

BENEFIT SUMMARY

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/LA or call us toll free at 844-241-5611.

You can receive more information about your benefits by visiting our website www.dentaquest.com/marketplace/LA 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 covered individual/\$150 per family	80%
Complex dental services	\$50 per covered individual/\$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. There are no waiting periods for Covered Individuals under 19.

Is there an out-of-pocket maximum?

For covered individuals under 19, the maximum out of pocket expense is \$350 for each calendar year. The maximum family out of pocket expense is \$700 for each calendar year.

What are my annual limits and maximums?

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

Do I have out of network coverage?

No, you do not have out of network coverage. If you visit a dentist who is not in our network, you will be responsible for the entire cost of the services you receive. You may only receive covered benefits from a non-participating dentist in the event of an emergency dental condition

Your Plan is administered by
**DentaQuest USA
Insurance Company, Inc.**

www.dentaquest.com/marketplace/LA
844-241-5611
465 Medford Street
Boston, MA 02129-1454

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/LA. 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.

Category/Procedure	Benefit Limits	DentaQuest will pay
Diagnostic		
Comprehensive oral exam	Under age 19 – Once every six months Age 19 and over – Once every 60 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	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 – Once every 60 months Age 19 and over – Not covered	50%
Endodontics		
Root canal treatment	Covered	50%
Vital pulpotomy	Limited to baby teeth	50%
Periodontics		
Periodontal cleaning	Subject to periodontal guidelines	80%
Scaling and root planing	Subject to periodontal guidelines	80%
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%
Recementing fixed bridges	Once every 12 months	80%
Oral surgery		
Simple extractions	Covered	80%
Surgical extractions	Under age 19 – Covered Age 19 and over – Covered	80% 50%
Orthodontics		
Orthodontia	Under age 19 – When medically necessary	50%
Emergency dental care		
Minor treatment - pain relief	Under age 19 – Covered Age 19 and over – Covered	100% 80%
Anesthesia		
General anesthesia	Allowed with covered surgical services only	80%

Dependent children are covered up to and including age 26.