

**CLASS I COVERED SERVICES – PREVENTIVE**

<b>Routine Exams</b>	Two per 12-month period.
<b>Cleaning – Prophylaxis</b> (includes scaling) <b>or Periodontal Prophylaxis</b> (following active periodontal therapy)	Two per 12-month period.
<b>Fluoride Application</b> (a separate fluoride treatment topically applied in a dental office)	One per 12-month period.
<b>Bitewing X-rays</b>	Limited to 4 x-rays per 12-month period.
<b>Palliative Treatment</b>	Emergency treatment for relief of pain. Payable on a per-visit basis. If a definitive dental procedure is done as the “emergency treatment”, benefits will not be payable as “palliative” but will be considered on the basis of the dental service actually provided.
<b>Sealants</b>	Once per tooth, lifetime.
<b>Space Maintainers</b> (passive appliance)	To age 18 to maintain space due to premature loss of posterior primary teeth. Maximum of one maintainer in the same given space/area.

**CLASS II COVERED SERVICES – BASIC RESTORATIVE**

<b>X-rays</b>	<ul style="list-style-type: none"> <li>• Full Mouth X-ray or Panorex – One per 5-year period.</li> <li>• Individual Periapical X-rays – When necessary and customarily required.</li> </ul>
<b>Fillings</b> (restorations and gold fillings not included)	<ul style="list-style-type: none"> <li>• Amalgam restorations – when necessitated for replacement of tooth structure lost by existing decay and/or fracture.</li> <li>• Composite resin restorations – when necessitated on anterior teeth or the buccal (facial) surface of posterior teeth for replacement of tooth structure lost by existing decay and/or fracture.</li> </ul>
<b>Diagnostic Casts</b>	When done for evaluation in cases involving multiple missing teeth and a need for a removable partial denture or a fixed bridge. One per 36-month period by the same dentist/office.
<b>Endodontics</b>	<ul style="list-style-type: none"> <li>• Root canal therapy</li> <li>• Apicoectomy</li> </ul>

**CLASS III COVERED SERVICES – MAJOR RESTORATIVE**

<b>Crowns</b> (Includes resin crowns, porcelain crowns and labial veneers, cast onlays, cast crowns and porcelain/metal crowns)	<p>One per tooth in a 5-year</p> <ul style="list-style-type: none"> <li>• Initial placement and replacement of an existing crown, onlay or veneer</li> <li>• Crown buildup to replace significant loss of tooth structure</li> <li>• Crown repair</li> <li>• Crown, inlay, onlay, and veneer recementation.</li> </ul>
<b>Bridges</b> (Fixed prosthetic appliances)	<p>One substructure (i.e., crown buildup, cast post) per tooth in a 5-year period</p> <ul style="list-style-type: none"> <li>• Initial installation to replace missing tooth/teeth</li> <li>• Replacement of an existing bridge</li> <li>• Crown buildup on a bridge retainer tooth</li> <li>• Cast post or prefabricated post (includes core) to replace significant loss of tooth structure</li> </ul>
<b>Dentures, Full and Partial</b> (Removable prosthetic appliances)	<p>One set of dentures per 5-year period for the same area/arch.</p> <ul style="list-style-type: none"> <li>• Complete upper and complete lower dentures</li> <li>• Immediate upper and immediate lower dentures</li> <li>• Upper and lower partial dentures</li> <li>• Unilateral partial denture</li> <li>• Denture repair</li> </ul>
<b>Oral Surgery, Basic and Complex</b>	<ul style="list-style-type: none"> <li>• Examination by an oral surgeon.</li> <li>• Extraction of erupted teeth and root removal (exposed root)</li> </ul>
<b>Periodontics, Surgical and Non-surgical</b>	<p>Treatment of diseases of the gum and supporting structures of the teeth</p> <ul style="list-style-type: none"> <li>• Examination by a periodontist – A special allowance will be made for one exam per 36 month period. It will be paid at the Class I benefit level and will be exempted from the routine exam.</li> <li>• Periodontal root planing scaling, and gingivectomy</li> </ul>
<b>Emergency Exam</b>	For a condition requiring immediate attention when no definitive treatment is rendered.

## CLASS IV COVERED SERVICES – ORTHODONTICS

### Teeth Straightening

- Services considered to be part of the orthodontic course of treatment such as, but not limited to, the examination, diagnostic casts, diagnostic films, cephalometric x-rays, space maintainers, extractions and other non-skeletal oral surgery procedures.
- Minor treatment for tooth guidance.
- Minor treatment to control harmful habits.
- Initial installation of orthodontic appliances (banding fee).

## Dental Benefit Structures (Effective 7/1/08)

### BASIC PLAN – Included with Medical Coverage

	Deductible	Coinsurance	Maximum
Preventive – Class I	\$15 copay per visit	100%	2 visits per CYM
Basic – Class II	\$100 per family	50% of \$500 per family	Class II, III and IV combined
Major – Class III	\$100 per family	50% of \$500 per family	Class II, III and IV combined
Orthodontics – Class IV	\$100 per family	50% of \$500 per family	Class II, III and IV combined

### BUY UP – Buy-up Option when Included with Medical Plan

	Deductible	Coinsurance	Maximum
Preventive – Class I	\$15 copay per visit	100%	2 visits per CYM
Basic – Class II	\$50 per family	50%	Class II, III and IV combined
Major – Class III	\$50 per family	50%	Class II, III and IV combined
Orthodontics – Class IV	\$50 per family	50%	Class II, III and IV combined
<b>CYM Maximum per Family</b>	Employee – 50% of \$1,000	Employee + One – 50% of \$1,500	Family – 50% of \$2,000

### DENTAL ONLY – Not Participating with Medical Plan

	Deductible	Coinsurance	Maximum
Preventive – Class I	\$15 copay per visit	100%	2 visits per CYM
Basic – Class II	\$100 per family	50%	Class II, III and IV combined
Major – Class III	\$100 per family	50%	Class II, III and IV combined
Orthodontics – Class IV	\$100 per family	50%	Class II, III and IV combined
<b>CYM Maximum per Family</b>	Employee – 50% of \$1,000	Employee + One – 50% of \$1,500	Family – 50% of \$2,000

### PREMIUMS (Effective 7/1/08)

	Employee Only	Employee + One	Family
Basic Dental with Medical	\$ 0.00	\$ 0.00	\$ 0.00
Buy-up Dental with Medical	\$11.16	\$16.12	\$22.18
Dental Only per Family	\$17.50	\$30.00	\$44.00

This summary of benefits contains only a partial description of the dental certificate and policy provisions. All benefits, services and supplies, are subject to the terms and conditions of the certificate and policy as issued by Medical Benefits Mutual Life Insurance Co. In the event of a discrepancy between this summary and the actual policy and certificate documents, the certificate and policy will govern. The complete terms of coverage are set forth in the MedBen Dental certificate of coverage (PDP-CERT-12/91) and policy (MBM-COMP-GM003) issued by Medical Benefits Mutual Life Insurance Co.

Administered by



1975 Tamarack Rd.  
P.O. Box 1009  
Newark, OH 43058-1009  
phone (800) 423-3151  
www.medben.com