

# 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/FL](http://www.dentaquest.com/marketplace/FL) or call us at 877-453-8457.

You can receive more information about your benefits by visiting our website [www.dentaquest.com/marketplace/FL](http://www.dentaquest.com/marketplace/FL) 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	\$100 per covered individual/\$300 per family	40% under 19 / 50% 19 and older
Complex dental services	\$100 per covered individual/\$300 per family	40% under 19 / 50% 19 and older
Orthodontics (under age 19)	None	40% under 19, no coverage 19 and older

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

### 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.

### What are my annual limits and maximums?

For members 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 non-participating dentist in the event of an emergency dental condition.

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/FL](http://www.dentaquest.com/marketplace/FL). 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 of Florida, Inc.  
[www.dentaquest.com/marketplace/FL](http://www.dentaquest.com/marketplace/FL)  
877-453-8457  
465 Medford Street  
Boston, MA 02129-1454**

**DentaQuest of Florida, Inc.**  
**DentaQuest EPO Individual Family Low**

Category / Procedure	Benefit limits	DentaQuest will pay	
		Under age 19	Age 19 and Older
<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	Under age 19 – Once every six months Age 19 and over – Twice every year	100%	100%
Full mouth X-rays	Once every 60 months	100%	100%
Bitewing X-rays	Under age 19 – Once every six months Age 19 and older – Twice every year	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	Under age 19 – Two every 12 months	100%	0%
Topical fluoride treatment	Under age 19 – 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	Under age 19 – covered Age 19 and older – Not covered	40%	0%
<b>Endodontics</b>			
Root canal treatment	Covered	40%	50%
Vital pulpotomy	Limited to baby teeth	40%	50%
<b>Periodontics</b>			
Periodontal cleaning	Under age 19 – Four in 12 months Age 19 and older – One per 3 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	When they cannot be made serviceable, once 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%
<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%	0%
<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%

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. Dependent children are covered up to and including age 26.