

BENEFIT SUMMARY

GEORGIA

DSM USA Insurance Company, Inc.
DentaQuest PPO Individual Family 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/GA or call us toll free at 844-876-3982.

You can receive more information about your benefits by visiting our website www.dentaquest.com/marketplace/GA and downloading the Subscriber Certificate. 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% under 19, no coverage 19 and older |

Waiting Period: For Covered Individuals age 19 and older, Restorative, and other Basic Services are subject to a six (6) month waiting period. Complex Dental Services are subject to a twelve (12) month waiting period.

*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 you'll save more by receiving care from a contracting dentist.

What are my annual benefit limits?

For covered individuals 19 and over, the total benefits are limited to \$1,500 for each calendar year.

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 Certificate, which is available at www.dentaquest.com/marketplace/GA. 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
DSM USA Insurance Company, Inc.

www.dentaquest.com/marketplace/GA

844-876-3982

465 Medford Street
Boston, MA 02129-1454

DentaQuest

| Category / Procedure | Benefit limits | DentaQuest will pay* |
|----------------------------------------------|------------------------------------------------------------------------------------------------|----------------------|
| Diagnostic | | |
| Comprehensive oral exam | Under age 19 – Once every six months Age 19 and older – Once every 60 months | 100% |
| Periodic oral exam | Under age 19 – Once every six months Age 19 and older – Twice a year | 100% |
| Full mouth X-rays | Once every 60 months | 100% |
| Bitewing X-rays | Under age 19 – Once every six months Age 19 and older – Twice a year | 100% |
| Single tooth X-rays | As needed | 100% |
| Study models and casts | Under age 19 – Once every 60 months | 100% |
| Preventive | | |
| Routine cleaning | Once every six months | 100% |
| Fluoride varnish application | Under age 19 – Two every 12 months | 100% |
| Topical fluoride treatment | Under age 19 – Two every 12 months | 100% |
| Space maintainers | Only for children under age 19 and not for the replacement of primary or permanent front teeth | 100% |
| Sealants | Under age 19 – 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 | Under age 19 – 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% |
| Implants | Under age 19 – Covered Age 19 and older – Not covered | 50% |
| 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 three 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 | Once every 12 months | 80% |
| Oral surgery | | |
| Simple extractions | Once per tooth per lifetime | 80% |
| Surgical extractions | Under age 19 – Once per tooth per lifetime | 80% |
| | Age 19 and older – Once per tooth per lifetime | 50% |
| Orthodontics | | |
| Orthodontia | Under age 19 – When medically necessary | 50% |
| Emergency dental care | | |
| Minor treatment - pain relief (under 19) | Covered | 100% |
| Minor treatment - pain relief (19 and older) | Covered | 80% |
| Anesthesia | | |
| General anesthesia | Allowed with covered surgical services only | 80% |

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Dependent children are covered up to and including age 26.

