

BENEFIT SUMMARY

DENTAQUEST® PPO INDIVIDUAL FAMILY PREVENTIVE

DentaQuest: More Choices, More Value

Everyone deserves quality, affordable oral health care. All DentaQuest plans cover preventive care at no cost to members. That's just one reason why more than 30 million people trust their care to DentaQuest. The coverage summary shown below provides detailed information on your DentaQuest Personal Dental plan.

This plan is available on the Federally Facilitated Marketplace (FFM) in the following states: AZ, FL, GA, IL, IN, LA, MO, OH, PA, TN, TX, VA.

Coverage Summary

Coverage type	Calendar year deductible	DentaQuest will pay
Diagnostic and preventive services	None	100%
Restorative and other basic services	\$50 per covered individual / \$150 per family	80%
Complex dental services	\$50 per covered individual / \$150 per family	50%
Orthodontics (up to age 19 only)	None	50%

Is there an out-of-pocket maximum?

For members under 19, the maximum out of pocket expense is \$350 for each calendar year. A family with two or more members under 19 will have an aggregate maximum out of pocket expense of \$700 per calendar year.

Do I have out of network coverage?

There is no out of network coverage. If you see a non-participating dentist you will be responsible for the entire cost of the services you receive

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Individual Dental Plan Policy, which is available at www.dentaquest.com/personal. If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than DentaQuest's negotiated rate.

Your Plan is administered by
DentaQuest National Insurance Company, Inc.

DentaQuest.com

96 Worcester Street
Wellesley Hills, MA 02481

DentaQuest
a Sun Life company

Category / Procedure	Benefit limits	DentaQuest will pay
Diagnostic		
Comprehensive oral exam	Once every six months	100%
Periodic oral exam	Twice every calendar year	100%
Full mouth X-rays	Once every 60 months	100%
Bitewing X-rays	Twice every calendar year	100%
Single tooth X-rays	As needed	100%
Study models and casts	Once every 60 months	100%
Preventive		
Routine cleaning	Once every six months	100%
Fluoride varnish application	Once every six months	100%
Space maintainers	Only for premature loss of teeth, once per year	100%
Sealants	One per tooth	100%
Restorative		
Silver fillings	One filling for each tooth surface per year	80%
White fillings (front teeth)	One filling for each tooth surface per year – front teeth only	80%
Temporary fillings	Covered	80%
Stainless steel crowns	Once every 24 months for baby teeth only	80%
Major Restorative		
Crowns	Covered	50%
Replacement crowns	Once each 36 months per tooth	50%
Repair or recement crowns	Covered	80%
Temporary crowns	Covered	50%
Veneers	When medically necessary	50%
Endodontics (root treatments)		
Root canal treatment	Covered	50%
Vital pulpotomy	Limited to baby teeth	50%
Root surgery	Once per tooth per lifetime	50%
Periodontics (gum treatments)		
Periodontal cleaning	Subject to periodontal guidelines	50%
Scaling and root planing	Subject to periodontal guidelines	50%
Removal of calculus to aid in diagnosis	Once per year	50%
Removal of diseased gum tissue	Once per two years per quadrant	50%
Reshaping of diseased bone	Once per quadrant per 36 months	50%
Treatment to stabilize tooth		50%
Dentures and Bridges		
Complete or partial dentures	Once each 60 months	50%
Fixed bridges	Once every 60 months	50%
Temporary partial dentures	Replace any six upper or lower front teeth, installed immediately following loss of teeth	50%
Replacement of permanent teeth for children under 16 years		50%
Replacement dentures or fixed bridges	Covered	50%
Rebase or reline dentures	Once every 24 months	80%
Repair of dentures or fixed bridges	Covered	80%

Category / Procedure	Benefit limits	DentaQuest will pay
Adding teeth to existing dentures	Covered	80%
Recementing fixed bridges	Covered	80%
Oral surgery		
Simple extractions	Once per tooth per lifetime	80%
Surgical extractions	Once per tooth per lifetime	50%
Orthodontics		
Orthodontia	When medically necessary	50%
Emergency dental care		
Minor Pain relief treatment	Covered	80%
Anesthesia		
General anesthesia	Allowed with covered surgical services only	80%
Local anesthesia		80%