

DENTAL BENEFITS

Dental benefits are provided as shown in the **SUMMARY OF DENTAL BENEFIT FEATURES** and in the **DENTAL SCHEDULE OF COST SHARING & LIMITATIONS**.

SUMMARY OF DENTAL BENEFIT FEATURES

OUTPATIENT BENEFITS

You and your eligible Dependents are entitled to the Dental Covered Services shown in the **DENTAL SCHEDULE OF COST SHARING & LIMITATIONS**. These Dental Covered Services are eligible provided they are performed directly by a Primary Dentist. Dental Covered Services are subject to the provisions listed in this **SUMMARY OF DENTAL BENEFIT FEATURES** and to the cost sharing and Limitations listed in the **DENTAL SCHEDULE OF COST SHARING & LIMITATIONS**.

HOW TO ACCESS DENTAL CARE

In order to access dental care for you and your eligible Dependents, you need to know the following requirements:

Selection of a Primary Dentist

Prior to the time your coverage becomes effective, you need to choose the Primary Dentist from whom you and your Dependents will receive Dental Covered Services

Changing a Primary Dentist

1. If you and your eligible Dependents wish to transfer to a different Primary Dentist, a request may be submitted in writing or by telephone to the Customer Service Department. If notification to change a Primary Dentist is received prior to the fifteenth day of the month, the change will become effective the first day of the next month. Requests received after the fifteenth will become effective the first day of the month immediately following the next month.
2. A Primary Dentist may request in writing that care for you and your eligible Dependents be transferred to another Primary Dentist. However, a Primary Dentist may not request a transfer because of the physical condition of a patient or the amount of Dental Covered Services required by a patient.
3. Transfer to another Primary Dentist may be required if the Member-Primary Dentist relationship is unsatisfactory.
4. If the Primary Dentist terminates his relationship with the HMO, you and your eligible Dependents must select another Primary Dentist. Customer Service will assist you in this selection process.

IMPORTANT DENTAL DEFINITIONS

For the purpose of understanding the benefits under your dental program, the terms below have the following meaning:

DENTAL COVERED SERVICES – professional services of Dentists and auxiliary personnel as set forth in the **DENTAL SCHEDULE OF COST SHARING & LIMITATIONS**.

DENTIST – A licensed Doctor of Dental Surgery, Doctor of Dental Medicine, Doctor of Medicine, or Doctor of Osteopathy.

PRIMARY DENTAL OFFICE – The dental office maintained by the Primary Dentist.

PRIMARY DENTIST – A person licensed to practice dentistry who is under contract to provide all primary Dental Covered Services.

DENTAL SCHEDULE OF COST SHARING & LIMITATIONS

BENEFIT	COPAYMENT/LIMITATION
DENTAL VISITS	
Dental Office Visit	\$0
DENTAL SERVICES	Preventive Dental Covered Services provided by the Primary Dentist for children under twelve (12) years of age including cleaning, examinations, and fluoride treatments once every six (6) months