

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/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

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

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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