

Let us make you smile!

Semi-Monthly Payroll Deduction

Employee	\$
Employee + 1 Dependant	\$
Employee + 2 Dependents	\$
Employee + Family	\$

Basic Dental Plan

Annual Benefit

Per Person **\$1,000**

Coinsurance Percentage Per Person

Per Individual Benefit Year

	<u>TYPE I</u>	<u>TYPE II</u>
During the 1 st Year	100%	80%
During the 2nd Year	100%	80%

Deductible

Per individual – Per Year **\$50**

Applies to Type II Services only

TYPE I-PREVENTIVE SERVICES

- Routine Oral Examinations once every 12 months
- Routine Dental Cleanings once every 6 months
- Fluoride once every 12 months (children under age 14)
- Space Maintainers
- Harmful Habit Appliance (children under 16)
- X-rays- bitewings once every 12 months

TYPE II-BASIC SERVICES

- X-rays- full mouth or panorex (one per 60 months)
- Simple restorative services (fillings)
- Simple extractions
- Palliative treatment for dental pain, local anesthesia
- Minor Gum Disease Treatment

ORTHODONTIC SERVICES

- Orthodontics available for children & adults
- From the Dental Source Network of Specialists only
- Covered at 20% - no annual or life time maximum

Limitations and Exclusions

1. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
2. For any expense incurred or procedure begun after the Insured's insurance under this section terminates
3. For appliances, restorations or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat jaw fractures or disturbances of the temporomandibular joint.
4. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
5. For broken appointments or the completion of claim forms.
6. For orthodontia service or for any services associated with orthodontic therapy. ***Note: A 20% discount for orthodontic services is provided to enrollees through the Dental Source Network of Orthodontic Specialists.**
7. For sealants which are:
 - a. not applied to a permanent molar;
 - b. applied before age 6 or after attaining age 16; or
 - c. reapplied to a molar within three years from the date of a previous sealant application.
8. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.
9. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under any Workers Compensation act or similar laws.
10. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
11. For services which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
12. Because of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
13. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
14. For any services related to: equilibration, bite registration or bite analysis.
15. For charges for myofunctional therapy, orthognathic surgery or athletic mouth guards.
16. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
17. Services or supplies provided by a family member or a member of the Insured's household.

Predetermination of Benefits: As a service to protect the Insured, predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps Insured's better understand their coverage. The Insured should submit the treatment plan for review and predetermination of benefits before the service begins.

Cancellation

Cancellation by the group may occur as follows:

1. On any Premium Due Date upon at least 31 days prior notice.

Terminations

Termination of the contract by Dental Source of Missouri & Kansas, Inc. may occur as follows:

1. On the premium Due Date upon at least 31 days prior notice.
2. For failure of the group to pay the required group premium according to policy provisions

Eligibility

Full-time employees (20 hrs or more per week), Spouse and unmarried, Dependent children up to age 25.

Late Entrants

If you elect coverage more than 31 days after your Eligibility Date, your effective date will be delayed to the next plan Anniversary Date (January 1).

Note: This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. See your certificate for details.