

SecureCarePlus©
Dental Plan Benefit Summary

Calendar Year Deductible \$0.00
Calendar Year Non-Orthodontic Individual Benefit: \$1,200.00
Orthodontic Individual Lifetime Benefit: \$1,000.00

Summary of Benefits

This summary is for information purposes only. It only highlights major provisions of the Plan Document and is not intended to replace or interpret the Plan Document. The Plan Document may contain additional provisions pertaining to the information contained herein and must be referenced for a complete understanding of benefits.

Enrollment

Employees may enroll for dental coverage during the employee's probationary period.

Employees who do not enroll during the probationary period may enroll during their employer's open enrollment period effective date, usually January 1st. These employees will be subject to a 12 Month waiting period for all covered services except Preventative Services detailed below.

Employees covered under this plan who voluntarily terminate coverage, may not re-enroll at a later date while continuously employed with the same employer organization.

Preventative Services – Paid at 100%

Oral exams.	Limited to two exams per calendar year.
Cleanings (routine prophylaxis).	Limited to two cleanings per calendar year.
Bitewing x-rays.	Limited to two per calendar year.
Full mouth or panorex x-rays.	Limited to once in a three calendar year period.
Topical fluoride treatments.	Covered for dependent children under the age of 19 only.
Space maintainers.	Covered for dependent children under the age of 14 only.
Ancillary.	Emergency oral exams and palliative treatment for relief of dental pain.
Sealants.	Covered for dependent children under the age of 14 only.

See Document Plan Booklet for additional provisions.

Basic Services – Paid at 80%

X-rays.	Dental x-rays when dentally necessary as part of the treatment of a covered expense.
Restorative Fillings.	Amalgam, silicate, acrylic, synthetic porcelain and composite fillings.
Endodontics.	Root canal treatments, root canal fillings and other related procedures.
Periodontics.	Periodontal cleanings, exams and other procedures to treat supporting tissues of the teeth. (Note: Periodontal cleanings (prophylaxis) and exams limited to 2 times per calendar year. See Plan Document for additional Periodontal Provisions)
Oral Surgery.	Extractions and other oral surgery including pre- and post-operative care. (Note: If one has medical coverage, the Medical Plan is primary on oral surgery.)
Local Anesthesia.	As a combined procedure with service. (Note: Analgesia and general anesthesia are not covered.)
Injections.	Antibiotic drugs by the attending dentist.

See Document Plan Booklet for additional provisions.

Major Services – Paid at 50%

Diagnostic Services.

Diagnostic casts - in conjunction with Major restorative or prosthodontic services.

Major Restorative Services.

In-lays or On-lays, Implants, Crowns.

(Note: See Plan Document for full list of procedures, limiting factors and exclusions)

Prosthodontic Services.

Installation of removable or fixed bridgework.

Installation of partial and complete dentures, including six month post-installation care.

Procedures to reline, rebase, repair or adjust dentures or bridges.

(Note: See Plan Document for full list of procedures, limiting factors and exclusions)

Study models for prosthodontic services.

See Document Plan Booklet for additional provisions.

Orthodontic Services – Paid at 50%

Note: Orthodontic Services are only covered for dependent children under the age of 19

Orthodontic diagnosis.

Interceptive and corrective treatment.

Orthodontic appliances.

Related services included; extractions, x-ray, space maintainers and retainers, and study models.

See Document Plan Booklet for additional provisions.