

BENEFIT SUMMARY TEXAS

DentaQuest USA Insurance Company, Inc.
DentaQuest PPO Individual Pediatric High

DentaQuest: More Choices, More Value

DentaQuest is one of the most experienced dental insurance companies in the nation. We administer dental benefits on behalf of approximately 20 million individuals in 28 states. You can rely on our experience when it comes to your dental insurance needs.

To find a dentist, please visit www.dentaquest.com/marketplace/TX or call us at 877-453-8456.

You can receive more information about your benefits by visiting our website www.dentaquest.com/marketplace/TX and downloading the Subscriber Policy. It includes everything you need to know about your dental plan, including how to use your benefits, how to find a dentist, how the claims and appeal processes work, and other helpful information.

Coverage Summary

| Coverage type | Calendar year deductible | DentaQuest will pay |
|--------------------------------------|----------------------------------|---------------------|
| Diagnostic and preventive services | None | 100% |
| Restorative and other basic services | \$50 per member/\$150 per family | 80% |
| Complex dental services | \$50 per member/\$150 per family | 50% |
| Orthodontics (under age 19) | None | 50% |

*Note: DentaQuest will pay the same percentage of the allowable charges for covered services received in and out of network. If you choose to see a non-contracting dentist (out of network), you will be responsible for the difference between the plan's allowable charges (what contracting dentists receive for payment from DentaQuest) and the dentist's usual and customary fees (what the dentist charges patients).

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 for each calendar year.

Do I have out of network coverage?

Yes, DentaQuest will pay the same percentage for covered services received in and out of network. But if you choose to see a non-contracting dentist (out of network), you will be responsible for the difference between the plan's allowable charges (what contracting dentists receive for payment from DentaQuest) and the dentist's usual and customary fees (what the dentist charges cash-paying patients). This means that you'll save more by receiving care from a contracting dentist.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Policy, which is available at www.dentaquest.com/marketplace/TX. 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 USA Insurance Company, Inc.

www.dentaquest.com/marketplace/TX

877-453-8456

465 Medford Street
Boston, MA 02129-1454



| Category / Procedure | Benefit limits | DentaQuest will pay |
|---------------------------------------|---|---------------------|
| Diagnostic | | |
| Comprehensive oral exam | Once every six months | 100% |
| Periodic oral exam | Once every six months | 100% |
| Full mouth X-rays | Once every 60 months | 100% |
| Bitewing X-rays | Once every six months | 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 | Two every 12 months | 100% |
| Topical fluoride treatment | Two every 12 months | 100% |
| Space maintainers | Not for the replacement of primary or permanent front teeth | 100% |
| Sealants | One sealant per tooth every 36 months | 100% |
| Restorative | | |
| Silver fillings | Covered | 80% |
| White fillings (front teeth) | Covered | 80% |
| Temporary fillings | Once per tooth | 80% |
| Stainless steel crowns | One per tooth in 60 months | 80% |
| Major restorative | | |
| Crowns | When teeth cannot be restored with fillings | 50% |
| Replacement crowns | Once every 60 months | 50% |
| Repair or recement crowns | Covered | 80% |
| Endodontics | | |
| Root canal treatment | Covered | 50% |
| Vital pulpotomy | Limited to baby teeth | 80% |
| Periodontics | | |
| Periodontal cleaning | Under age 19 – Four in 12 months | 80% |
| | Age 19 and older – One per 3 months | |
| Scaling and root planing | Subject to periodontal guidelines | 50% |
| Periodontal surgery | Must meet periodontal guidelines | 50% |
| Dentures and bridges | | |
| Complete or partial dentures | Once every 60 months | 50% |
| Fixed bridges | Once every 60 months | 50% |
| Replacement dentures or fixed bridges | If they cannot be made serviceable, once every 60 months | 50% |
| Rebase or reline dentures | Once every 36 months | 80% |
| Repair of dentures or fixed bridges | Once every 12 months | 80% |
| 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 treatment - pain relief | Covered | 100% |
| Anesthesia | | |
| General anesthesia | Allowed with covered surgical services only | 80% |

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