

# BENEFIT SUMMARY

## LOUISIANA

### 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](http://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](http://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	
		Under 19	19 and over
Diagnostic and preventive services	None	100%	100%
Restorative and other basic services	\$50 per covered individual/\$150 per family	40%	50%
Complex dental services	\$50 per covered individual/\$300 per family	40%	50%
Orthodontics (under age 19)	None	40%	N/A

**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 \$1,000 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](http://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](http://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	
		Under 19	19 and over
<b>Diagnostic</b>			
Comprehensive oral exam	Under age 19 – Once every six months Age 19 and over – Once every 60 months	100%	100%
Periodic oral exam	Once every six months	100%	100%
Full mouth X-rays	Once every 60 months	100%	100%
Bitewing X-rays	Once every six months	100%	100%
Single tooth X-rays	As needed	100%	100%
Study models and casts	Under age 19 – Once every 60 months	100%	100%
<b>Preventive</b>			
Routine cleaning	Once every six months	100%	100%
Fluoride varnish application	Two every 12 months	100%	0%
Topical fluoride treatment	Two every 12 months	100%	0%
Space maintainers	Only for children under age 19 and not for the replacement of primary or permanent front teeth	100%	0%
Sealants	Under age 19 – One sealant per tooth every 36 months	100%	0%
<b>Restorative</b>			
Silver fillings	Covered	40%	50%
White fillings (front teeth)	Covered	40%	50%
Temporary fillings	Once per tooth	40%	50%
Stainless steel crowns	One per tooth in 60 months	40%	50%
<b>Major restorative</b>			
Crowns	When teeth cannot be restored with fillings	40%	50%
Replacement crowns	Once every 60 months	40%	50%
Implants	Once every 60 months	40%	0%
<b>Endodontics</b>			
Root canal treatment	Covered	40%	50%
Vital pulpotomy	Limited to baby teeth	40%	50%
<b>Periodontics</b>			
Periodontal cleaning	Four in 12 months	40%	50%
Scaling and root planing	Subject to periodontal guidelines	40%	50%
Periodontal surgery	Must meet periodontal guidelines	40%	50%
<b>Dentures and bridges</b>			
Complete or partial dentures	Once every 60 months	40%	50%
Fixed bridges	Once every 60 months	40%	50%
Replacement dentures or fixed bridges	If they cannot be made serviceable every 60 months	40%	50%
Rebase or reline dentures	Once every 36 months	40%	50%
Repair of dentures or fixed bridges	Once every 12 months	40%	50%
Recementing fixed bridges	Once every 12 months	40%	50%
<b>Oral surgery</b>			
Simple extractions	Once per tooth per lifetime	40%	50%
Surgical extractions	Once per tooth per lifetime	40%	50%
<b>Orthodontics</b>			
Orthodontia	Under age 19 – When medically necessary	40%	50%
<b>Emergency dental care</b>			
Minor treatment - pain relief	Covered	100%	50%
<b>Anesthesia</b>			
General anesthesia	Allowed with covered surgical services only	40%	50%

Dependent children are covered up to and including age 26.