

Let us make you smile!

Semi-Monthly Payroll Deduction

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

Premium Dental Plan

Annual Benefit

Per Person **\$1,000**

Coinsurance Percentage Per Person
Per Individual Benefit Year

	TYPE I	TYPE II	TYPE III
During the 1 st Year	100%	80%	10%
During the 2nd Year	100%	80%	25%
During the 3rd Year			
And thereafter	100%	80%	50%

Deductible

Per individual – Per Year \$50

Applies to Type II & III Services only

If you were covered by UDC of Missouri, Dental Source, Compdent, or Fortis in 2005, your benefits will begin at the 3rd year policy level: 100%-80%-50%. **You must check Transferred Insured on your enrollment Form.**

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
- X-rays- bitewings once every 12 months
- Harmful Habit Appliance (children under 16)

TYPE II-BASIC SERVICES

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

TYPE III-MAJOR SERVICES

- Endodontics (root canal therapy)
- Minor & Major gum disease treatment
- Periodontics
- Prosthetics (bridges, dentures)
- Major restorative services (crowns and inlays)
- Space maintainers
- Oral Surgery (other than simple extractions)
- Denture relines
- General anesthesia (for services dentally necessary)

TYPE IV-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 major services in the first 12 months that the Insured is covered, except as may be provided in the Takeover Benefits provision.
2. For any treatment, which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
4. For initial or additional placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage.
5. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
6. For any expense incurred or procedure begun after the Insured's insurance under this section terminates.
7. To duplicate appliances or replace lost or stolen appliances.
8. For appliances, restorations or procedures to:
 - a. alter vertical dimension; b. restore or maintain occlusion;
 - c. treat jaw fractures or disturbances of the TMJ.
9. 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.**
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
11. For broken appointments or the completion of claim forms.
12. For sealants which are:
 - a. not applied to a permanent molar;
 - b. applied before age 6 or after attaining age 15; or
 - c. reapplied to a molar within three years from the date of a previous sealant application.
13. Procedure numbers 4220 and 4341
14. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.
15. Benefits eligible under any Workers Compensation act or similar laws.
16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
17. For services which are not recommended by a dentist
18. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
19. For any services related to: equilibration, bite registration or bite analysis.
20. For crowns for the purpose of periodontal splinting.
21. For charges for: any implants; overdentures; precision or semi-precision attachments and associated endodontic treatment; other customized attachments; or specialized prosthodontic techniques or characterizations.
22. For charges for myofunctional therapy, orthognathic surgery or athletic mouth guards.
23. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
24. 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 & Terminations

Cancellation by the group may occur as follows:

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

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.