

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	\$50 per covered individual/\$150 per family	80%
Complex dental services	\$50 per covered individual/\$150 per family	50%
Orthodontics (up to age 19 only)	None	50%

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 per 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 of the services you receive.

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 Pediatric High Option

Category / Procedure	Benefit limits	DentaQuest will pay
Diagnostic		
Comprehensive oral exam	Once every six months	100%
Periodic oral exam	Twice every calendar year	100%
Full mouth X-rays	Once every 60 months	100%
Bitewing X-rays	Twice every calendar year	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	Once every six months	100%
Space maintainers	Only for premature loss of teeth, once per year	100%
Sealants	One per tooth	100%
Restorative		
Silver fillings	One filling for each tooth surface per year	80%
White fillings (front teeth)	One filling for each tooth surface per year – front teeth only	80%
Temporary fillings	Covered	80%
Stainless steel crowns	Once every 24 months for baby teeth only	80%
Major restorative		
Crowns	Covered	50%
Replacement crowns	Once each 36 months per tooth	50%
Repair or recement crowns	Covered	80%
Temporary crowns	Covered	50%
Veneers	When medically necessary	50%
Endodontics (root treatments)		
Root canal treatment	Covered	50%
Vital pulpotomy	Limited to baby teeth	50%
Root surgery	Once per tooth per lifetime	50%
Periodontics (gum treatments)		
Periodontal cleaning	Subject to periodontal guidelines	50%
Scaling and root planing	Subject to periodontal guidelines	50%
Removal of calculus to aid in diagnosis	Once per year	50%
Removal of diseased gum tissue	Once per two years per quadrant	50%
Reshaping of diseased bone	Once per quadrant per 36 months	50%
Treatment to stabilize tooth		50%
Dentures and bridges		
Complete or partial dentures	Once each 60 months	50%
Fixed bridges	Once every 60 months	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	50%
Replacement dentures or fixed bridges	Covered	50%
Rebase or reline dentures	Once every 24 months	80%
Repair of dentures or fixed bridges	Covered	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 Pain relief treatment	Covered	80%
Anesthesia		
General anesthesia	Allowed with covered surgical services only	80%
Local anesthesia		80%

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