**GROUP BENEFIT PAGE**

**Name of Group:** Sergeants Benevolent Association Health and Welfare Fund

**Group Number:** GG-341

**Plan Number:** N/A

**Benefit Period:** Calendar Year

- **Reimbursement Plan** – Covered services can be rendered by any dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Healthplex. Payments by the plan are subject to the following terms:

- **Individual Deductible:** None

- **Family Deductible:** None

**Coinsurance Percentages:**

- **Category I** - Diagnostic Services
- **Category II** - Basic Restorative Services
- **Category III** - Major Restorative Services
- **Category IV** - Orthodontic Services

**EXCLUSIONS AND LIMITATIONS**

Benefits shall not be provided for:

- Hospital administered anesthesia and general anesthesia.
- Any dental procedures which are undertaken primarily for cosmetic reasons.
- Any service or appliance unless required in accordance with accepted standards of dental practice.
- Prosthetic benefits are not covered where sound restorations can be achieved by amalgam or alternative methods.
- Replacements or substitutions of appliances supplied by Plan until three (3) years have elapsed.
- Services or appliances used solely as an adjunct to periodontal care or for some cosmetic purposes.
- Implants and attachments thereof, except approved crowns.
- More than two (2) oral examinations and oral prophylaxis (cleaning, scaling and polishing of teeth) per member per year. (Once every six months)
- Orthodontia - Lost or Broken Appliance

**SCHEDULE OF DENTAL ALLOWANCES**

**Benefit Period:**

**Plan Number:** GG-341

**Individual Deductible:** None

**Family Deductible:** None

**Coinsurance Percentages:**

- **Category I** - Diagnostic Services
- **Category II** - Basic Restorative Services
- **Category III** - Major Restorative Services
- **Category IV** - Orthodontic Services

**REIMBURSEMENT SCHEDULE**

**Diagnostic & Preventive Services**

- **Full Mouth X-rays:** $22.00
- ***Biting Series (1 x every six months):** $12.00
- **Cleaning of Teeth Adult/Child:** $32.00
- **Fluoride Treatment (under age 19):** $13.00
- **Specialty Consultation:** $22.00
- **Emergency Treatment:** $15.00

**Orthodontic Services**

- **Silver Amalgam, One Surface - Primary / Permanent:** $17.00
- **Silver Amalgam, Two Surfaces - Primary / Permanent:** $33.00
- **Silver Amalgam, Three Surfaces - Primary / Permanent:** $39.00
- **Composite Filling, One Surface:** $35.00
- **Composite Filling, Two Surfaces:** $70.00
- **Composite Filling, Three surfaces:** $105.00

**Dental Implants - Fixed, Removable**

- **Acrylic with Metal Pontic:** $250.00
- **Porcelain with Metal Crown:** $325.00
- **Porcelain with Metal Crown:** $377.00
- **Stainless Steel Crown:** $78.00
- **Acrylic with Metal Pontic:** $200.00
- **Porcelain with Metal Pontic:** $250.00
- **Porcelain with Metal Abutment:** $290.00
- **Recessionation, Per Crown / Bridge:** $20.00
- **Full Upper / Lower Denture, inc. adjustments:** $325.00
- **Partially Upper / Lower Denture, cast base:** $350.00
- **Denture Adjustments:** $10.00
- **Replacement of Broken/Missing Teeth:** $30.00

**Orthodontics**

- **Orthodontics**
  - **Lifetime Maximum – 24 months In-Network:** $2910.00
  - **Lifetime Maximum – 24 months Out-of-Network:** $1905.00
  - **$30.00 Annual Maximum**

* - Not all covered services are listed on this schedule. Services not listed will be valued by report.
OUT OF NETWORK PLAN

The member and covered family members may select any licensed dentist anywhere; the amount of payment is the same, regardless of the dentist chosen. You are responsible to your dentist should there be any difference between the reimbursement fee schedule and the dentist’s usual and customary charges.

The Plan does not provide for assignment of benefits to your out of network dentist. Upon completion of your dental work, the reimbursement check will be mailed directly to you.

IN NETWORK PLAN

The member and covered family members may select any participating Healthplex PPO provider. These providers will accept the reimbursement allowances as payment in full.

The Plan provides assignment of benefits to your in network dentist. Upon completion of your dental work, the reimbursement check will be mailed directly to your participating dentist. To find a dentist, log onto www.healthplex.com and follow the simple instructions.

PRE-AUTHORIZATION OF BENEFITS

If a course of treatment can reasonably be expected to involve covered dental expenses of $250 or more, a description of the procedures to be performed and an estimate of the dentist’s charges must be filed with Healthplex before the course of treatment is begun.

If a description of the procedures to be performed and an estimate of the dentist’s charges are not submitted in advance, Healthplex reserves the right to make a determination of benefits payable.

GENERAL LIMITATIONS ON COVERED EXPENSES

The contract requires that if alternate methods of treatment exist, payment will not be made for treatment carrying the greater fee, unless that treatment is the only adequate treatment.

Crowns and/or bridgework will only be allowed when these services are used to restore tooth structure or replace missing teeth as covered by the Group Contract. Crowns on implants will be covered based on the schedule of dental allowances.

Reconstruction: Payment will be made toward the cost of procedures necessary to eliminate oral disease and to replace teeth that have been removed subsequent to the effective date of insurance for the covered person. Appliances or restorations necessary to alter vertical dimension, restore occlusion or splint periodontally involved teeth are considered optional and their cost is not payable as a Covered Dental Expense.

LIMITATIONS ON ORTHODONTICS

Orthodontia - Dependent Children up to age 19. Benefits shall be provided for eligible dependent children consisting of the necessary diagnosis and treatment of class 2 and 3 malocclusions which cause interference with normal functions. Each month of active or passive orthodontic treatment rendered before the commencement of the patient’s coverage by the Contract reduces the maximum number of months of such treatment allowed under the Contract.

The Fund will not pay towards the cost of any orthodontic appliance inserted when the patient was not covered by the Contract.

Payments will be made only for treatment rendered by dentists who have had special training to qualify them to render orthodontic treatment, and only for the covered conditions. To receive benefits the enrollee must have the dental specialist who proposed to perform the service apply to Healthplex for written authorization of the services before orthodontic treatment is started.

DENTAL SERVICES NOT COVERED

Payment will not be made for services rendered by other than the dentist’s fees being charged.

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