

LARGE GROUP INDIANA PRE-DENT DENTAL BENEFITS SOUTHEASTERN INDIANA SCHOOL INSURANCE CONSORTIUM

Benefit Period: Calendar Year 2016

Dependent Age Limit To the end of the calendar year in which the Dependent child attains age 26.

Class I, Class II and Class III Maximum per Benefit Period	\$1,000 per Member
Class IV Services Lifetime Maximum	\$1,000 per Member
Dental Deductible	\$50 per single and \$150 family is an aggregating deductible.
Note:	Class I Covered Services do not apply to the Dental Deductible.
Class I Covered Services	100% of Covered Charges
Class II Covered Services	80% of Covered Charges
Class III Covered Services	50% of Covered Charges
Class IV - Orthodontia Benefits	50% of Covered Charges
Note:	Orthodontia benefits are available only for Dependent children. All orthodontia benefits (including work in progress) cease on the Dependent child's 19th birthday. Orthodontia does not have a separate deductible.

Class I Preventive and Diagnostic Covered Services

- Oral examinations, 2 service(s) per Benefit Period.
- Bite-wing x-rays, as required.
- Full mouth x-rays, 1 service(s) per 36 consecutive-month period.
- Oral prophylaxis (cleaning and scaling of teeth), 2 service(s) per Benefit Period.
- Topical fluoride application, 1 service(s) per Benefit Period. Fluoride treatments are available only to Dependent children under 25 years of age.
- Space maintainers for Dependent children under 25 years of age.
- Dental Sealants for Dependent children under age 25; Only on permanent posterior teeth; One application per tooth per 36 month period.

Class II Restorative Covered Services

- Extractions (except extractions for orthodontia).
- Oral surgery.
- Administration of general anesthesia in connection with oral surgery.
- Periodontal treatment (diseases of gums).
- Endodontic treatment (pulp infection and root canal therapy).
- Injections of antibiotic drugs in connection with dental care.
- Fillings (silver amalgam, silicate and acrylic restorations).

Class III Prosthodontic Covered Services

- Initial installation of fixed bridgework.
- Initial installation of partial or full removable dentures.
- Inlays, onlays, and crowns.
- Metal fillings.
- Repair or recementing of bridgework, dentures, crowns, and inlays.

Class IV Orthodontia Covered Services.

- Orthodontic diagnostic procedures (including cephalometric x-rays).
- Surgical therapy (surgical repositioning of the jaw, facial bones, and/or teeth to correct malocclusion).
- Appliance therapy (braces) including related oral examinations, surgery, and extractions.

Date