sealants once every 60 months for children under age 19, on previously unrestored, decay free permanent molars.

Space Maintainers

Does the Plan cover space maintainers?

The Plan covers fixed, unilateral and removable bilateral space maintainers required for maintenance of space resulting from the premature loss of deciduous (baby) teeth.

What are the space maintainer exclusions?

There are no exclusions.

X-rays and Pathology

Does the Plan cover X-rays?

The Plan covers:

- bitewing X-rays twice per calendar year
- full-mouth X-rays, including panoramic X-rays, once every 36 months, as part of a general examination

What are the X-ray exclusions?

Frequency limitations apply to these services.

Alternative Benefits

There are often several ways to treat a particular dental problem. To determine the benefits the Plan will pay, consideration is given to alternative procedures that will produce a satisfactory result. The Plan will provide benefits based on a less costly procedure if the results meet accepted standards of dental practices. The patient may choose the more costly procedures, but the patient will be responsible for the difference in charge.

Covered Benefits and CDT Codes

Depending on which plan [COMPANY NAME], inc. has chosen, coverage rates may differ.

PDS: Preventative and Diagnostic Services – 100% Covered

BRS: Basic Restorative Services – 80% Covered

MRS: Major Restorative Services – 50% Covered

Diagnostic

ADA Code	Description	
Clinical Oral Examinations		
120	Periodic oral evaluation—twice per 12 months	100%
140	Limited oral evaluation—once per 12 months	100%
150	Comprehensive oral evaluation—once per 60 months	100%
160	Detailed & extensive oral evaluation—once per 12 months	100%
170	Re-evaluation-limited, problem—once per 12 months	80%
180	Comprehensive periodontal evaluation—once per 60 months	80%
Radiographs		
210	Intraoral-complete series (including bitewings)—once per 60 months	100%
220	Intraoral periapical— first film— once per 12 months	100%
230	Intraoral periapical—each additional film— once per 12 months	100%
274	Bitewings— four films— once per 24 months	100%
330	Panoramic film—once per 60 months	100%

Preventive Services

ADA Code	Description	
Dental Prophylaxis		
1110	Prophylaxis-adult— twice per calendar year	100%
1120	Prophylaxis-child— twice per calendar year	100%
1206	Topical application of fluoride (including varnish)—once per calendar year to age 14	100%
1208	Topical application of fluoride (excluding varnish)—once per calendar year to age 14	100%
Other Preventive Services		
1351	Sealant-per tooth— non restored permanent 1st and 2nd molars only—once per lifetime, to age 19	100%

Space Maintenance (Passive Appliances)		
1510	Fixed, unilateral type— once per lifetime, to age 14	80%
1516	Fixed, bilateral type, maxillary— once per lifetime, to age 14	80%
1517	Fixed, bilateral type, mandibular— once per lifetime, to age 14	80%
1520	Removable, unilateral type— once per lifetime, to age 14	80%
1526	Removable, bilateral type— once per lifetime, to age 14	80%
1527	Removable, bilateral type— once per lifetime, to age 14	80%
Other Periodontal Services		
4910	Periodontal maintenance procedure following active therapy where treatment including scaling, root planing, and osseous surgery have been performed— twice per 12 months	100%
Unclassified Treatment		
9110	Palliative (emergency) treatment of dental pain, minor procedures— no limit	80%

Restorative

ADA Code	Description	
Amalgam Restorations		
2140	Amalgam—one surface, permanent— once per 24 months	80%
2150	Amalgam—two surfaces, permanent— once per 24 months	80%
2160	Amalgam—three surfaces, permanent— once per 24 months	80%
2161	Amalgam—four or more surfaces, permanent— once per 24 months	80%
Resin Restorations		
2330	Composite—one surface, anterior— once per 24 months	80%
2331	Composite—two surfaces, anterior— once per 24 months	80%
2332	Composite—three surfaces, anterior— once per 24 months	80%
2335	Composite—four or more surfaces, anterior— once per 24 months	80%
2390	Crown, White Composite— once per 24 months	80%
2391	Resin Composite—one surface, posterior— once per 24 months	80%
2392	Resin Composite—two surfaces, posterior— once per 24 months	80%
2393	Resin Composite—three surfaces, posterior— once per 24 months	80%
2394	Resin Composite—four or more surfaces, posterior— once per 24 months	80%
Inlay Restorations		

2650	Inlay, Resin-based Composite—one surface—once per 84 months	50%
2651	Inlay, Resin-based Composite—two surfaces—once per 84 months	50%
2652	Inlay, Resin-based Composite—three or more surfaces—once per 84 months	50%
2662	Onlay, Resin-based Composite—two surfaces—once per 84 months	50%
2663	Onlay, Resin-based Composite—three surfaces—once per 84 months	50%
2664	Onlay, Resin-based Composite—four or more surfaces— once per 84 months	50%
Crowns-Single Restorations Only		
2710	Resin— once per 60 months	50%
2712	3/4 Resin-based composite— once per 60 months	50%
2720	Resin - High Noble Metal— once per 60 months	50%
2721	Resin - Base Metal— once per 60 months	50%
2722	Resin - Noble Metal— once per 60 months	50%
2740	Porcelain/ceramic substrate—once per 60 months	50%
2750	Porcelain fused to high noble metal—once per 60 months	50%
2751	Porcelain fused to predominantly base metal—once per 60 months	50%
2752	Porcelain fused to noble metal—once per 60 months	50%
Other Restorative Services		
2910	Inlay, Onlay, Veneer - Re-cement/Re-bond— once per lifetime	80%
2920	Crown - Re-cement— once per lifetime	80%
2930	Prefabricated stainless steel crown, primary tooth— once per lifetime, to age 16	80%
2931	Crown - Stainless Steel - Permanent— once per 24 months, to age 19	80%
2940	Protective restoration— once per lifetime	80%
2950	Core buildup, including any pins— once per 60 months	80%
2952	Cast post and core— once per 84 months	50%
2954	Prefabricated post and core— once per 84 months	50%
2980	Crown Repair—once per 60 months	80%
2981	Inlay Repair—once per 60 months	80%
2982	Only Repair—once per 60 months	80%
2983	Veneer Repair—once per 60 months	80%

Endodontics

ADA Code	Description	
Pulp Capping		
3110	Pulp cap—direct— no limit	80%
3120	Pulp cap—indirect— no limit	80%
Pulpotomy		
3220	Therapeutic pulpotomy— once per lifetime	80%
Root Canal Therapy (including treatment plan, clinical procedures, and follow-up care)		
3310	Anterior— once per lifetime	80%
3320	Bicuspid— once per lifetime	80%
3330	Molar— once per lifetime	80%
Periapical Services		
3410	Apicoectomy anterior— no limit	80%
3421	Apicoectomy bicuspid (1st root)— no limit	80%
3425	Apicoectomy molar (1st root)— no limit	80%
3426	Apicoectomy (each additional root)— no limit	80%
Other Endontic Services		
3346	Endo Retreatment - Anterior— once per 24 months	80%
3347	Endo Retreatment - Pre-molar— once per 24 months	80%
3348	Endo Retreatment - Molar— once per 24 months	80%

Periodontics

ADA Code	Description	
Surgical and Non-Surgical Services		
4210	Gingivectomy, four or more teeth— once per 36 months	80%
4211	Gingivectomy , one to three teeth—once per 36 months	80%
4212	Gingivectomy, for restorative procedure—once per 36 months	80%
4249	Clinical crown lengthening, hard tissue—once per 36 months	80%
4260	Osseous surgery, four or more teeth—once per 36 months	80%
4261	Osseous surgery, one to three teeth—once per 36 months	80%
4263	Bone replacement graft, first site—once per 36 months	80%

4264	Bone replacement graft, additional site—once per 36 months	80%
Adjunctive Periodontal Services		
4341	Scaling/ root planing, four or more teeth—once per 24 months	80%
4342	Scaling/ root planing, one to three teeth—once per 24 months	80%
4355	Full mouth debridement— once per lifetime	80%

Prosthodontics

ADA Code	Description	
Complete Dentures (including routine post-delivery care)		
5110	Complete denture, upper—once per 84 months	50%
5120	Complete denture, lower—once per 84 months	50%
Partial Dentures (including routine post-delivery care)		
5211	Upper partial denture-resin base—once per 84 months	50%
5212	Lower partial denture-resin base—once per 84 months	50%
5213	Upper partial denture-cast metal frame—once per 84 months	50%
5214	Lower partial denture-cast metal frame—once per 84 months	50%
Repairs to Complete Dentures		
5511	Upper Denture - Complete - Repair Base— once per 12 months	80%
5512	Lower Denture - Complete - Repair Base— once per 12 months	80%
5520	Replace missing or broken tooth, complete denture— no limit	80%
5710	Upper Denture - Complete - Rebase— once per 36 months	80%
5711	Lower Denture - Complete - Rebase— once per 36 months	80%
5730	Upper Denture - Complete - Reline Chairside— once per 36 months	80%
5731	Lower Denture - Complete - Reline Chairside— once per 36 months	80%
5750	Upper Denture - Complete - Reline at Lab— once per 36 months	80%
5751	Lower Denture - Complete - Reline at Lab— once per 36 months	80%
Repairs to Partial Dentures		
5640	Replace broken teeth, per tooth— no limit	80%
5720	Upper Denture - Partial - Rebase— once per 36 months	80%
5721	Lower Denture - Partial - Rebase— once per 36 months	80%

5740	Upper Denture - Partial - Reline Chairside— once per 36 months	80%
5741	Lower Denture - Partial - Reline Chairside— once per 36 months	80%
5760	Upper Denture - Partial - Reline at Lab— once per 36 months	80%
5761	Lower Denture - Partial - Reline at Lab— once per 36 months	80%

Prosthodontics, Fixed

ADA Code	Description	
Bridge Pontics		
6010	Endosteal Implant— once per 84 months	50%
6092	Implant Crown, Re-cement or Re-bond— once per 12 months	80%
6240	Pontic-porcelain fused to high noble metal—once per 84 months	50%
6241	Pontic-porcelain fused to base metal—once per 84 months	50%
6242	Pontic-porcelain fused to noble metal—once per 84 months	50%
6245	Pontic- Porcelain / Ceramic—once per 84 months	50%
6250	Pontic - Resin with High Noble Metal—once per 84 months	50%
6251	Pontic - Resin with Base Metal—once per 84 months	50%
6252	Pontic - Resin with High Noble Metal—once per 84 months	50%
Bridge Retainers-Crowns		
6750	Crown-porcelain fused to high noble metal—once per 84 months	50%
6751	Crown-porcelain fused to base metal—once per 84 months	50%
6752	Crown-porcelain fused to noble metal—once per 84 months	50%

Oral Surgery

ADA Code	Description	
Extractions (including local anesthesia and routine post-operative care)		
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)— once per lifetime	80%
Surgical Extractions (including local anesthesia and routine post-operative care)		
7210	Surgical removal of erupted tooth— once per lifetime	80%
7220	Removal of impacted tooth-soft tissue— once per lifetime	80%
7230	Removal of impacted tooth-partially bony— once per lifetime	80%
7240	Removal of impacted tooth-completely bony— once per lifetime	80%

7241	Removal of impacted tooth-completely bony with complications— once per lifetime	80%
7250	Surgical removal of residual root (cutting procedure)— once per lifetime	80%
Surgical Incisions		
7510	Removal, lateral exostosis— no limit	80%

What's Not Covered

General Exclusions

What are the general exclusions?

The Plan doesn't cover:

- cosmetic treatment
- replacement for accidental injured teeth
- treatment covered under any other plan sponsored by [COMPANY NAME], inc. (other than through a health care flexible spending account or health savings account)
- treatment furnished in a US government hospital
- treatment performed before the employee or family member was covered by the Plan
- services not performed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist for scaling and polishing of teeth; or fluoride treatments
- treatment required because of teeth grinding (except for occlusal guards)
- replacement of a lost, missing or stolen crown, bridge, or denture
- services or supplies which are covered by any workers' compensation laws or occupational disease laws
- services or supplies, which are, covered by any employers' liability laws
- services or supplies which any employer is required by law to furnish in whole or part
- services or supplies for which no charge would have been made in the absence of dental benefits
- services or supplies which are deemed experimental in terms of generally accepted dental standards
- use of materials or home health aides to prevent decay, such as toothpaste or fluoride gels, other than topical application of fluoride
- instruction for oral care such as hygiene or diet
- charges by the dentist for completing dental forms
- sterilization supplies
- charges for broken appointments
- treatment that would otherwise be free to you.

Diagnostic and Preventive Exclusions

What are the diagnostic and preventive exclusions?

The Plan doesn't cover:

- education or training and supplies used for personal oral hygiene or plaque control and dietary or nutritional counseling
- treatment or appliances to increase vertical dimension (the length of the face determined by the distance of the separation of jaws)
- repair or replacement of sealant within 60 months of initial placement.

Restorative Exclusions

What are the restorative exclusions?

The Plan doesn't cover:

- reimbursement for a temporary and a permanent crown is limited to the permanent crown charge
- adjustments to dentures within six months of installation

- specialized techniques, precision attachments, personalization or characterization of dentures
- reimbursement for a temporary and a permanent denture is limited to the permanent denture charge
- oral surgery postoperative
- oral surgery treatment of fracture and dislocation of a tooth
- orthognathic surgery
- replacement of wisdom teeth
- restorations to restore occlusion (chewing or grinding the surface of bicuspid and molar teeth), unless given in connection with orthodontic treatment
- surgery for Temporomandibular Joint Syndrome (TMJ/TMD)

General Services Exclusions

What are the general services exclusions?

The Plan doesn't cover:

- separate charges for general anesthetics
- separate charges for local anesthetics.

Orthodontic Exclusions

What are the orthodontic exclusions?

The Standard option does not cover any orthodontia services. Under the Plus option, the Plan doesn't cover:

- charges for continuation of orthodontic treatment that began before the employee or family member was covered by the Plan
- repair or replacement of an orthodontic appliance.

Glossary

Bitewing

A bitewing is the dental X-ray showing the crown portions of the upper and lower teeth.

Bridge

A bridge is a strong connecting link between two or more teeth, replacing a missing tooth or teeth. It usually has a gold frame and porcelain that has the shape and color of the missing teeth.

Crown

A crown—also called a cap—is a porcelain or gold tooth cover for a decayed, damaged, brittle or discolored tooth that has a strong base and roots.

Dentures

Dentures are removable, artificial teeth designed to help you chew, restore your bite and improve your appearance.

Eligible Family Members

Child/Dependent Child means:

- your biological child
- a child for whom you or your spouse are the legally appointed guardian with full financial responsibility
- the child of a domestic partner
- your stepchild
- your legally adopted child or a child or child placed with you for adoption.

Note: Any child that meets one of these eligibility requirements and who is incapable of self support by reason of a total physical or mental disability as determined by the Claims Administrator, may be covered beyond the end of the calendar year in which the child attains age 26.

Dependent children are eligible for healthcare coverage until the end of the calendar year in which they attain age 26.

This eligibility provision applies even if your child is married, has access to coverage through his or her employer, doesn't attend school full-time or live with you, and is not your tax dependent.

Note: While married children are eligible for healthcare coverage under your plan until the end of the calendar year in which they attain age 26, this provision does not apply to your child's spouse and/or child(ren), unless you or your spouse is the child's legally appointed guardian with full financial responsibility.

The Company has the right to require documentation to verify the relationship (such as a copy of the court order appointing legal guardianship). Company dental coverage does not cover foster children or other children living with you, including your grandchildren, unless you are their legal guardian with full financial responsibility—that is, you or your spouse claims them as a dependent on your annual tax return.

Endodontic Treatment

Endodontics refers to the care of the pulp chambers and root canals of your natural teeth; it usually involves sterilization and filling.

Fluoride

Fluoride is a natural substance found in minerals that works with your tooth or bone structure to make it stronger and more resistant to acid decay.

Gingivectomy

Gingivectomy refers to the surgical removal of the flaps of gum tissue that create pockets alongside teeth that have periodontal damage. This operation is designed to stop periodontal disease.

Bento

When you receive care from a dentist who has an agreement with your Plan, it is referred to as Bento care. Your costs are generally lower for Bento care than for out-of-network care.

Inlays and Onlays

An inlay is a cast porcelain, composite or gold filling that is used to help restore the side or top area of a tooth. Onlays are similar to inlays but are used to cover the entire chewing surface of a tooth.

Oral Surgery

Oral surgery is surgery of the oral mouth cavity, including teeth and gums. Dental oral surgery typically includes complex extractions and other surgical procedures.

Orthodontia

Orthodontia is the branch of dentistry that specializes in the diagnosis, prevention and treatment of dental and facial irregularities through the use of devices such as removable appliances or fixed braces to remove teeth or adjust underlying bone.

Out-of-Network

When you receive care from a dentist who does not have an agreement with your Plan, your services are considered out-of-network. Your costs are generally lower for Bento care than for out-of-network care.

Periodontics

Periodontics is the treatment of the supporting structure of the tooth—the gum and bone tissue.

Reasonable and Customary Charges

A reasonable and customary (R&C) charge is the lesser of the fee most dentists in an area normally charge for the same type of dental service (as determined by Bento) and your provider's actual charges. It is sometimes called usual, reasonable and customary (URC); or usual, customary and reasonable (UCR) charges.

Root Canal

A root canal is a procedure where the nerve of a heavily decayed tooth is removed from the tooth and replaced with a filling material.

Sealant

A sealant is the protective plastic coating applied over grooves in your teeth to prevent decay.

Space Maintainer

A space maintainer is an appliance children use in their mouths to keep a space until a permanent tooth comes in to fill the space so their remaining teeth don't drift or crowd new teeth.

Splinting

Splinting is connecting teeth with a fixed appliance.

Spouse/Domestic Partner

Adding a spouse or same gender or opposite gender domestic partner to certain benefits coverage is permitted upon employment or during the Annual Enrollment period for coverage effective the following January 1st if you satisfy the plans' criteria, or immediately upon satisfying the plans' criteria if you previously did not qualify. To obtain domestic partner coverage, you will need to agree to the Affidavit of Eligible Family Membership declaring that:

- Spouse / Domestic Partner
 - You have already received a marriage license from a US state or local authority, or registered your domestic partnership with a US state or local authority.
- Spouse Only
 - Although not registered with a US state or local authority, your relationship constitutes a marriage under US state or local law (e.g., common law marriage or a marriage outside the US that is honored under US state or local law).
- Domestic Partner Only
 - Although not registered with a US state or local authority, your relationship constitutes an eligible domestic partnership. To establish that your relationship constitutes an eligible domestic partnership you and your domestic partner must:
 - be at least 18 years old
 - not be legally married, under federal law, to each other or anyone else or part of another domestic partnership during the previous 12 months
 - currently be in an exclusive, committed relationship with each other that has existed for at least 12 months and is intended to be permanent
 - currently reside together, and have resided together for at least the previous 12 months, and intend to do so permanently
 - have agreed to share responsibility for each other's common welfare and basic financial obligations
 -]not be related by blood to a degree of closeness that would prohibit marriage under applicable state law.

[COMPANY NAME], inc. reserves the right to require documentary proof of your domestic partnership or marriage at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying the registration of your domestic partnership with a state or local authority, your cohabitation and/or mutual commitment, or a marriage license that has been approved by a state or local government authority.

Time Limit

Some covered services are reimbursed based on time limits. In these cases, reimbursement is determined by the exact date of the covered service. For example, the Plan reimburses dentures only after 84 months since the dentures were placed. So, if you received dentures on June 16, 2011, you will next be eligible to receive a new set of dentures on or after June 16, 2016. This is true even if new dentures are lost or stolen.

TMJ (Temporomandibular Joint) Syndrome

TMJ/TMD syndrome is a medical or dental problem related to the temporomandibular joint that links the jaw bone and skull.