

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/VA or call us toll free at 877-453-8432.

You can receive more information about your benefits by visiting our website www.dentaquest.com/marketplace/VA 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	\$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 (up to age 19 only)	None	40% 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.

Is there an out-of-pocket maximum?

For members under 19, the maximum out of pocket expense is \$350 for each member. 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 each covered individual age 19 and older, the total benefits are limited to a maximum of \$1,000 for each calendar year.

Do I have out of network coverage?

There is no out of network coverage. If you see a non-participating dentist you will be responsible for the entire cost the services received.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Policy, which is available through your benefits administrator. 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/VA
877-453-8432
465 Medford Street
Boston, MA 02129-1454**

**DSM USA Insurance Company, Inc.
EPO Individual Family Low**

Category / Procedure	Benefit limits	Under age 19	Age 19 and older
		DentaQuest will pay	
Diagnostic			
Comprehensive oral exam	Under 19 – Once every six month 19 and older – Once every 60 months	100%	100%
Periodic oral exam	Twice every calendar year	100%	100%
Full mouth X-rays	Once every 60 months	100%	100%
Bitewing X-rays	Twice every calendar year	100%	100%
Single tooth X-rays	As needed	100%	100%
Study models and casts	Under 19 – Once every 60 months	100%	0%
Preventive			
Routine cleaning	Once every six months	100%	100%
Fluoride varnish application	Children up to age 19 – Once every six months	100%	0%
Space maintainers	Children up to age 19 – Only for premature loss of teeth, once per year	100%	0%
Sealants	One per tooth for children through age 19	100%	0%
Restorative			
Silver fillings	One filling for each tooth surface per year	40%	50%
White fillings (front teeth)	One filling for each tooth surface per year – front teeth only	40%	50%
Temporary fillings	Covered	40%	50%
Stainless steel crowns	Once every 24 months for baby teeth only	40%	0%
Major restorative			
Crowns	Covered	40%	50%
Replacement crowns	Once each 36 months per tooth	40%	50%
Repair or recement crowns	Once every 60 months	40%	50%
Temporary crowns	Covered	40%	50%
Veneers	Children up to age 19 and when medically necessary	40%	0%
Endodontics (root treatments)			
Root canal treatment	Covered	40%	50%
Vital pulpotomy	Limited to baby teeth	40%	50%
Root surgery	Once per tooth per lifetime	40%	50%
Periodontics (gum treatments)			
Periodontal cleaning	Once per three months	40%	50%
Scaling and root planing	Once per three months	40%	50%
Removal of calculus to aid in diagnosis	Once per year	40%	50%
Removal of diseased gum tissue	Once per two years per quadrant	40%	50%
Reshaping of diseased bone	Once per quadrant per 36 months	40%	50%
Treatment to stabilize tooth		40%	50%
Dentures and bridges			
Complete or partial dentures	Once each 60 months	40%	50%
Fixed bridges	Once every 60 months	40%	50%
Temporary partial dentures	Replace any six upper or lower front teeth, installed immediately following loss of teeth Replacement of permanent teeth for children under 16 years	40%	0%
Replacement dentures or fixed bridges	Covered	40%	50%
Rebase or reline dentures	Once every 24 months	40%	50%
Repair of dentures or fixed bridges	Covered	40%	50%
Adding teeth to existing dentures	Covered	40%	50%
Recementing fixed bridges	Covered	40%	50%
Oral surgery			
Simple extractions	Once per tooth per lifetime	80%	50%
Surgical extractions	Once per tooth per lifetime	80%	50%
Orthodontics			
Orthodontia	When medically necessary	40%	0%
Emergency dental care			
Minor Pain relief treatment	Covered	40%	50%
Anesthesia			
General anesthesia	Allowed with covered surgical services only	40%	50%
Local anesthesia		40%	50%

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