

DESCRIPTION OF BENEFITS AND COPAYMENTS

PLAN CA100

These services are performed as needed and deemed necessary by your attending PMI Panel Dentist subject to the Exclusions, Limitations and Governing Administrative Policies of the plan.

VISITS AND DIAGNOSTIC	ENROLLEE PAYS
Oral examination/Office visit .....	No Cost
Emergency treatment, palliative.....	No Cost
Specialist consultation.....	No Cost
Vitality tests .....	No Cost

PROPHYLAXIS AND FLUORIDE TREATMENTS

Prophylaxis - 2 treatments per any 12 month period .....	No Cost
Topical Fluoride - to age 18 only .....	No Cost
Sealant - to age 18 only - per tooth .....	No Cost

ROENTGENOLOGY

Full mouth x-rays or Panorex - every two years .....	No Cost
Single x-ray .....	No Cost
Each additional x-ray - up to and including 13 films.....	No Cost
Bite-wing x-rays - not more than 1 series of 4 films in any six month period No Cost	
Intra-oral, occlusal view, maxillary or mandibular .....	No Cost

ORAL SURGERY

Extractions (uncomplicated) - local anesthetic .....	No Cost
Surgical extractions .....	No Cost
Post operative visits (sutures) .....	No Cost

Impacted teeth:

Removal of tooth (soft tissue).....	No Cost
Removal of tooth (partially bony).....	\$ 15.00
Removal of tooth (completely bony).....	\$ 15.00

Biopsy of oral tissues .....	No Cost
Alveolectomy edentulous, per quadrant.....	No Cost
Alveolectomy and ridge extension, per arch .....	No Cost
Cysts and Neoplasms .....	No Cost
Palatal torus .....	No Cost
Mandibular torus .....	No Cost
Frenectomy.....	No Cost
Local anesthetics.....	No Cost

## PERIODONTICS

Emergency treatment (periodontal abscess, acute periodontitis, etc.)	No Cost
Subgingival curettage, root planing, per quadrant.....	No Cost
Gingivectomy, per quadrant .....	No Cost
Gingivectomy, per tooth (if fewer than 6 teeth).....	No Cost
Osseous or muco-gingival surgery, per quadrant .....	\$150.00

## ENDODONTICS

Pulp capping.....	No Cost
Pulpotomy .....	No Cost
Vital pulpotomy .....	No Cost
Temporary filling with CaOH .....	No Cost
Culture canal .....	No Cost
Single root canal .....	\$ 20.00
Bi-root canal .....	\$ 40.00
Tri-root canal.....	\$ 60.00
Root amputation .....	No Cost

## RESTORATIVE DENTISTRY

Pin build-up under filling.....	No Cost
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### Amalgam Restorations Primary Teeth:

Cavities involving one tooth surface .....	No Cost
Cavities involving two tooth surfaces.....	No Cost
Cavities involving three or more tooth surfaces .....	No Cost

### Amalgam Restorations Permanent Teeth:

Cavities involving one tooth surface .....	No Cost
Cavities involving two tooth surfaces.....	No Cost
Cavities involving three or more tooth surfaces .....	No Cost

### Silicate, Acrylic, Plastic Restorations:

Silicate cement filling.....	No Cost
Acrylic or plastic filling .....	No Cost

### Crowns:

Acrylic .....	No Cost
Acrylic with metal.....	No Cost
Dowel pin .....	No Cost
Pin build-up.....	No Cost
Porcelain .....	\$ 50.00
Porcelain with metal.....	\$ 50.00
Full metal crown* .....	\$ 50.00
Gold onlay or 3/4 crown* .....	\$ 50.00
Stainless steel (primary) .....	No Cost
Stainless steel (permanent) .....	No Cost

Removable acrylic space maintainer .....	No Cost
Fixed Spacer, band type .....	No Cost

PROSTHETICS

Pontics:

Tru-pontic type .....	\$ 50.00
Porcelain to metal .....	\$ 50.00
Plastic processed to gold* .....	No Cost

Dentures:

Maxillary denture .....	\$ 65.00
Mandibular denture .....	\$ 65.00
Partial upper/lower (each) .....	\$ 65.00
Stress breakers, per unit .....	No Cost
Teeth and clasps, per unit .....	No Cost
Denture and partial adjustments .....	No Cost
Denture and partial repairs .....	No Cost
Denture duplication .....	\$ 20.00
Office reline .....	No Cost
Laboratory reline .....	\$ 15.00
Tissue conditioning, 2 per denture .....	No Cost

Recementation:

Inlay .....	No Cost
Crown .....	No Cost
Bridge .....	No Cost

ORTHODONTICS (excluding start-up fees)

\$1000.00	
Maximum start-up fee .....	\$ 250.00

OTHER

Failure to cancel appointment (24 hour prior notification) .....	\$ 5.00
Emergency visit after normal visiting hours .....	No Cost

\* Plus actual lab cost of precious metals.

## SCHEDULE B

### LIMITATION OF BENEFITS

The benefits, as outlined, are subject to the following limitations:

1. Prophylaxis is limited to two treatments in any 12 consecutive months.
2. Full upper and/or lower dentures are not to exceed one each in any three year period. Replacement will be provided for an existing denture or bridge only if it is unsatisfactory and cannot be made satisfactory.
3. Partial dentures are not to be replaced within any three year period unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
4. Denture relines limited to one during any 12 consecutive months.
5. Periodontal treatments limited to five during any 12 consecutive months.
6. Bite-wing x-rays limited to not more than one series of four films in any six month period.
7. Full mouth x-rays limited to one set every 24 consecutive months.

## EXCLUSION OF BENEFITS

1. Cosmetic dental care.
2. General anesthesia and the services of a special anesthesiologist.
3. Dental conditions arising out of and due to the enrollee's employment or for which Workers' Compensation is payable. Services which are provided to the enrollee by State government or agency thereof, are provided without cost to the enrollee by any municipality, county or other subdivision.
4. Treatment required by reason of war.
5. Hospital charges of any kind.
6. Major surgery of fractures and dislocations.
7. Loss or theft of dentures or bridgework.
8. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage.
9. Any service that is not specifically listed as a covered expense.
10. Congenital malformations.
11. Malignancies.
12. Dispensing of drugs not normally supplied in a dental office.
13. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limitations of the enrollee.
14. Temporomandibular Joint (T.M.J.)

## ORTHODONTIC LIMITATIONS

The Plan provides coverage for orthodontic treatment plans provided through PMI panel orthodontists. The maximum cost to the enrollee for each treatment plan is \$1,000.00 plus start-up costs and subject to the following:

- A. Orthodontic treatment is available to all enrollees.
- B. Orthodontic treatment must be provided by a member of the PMI orthodontic panel.
- C. Plan benefits cover 24 months of usual and customary orthodontic treatment.
- D. Should the enrollee be terminated for whatever reason and at the time of termination be receiving orthodontic treatment, the enrollee and not PMI will be responsible for payment of balance due for treatment performed after termination. The enrollee's payments shall be based on the maximum fee of \$1,000.00 and be pro-rated over the number of months to completion of the treatment and be payable on such terms and conditions as are arranged between the enrollee and the orthodontist. In no event shall the enrollee be liable for more than the sum of \$1,000.00 for the treatment plan (does not include start-up fee).
- E. Start-up fee shall consist of the initial examination, diagnosis, consultation and the retention phase of treatment of up to two years maximum. This includes initial construction, placement and adjustments to retainers for a maximum period of two years. This amount is \$250.00 and is subject to review and change on an annual basis.
- F. If treatment is not required or the enrollee chooses not to start treatment after the diagnosis and consultation has been completed by the provider, the enrollee will be charged a consultation fee of \$25.00 in addition to diagnostic record fees.
- G. The European method of orthodontia -- activator appliances used in conjunction with eventual banding -- is to be considered as full treatment.
- H. Should the contract be terminated by either party due to the breach or nonrenewal at the end of any applicable term, the provision of paragraph D above shall apply with respect to enrollee being treated for orthodontic work which is not completed at the date of termination.

## ORTHODONTIC EXCLUSIONS

1. Cephalometric x-rays;
2. Tracings and photographs;
3. Study Models;
4. Lost or broken orthodontic appliances;
5. Retreatment of orthodontic cases;
6. Changes in treatment necessitated by accident of any kind;
7. Surgical procedures (including extraction of teeth solely for the purpose of orthodontics) incidental to orthodontic treatment;
8. Myofunctional therapy;
9. Surgical procedures related to cleft palate, micrognathia or macrognathia;
10. Treatment related to temporomandibular joint disturbances and/or hormonal imbalance;
11. Any dental procedures considered within the field of general dentistry such as fillings or extractions;
12. Malocclusions which are so severe or mutilated so as not to be amenable to ideal orthodontic therapy;
13. Treatment that extends 24 months beyond the point of full permanent dentition will be subject to an office visit charge.

## SCHEDULE C

### GOVERNING ADMINISTRATIVE POLICIES

Unlike medical care where the diagnosis dictates more specifically the method of treatment to be rendered, in dental care, the dentist and patient frequently consider possible special optional treatment plans.

The following guidelines are an integral part of the dental plan and are consistent with the principles of accepted dental practice and the continued maintenance of good dental health.

In all cases in which the patient selects a more expensive plan of treatment than is customarily provided, the more expensive treatment is considered optional. The patient must pay the difference in cost between the dentist's usual fees for the two plans of treatment plus any copayment for covered procedures.

#### A. PARTIAL DENTURES

If a cast chrome or acrylic denture will restore the case, the PMI dentist will apply the applicable percentage of the cost of such procedure toward a more complicated precision appliance which the patient and dentist may choose to use. The patient must bear the difference in cost plus any applicable copayment.

A removable partial denture is considered an adequate restoration of a case when teeth are missing on both sides of the dental arch. If the patient selects another course of treatment, the patient is responsible for the difference in cost between the optional treatment and a partial denture, plus any applicable copayment.

Removable partial dentures which involve only one side of the upper or lower dental arch are generally not considered to satisfactorily restore a case.

#### B. COMPLETE DENTURES

If, in the construction of a denture, the patient and the PMI dentist decide on personalized restorations or employ specialized techniques as opposed to standard procedures, the PMI dentist will apply the applicable percentage of the cost for the standard denture toward such treatment and the patient must bear the difference in cost, plus any applicable copayment.

The patient is entitled to a new upper or lower denture only if the existing denture cannot be made satisfactory by either relining or repair. Full upper and/or lower dentures are not to exceed one each in any

36 consecutive months from the date they were first made under the Plan.

#### C. FILLINGS AND CROWNS

Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. For example, the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.

Veneers, posterior to the second bicuspid, are considered purely cosmetic dentistry. An allowance will be made for a cast full crown. If performed, the patient must pay the additional fee, plus any applicable copayment.

The Plan provides amalgam, synthetic or plastic restorations for treatment of caries. If the tooth can be restored with such materials, any other restoration such as a crown or jacket is considered optional, and if performed, the patient must pay the additional fee, plus any applicable copayment.

Composite resin or acrylic restorations in posterior teeth are optional. An allowance will be made for amalgam restorations. If performed, the patient must pay the additional fee, plus any applicable copayment.

Porcelain crowns, porcelain fused to metal or plastic processed to metal type crowns are not a benefit for children under 12 years of age. An allowance will be made for an acrylic crown. If performed, the patient must pay the additional fee, plus any applicable copayment.

A crown placed on a specific tooth is allowable only once in a three year period except when the crown is no longer functional as determined by the dentist.

#### D. FIXED BRIDGES

A fixed bridge is considered standard dental treatment when it is necessary to replace a missing permanent anterior tooth in a person 16 years old or older. Such treatment will be covered if the patient's oral health and general dental condition permits.

Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered optional dental treatment. The patient is responsible for the difference in cost between the fixed bridge and a partial denture, plus any applicable copayment.

Fixed bridges are not a benefit when provided in connection with a partial denture on the same arch. If provided, the patient must pay any additional fee, plus any applicable copayment.

Fixed bridges are not a benefit for patients under the age of 16. A fixed bridge under these circumstances is considered optional dental treatment. If performed, the patient must pay the difference in cost between the fixed bridge and a space maintainer, plus any applicable copayment.

#### E. RECONSTRUCTION

The Plan provides coverage for procedures necessary to eliminate oral disease and to replace missing teeth. Appliances or restorations necessary to increase vertical dimension or restore the occlusion are considered optional and if performed, the patient must pay the additional fee, plus any applicable copayment. These include replacing or stabilizing tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).

#### F. SPECIALIZED TECHNIQUES

Precious metal for removable appliances, precision abutments for partials or bridges (overlays, implants, and appliances associated therewith), personalization and characterization, all are considered optional treatment. If performed, the patient must pay the additional fee.

#### G. IMPLANTS

If implants are utilized, the PMI dentist will apply the cost of a standard full or partial denture toward the cost of implants and appliances constructed thereon, and if performed, the patient must pay the difference, plus any applicable copayment. The Plan does not cover the surgical removal of implants.

#### H. PREVENTIVE CONTROL PROGRAMS

Preventive control programs including oral hygiene instructions and dietary instructions are not covered benefits and are considered optional benefits. If performed, the patient must pay the additional fee.

#### I. STAYPLATES

Stayplates are only a benefit to replace extracted anterior teeth for adults during a healing period and as anterior space maintainers for

children.

J. PEDODONTIC REFERRAL

Children under six years of age, who are unable to be treated by their panel provider, may be referred to a pedodontist. The enrollee will be responsible for a copayment equal to 50% of the specialist's fee. PMI will pay the balance.