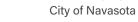
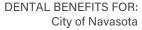
EFFECTIVE DATE: October 01, 2023





**DENTAL BENEFIT HIGHLIGHTS DENTAL PPO BASIC FLEX PAYS Dental PPO Basic Flex FLEX PLUS PLAN FLEX BASIC PLAN Diagnostic & Preventive Services** Diagnostic and Preventive Services — includes exams, cleanings, fluoride, and space maintainers Emergency Palliative Treatment — to temporarily relieve pain Brush Biopsy — to detect oral cancer 100%/100% 100%/100% Bitewing Radiographs — bitewing X-rays Sealants — to prevent decay of permanent teeth Normal **Basic Services** All Other Radiographs — other X-rays Other Basic Services — misc. services Periodontic Services — to treat gum disease 100%/100% 80%/80% Minor Restorative Services — fillings  $Endodontic\ Services -- root\ can als$ Oral Surgery Services — extractions and dental surgery **Major Services** Major Restorative Services — crowns and veneers 60%/60% 50%/50% Relines and Repairs — to bridges and dentures Prosthodontic Services — bridges and dentures TMD — treatment of temporomandibular joint dysfunction **Orthodontics** 50%/50% 50%/50% Orthodontic Services — braces (up to age 19) ADDITIONAL PLAN INFORMATION Allowed Amounts — in-network and out-of-network providers PPO Fee 90th Percentile Calendar Year Maximum — per person per Calendar Year Maximum. Applies to all services except \$2,000 \$2,000 orthodontic services. Includes maximum rollover. Orthodontic Lifetime Maximum \$2,000 \$2,000 Calendar Year Deductible — per person/per family. \$50/\$150 \$50/\$150 Does not apply to any Diagnostic & Preventive Services TMD Maximum Payment — per person, per lifetime \$0 \$0 Does not apply to any Diagnostic & Preventive Services

## FIND AN IN-NETWORK DENTIST AT: **MYRENPROVIDERS.COM**







## ADDITIONAL DENTAL INFORMATION

Waiting Period: None

Maximum Payment: Per person total per Calendar Year on Diagnostic & Preventive, Basic and Major Services. Plan payment will not exceed the higher amount shown in any benefit period or lifetime.

Maximum Rollover: If at least one covered service is paid in a Calendar Year and the total benefit paid does not exceed \$1,000 in that calendar year, \$500 will be added to the next Calendar Year carryover maximum. This amount will accumulate from one Calendar Year to the next, but will not exceed \$2,000.

Deductible: Per person total per Calendar Year limited to a maximum family deductible per Calendar Year. Does not apply to any Diagnostic & Preventive Services

The Plan Specifications Are Subject To The Following Exclusions And Limitations: No pre-existing condition exclusions or limitations. Oral Exams are payable once any 6 month period. Prophylaxes are payable once any 6 month period. Prophylaxes are payable once any 6 month period. Fluoride treatments are payable twice any Benefit Year up to age 17. People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment. Bitewing Radiographs are payable twice any Benefit Year and Full Mouth Radiographs are payable once any 3 year period. Sealants are payable only for the occlusal surface of first and second permanent molars once any 3 year period up to age 15. The surface must be free from decay and restorations. Space Maintainers are payable once a lifetime up to age 15. Crowns, Inlays, Veneers, Bridgework and Dentures are payable once any 5 year period. Implants and related services are not covered.