

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

**Benefit Period:** Calendar Year 2018

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

<b>Class I, Class II and Class III Maximum per Benefit Period</b>	\$1,000 per Member
<b>Class IV Services Lifetime Maximum</b>	\$1,000 per Member
<b>Dental Deductible</b>	\$50 per single and \$150 family is an aggregating deductible.
Note:	Class I Covered Services do not apply to the Dental Deductible.
<b>Class I Covered Services</b>	100% of Covered Charges
<b>Class II Covered Services</b>	80% of Covered Charges
<b>Class III Covered Services</b>	50% of Covered Charges
<b>Class IV - Orthodontia Benefits</b>	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.