DentaQuest
a Sun Life company

DENTAQUEST NATIONAL INSURANCE COMPANY, INC.
(DENTAQUEST INSURANCE COMPANY, INC.)

DentaQuest PPO for Individuals and Families Policy

DentaQuest PPO Family Low Plan

January 1, 2026

DentaQuest National Insurance Company, Inc.

96 Worcester Street
Wellesley Hills, MA 02481

DentaQuest PPO for Individuals and Families Policy

DentaQuest National Insurance Company, Inc. (the Plan) certifies that you have the right to benefits for services according to the terms of this Policy. This Policy is part of your Agreement.

This Policy was issued based on the information entered in your application, a copy of which is attached to this Policy. If you know of any misstatement in your application, or if any information concerning the medical history of any insured person has been omitted, you should advise the Plan immediately regarding the incorrect or omitted information; otherwise, your Policy may not be a valid contract.

RIGHT TO RETURN POLICY WITHIN 10 DAYS. If for any reason you are not satisfied with your Policy, you may return this Policy for cancellation to *the Plan*'s home office within ten days of the date you received it and the premium you paid, including any policy fees or other charges, will be promptly refunded and this Policy shall be deemed void from the beginning and parties will be returned to their original position as if no Policy had been issued.

RENEWABILITY. This Policy renews annually on January 1 subject to our right to terminate coverage under Part IV, Section 11 (Termination of Policy). We reserve the right to change premium rates upon renewal of the Policy.

ATTEST: DentaQuest National Insurance Company, Inc.

Teresa Decoraso

President

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Introduction

This Policy, including the attached Schedule of Benefits, Application, and any applicable Riders, Endorsements and Supplemental Agreements is the Contract of Insurance. We urge you to read it carefully.

The dental services described in this Policy (see Benefits section) are covered as of your effective date, unless your benefits are subject to a waiting period. Additionally, there are some limitations and restrictions on your coverage, which are found in Parts II and III of this Policy. Please refer to the Schedule of Benefits, attached to this Policy, which outlines the specific coverage provided under this Policy.

If you have any questions, please contact our Customer Service department. Our telephone number is listed at the end of this Policy.

Subscriber's Rights and Responsibilities

As a DentaQuest Dental Plan *subscriber*, you have the right to:

• File a complaint about the dental services provided to you.

• Be provided with appropriate information about *the Plan* and its benefits, participating dentists, and policies.

You have the responsibility to:

• Ask questions in order to understand your dental condition and treatment, and follow recommended treatment instructions given by your dentist.

• Provide information to your dentist that is necessary to render care to you.

• Be familiar with *the Plan* benefits, policies and procedures, by reading our written materials, or calling our Customer Service department at the telephone number listed at the end of this Policy.

Part I Definitions

ACA: The Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148).

Agreement: refers to this Policy, the Schedule of Benefits, the Application, and any applicable Riders, Endorsements and Supplemental Agreements.

Benefit Year: a calendar year for which *the Plan* provides coverage for dental benefits.

Covered dependents: See *Family Coverage* definition.

Covered individual: a person who is eligible for and receives dental benefits. This usually includes *subscribers* and their *covered dependents*.

Date of service: the actual date that the service was completed. With multi-stage procedures, the date of service is the final completion date (the insertion date of a crown, for example).

Deductible: the portion of the covered dental expenses that the *covered individual* must pay before the *Plan's* payment begins.

Effective Date: the date (at 12:00 A.M. Mountain Time), as shown on our records, on which your coverage begins under this Policy or an amendment to it.

Emergency medical condition: a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of an insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867 (e)(1)(B) of the Social Security Act, 42 USC section 1395dd(e)(1)(B). Emergency dental care includes treatment to relieve acute pain or control a dental condition that requires immediate care to prevent permanent harm.

Exchange: the federal health benefit exchange established by the Secretary of the U.S. Department of Health and Human Services pursuant to § 1321 of the ACA, codified as 42 U.S.C. § 18041(c).

Family coverage: coverage that includes you, your spouse and dependent children up to and including twenty-six (26) years of age. Your or your spouse's adopted children are covered from the date of adoptive or parental placement with an insured subscriber or plan enrollee for the purpose of adoption. Children under testamentary or court appointed guardianship, other than temporary guardianship of less than 12 months duration, and grandchildren in your court-ordered custody who are dependent upon you are also covered. Attainment of the limiting age shall not operate to terminate the coverage of a covered dependent child while the child is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical handicap and chiefly dependent on the Subscriber for support and maintenance. Proof of such incapacity and dependency shall be furnished to *the Plan* by the Subscriber within thirty-one (31) days of the child's attainment of the limiting age and

subsequently as may be required by *the Plan* but not more frequently than annually after the two-year period following the child's attainment of the limiting age.

A child will not be denied enrollment because: (i) the child was born out of wedlock; (ii) the child is not claimed as a dependent on the parent's federal or state tax return; or (iii) the child does not reside with the parent or in *the Plan's* service area.

Fee Schedule: the payment amount for the services that may be provided by *Participating or Non-participating Dentists* under this Policy. Benefits are payable in accordance with the terms and conditions of the applicable *Schedule of Benefits* attached to this Policy and in effect at the time services are rendered.

Fracture: the breaking off of rigid tooth structure not including crazing due to thermal changes or chipping due to attrition.

Health care provider: any hospital or person that is licensed or otherwise authorized in Arizona to furnish health care services.

Health care service: the furnishing of a service to any individual for the purpose of preventing, alleviating, curing, or healing human illness, injury or physical disability.

Individual (or single) coverage: coverage that includes only the *subscriber*, or only a minor dependent in the case of child only coverage.

Non-participating Dentist: a licensed dentist who has not entered into an agreement with the *Plan* to furnish services to its *covered individuals*.

Out of Pocket Maximum: the maximum a *Covered Individual* will pay in deductibles, copays and coinsurance for allowable expenses in any *Benefit Year.*

Participating Dentist: a licensed dentist located in the *Plan's* service area that has entered into an agreement with the *Plan* to furnish services to its *covered individuals.*

Participating Dentist Contract: contract between the *Plan* and a *Participating Dentist*.

Schedule of Benefits: the part of this Policy which outlines the specific coverage in effect as well as the amount, if any, that you may be responsible for paying towards your dental care.

Subscriber: the Policy holder who is eligible to receive dental benefits. A parent or guardian enrolling a minor dependent, including under a child only plan, assumes all of the subscriber responsibilities on behalf of the minor dependent.

The Plan: refers to DentaQuest National Insurance Company, Inc.

You: the *subscriber* of the dental plan.

Part II Benefits

You have the right to benefits on a non-discriminatory basis for the following services, EXCEPT as limited or excluded elsewhere in this Policy. The benefits may be limited to a maximum dollar payment for each *covered individual* for each *Benefit Year*. The extent of your benefits is explained in the *Schedule of Benefits* which is incorporated as a part of this Policy.

This Part II summarizes the benefits covered by this Policy. Attached to and incorporated as part of this Policy is a complete list of covered dental procedures by current dental terminology (CDT) code.

The following list of benefits applies only to *covered individuals* under age nineteen (19).

DIAGNOSTIC AND PREVENTIVE SERVICES

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most *covered individuals* receive during a routine preventive dental visit. Examples of these services include:

Comprehensive oral examination (including the initial dental history and charting of teeth); once every six months.

Periodic exam; once every six (6) months.

X-rays of the entire mouth; once every sixty (60) months.

Bitewing x-rays (x-rays of the crowns of the teeth); once every six (6) months when oral conditions indicate need. Single tooth x-rays; as needed.

Study models and casts used in planning treatment; once every sixty (60) months.

Routine cleaning, scaling and polishing of teeth; Once every six (6) months.

Fluoride treatment Topical Fluoride - Varnish - 2 every 12 months, Topical application of fluoride (excluding prophylaxis) - 2 every 12 months.

Space maintainers required due to the premature loss of teeth; not for the replacement of primary or permanent anterior teeth.

Sealants on unrestored permanent molars. 1 sealant per tooth every 36 months.

Palliative (emergency) treatment of dental pain – minor procedures.

RESTORATIVE AND OTHER BASIC SERVICES

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth; (b) repair dentures or bridges; (c) rebase or reline dentures; (d) repair or recement bridges, crowns and onlays; and (e) remove diseased or damaged natural teeth. Examples of these services include:

Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge.

Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy; 4 in 12 months. Periodontal scaling and root planing; once every twenty-four (24) months per quadrant.

Protective restorations.

Stainless steel crowns. Once per tooth per sixty (60) months.

Simple tooth extractions.

General anesthesia only when necessary and appropriate for covered surgical services only when provided by a licensed, practicing dentist.

Consultations.

Repair of dentures or fixed bridges. Recementing of fixed bridges.

Rebase or reline dentures; once every thirty-six (36) months. 6 months after initial installation.

Tissue conditioning.

Repair or recement crowns and onlays.

Adding teeth to existing partial or full dentures.

Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth.

Vital pulpotomy and pulpal therapy is limited to deciduous teeth.

COMPLEX AND MAJOR RESTORATIVE DENTAL SERVICES

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; and restore severely decayed or fractured teeth. Examples of these services include:

Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). Periodontal benefits are determined according to our administrative "Periodontal Guidelines."

Endodontic services for root canal treatment of permanent teeth including the treatment of the nerve of a tooth, and the removal of dental pulp.

Inlays are paid as an alternative benefit of amalgam.

Implants- once every 60 months.

Dentures and Bridges

- Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once each sixty (60) months.
- Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.

Crowns and Onlays. Once per tooth per sixty (60) months, but only when the teeth cannot be restored with the fillings due to severe decay or fractures:

- Initial placement of crowns and onlays.
- Replacement of crowns and onlays; once each sixty (60) months per tooth.

ORTHODONTIC SERVICES

Benefits are provided for orthodontic services for the dental procedures identified by CDT code in the list of covered dental procedures attached to this Policy, only when they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.

The following list of benefits applies to *covered individuals* age 19 and over.

DIAGNOSTIC AND PREVENTIVE SERVICES

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most *covered individuals* receive during a routine preventive dental visit.

Comprehensive oral examination (including the initial dental history and charting of teeth); once every sixty (60) months.

Periodic exam; twice every calendar year.

X-rays of the entire mouth; once every sixty (60) months.

Bitewing x-rays (x-rays of the crowns of the teeth); one set twice every calendar year.

Single tooth x-rays; as needed.

Routine cleaning, scaling and polishing of teeth; twice every calendar year.

RESTORATIVE AND OTHER BASIC SERVICES

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth (note: teeth must have a good prognosis to qualify for benefits); (b) repair dentures or bridges; (c) rebase or reline dentures; and (d) repair or recement bridges, crowns and onlays.

Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings, but limited to one filling for each tooth surface for each twenty-four (24) month period. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge. No benefits are provided for replacing a filling within twenty-four (24) months of the date that the prior filling was furnished.

Protective restorations; once per tooth every sixty (60) months.

Simple tooth extractions.

General anesthesia only when necessary and appropriate for impacted wisdom teeth removal and only when provided by a licensed, practicing dentist.

Repair of dentures or fixed bridges; once every twelve (12) months. Recementing of fixed bridges; once each twelve (12) months.

Rebase or reline dentures; once every thirty-six (36) months.

Tissue conditioning; two treatments every thirty-six (36) months.

Repair or recement crowns and onlays. Recementing is limited to once every twelve (12) months per tooth.

Adding teeth to existing partial or full dentures; once per tooth every twelve (12) months.

Palliative (emergency) treatment of dental pain – minor procedures; three (3) times every calendar year.

COMPLEX AND MAJOR RESTORATIVE DENTAL SERVICES

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; remove diseased or damaged natural teeth; and restore severely decayed or fractured teeth.

Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth. Additional oral and maxillofacial surgery services include tooth reimplantation, biopsy of oral tissue, alveoplasty and vestibuloplasty.

Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). One quadrant of periodontal surgery every thirty-six (36) months. Scaling and root planing once per quadrant every twenty-four (24) months. Periodontal benefits are determined according to our administrative "Periodontal Guidelines."

Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy; once per three months when preceded by active periodontal therapy. Once every three (3) months; not to be combined with regular cleanings.

Endodontic services for root canal treatment once per permanent teeth including the treatment of the nerve of a tooth, the removal of dental pulp, and pulpal therapy. Vital pulpotomy is limited to deciduous teeth.

Dentures and Bridges

- Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once every sixty (60) months.

- Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.

- Temporary partial dentures as follows:

  − To replace any of the six (6) upper or lower front teeth, but only if they are installed immediately following the loss of teeth during the period of healing.

Crowns and Onlays

Crowns and onlays as follows, but only when the teeth cannot be restored with the fillings due to severe decay or fractures (note teeth must have good prognosis to qualify for benefits):

- Initial placement of crowns and onlays.

- Replacement of crowns and onlays; once every sixty (60) months per tooth.

Part III
Exclusions

1. BENEFITS ARE PROVIDED ONLY FOR NECESSARY AND APPROPRIATE SERVICES

We will not provide benefits for a dental service that is not covered under the terms of this Policy. We will not provide benefits for a covered dental service that is not necessary and appropriate to diagnose or to treat your dental condition. We will not cover experimental care procedures that have not been sanctioned by the American Dental Association and for which no procedure codes have been established.

A. To be necessary and appropriate, a service must be consistent with the prevention of oral disease or with the diagnosis and treatment on (1) those teeth that are decayed or *fractured* or (2) those teeth where supporting periodontium is weakened by disease in accordance with standards of good dental practice not solely for your convenience or the convenience of your dentist.

B. Who determines what is necessary and appropriate under the terms of the Policy: That decision is made based on a review of dental records describing your condition and treatment. We may decide a service is not necessary and appropriate under the terms of the Policy even if your dentist has furnished, prescribed, ordered, recommended or approved the service.

2. WE DO NOT PROVIDE BENEFITS FOR:

Below is a summary of dental services or items for which coverage is not provided under this Policy. Attached to this Policy and incorporated as part of this Policy is a list by CDT code of services not covered by this Policy.

The following list of limitations and exclusions apply to covered individuals under age nineteen (19).

- Experimental care procedures that have not been sanctioned by the American Dental Association, or for which no procedure codes have been established.
- A service or procedure that is not described as a benefit in this Policy.
- Services that are rendered due to the requirements of a third party, such as an employer or school.
- Travel time and related expenses.
- An illness or injury that we determine arose out of and in the course of your employment.
- A service for which you are not required to pay, or for which you would not be required to pay if you did not have coverage under this Policy.
- A method of treatment more costly than is customarily provided. Benefits will be based on the least costly method of treatment.
- A separate fee for services rendered by interns, residents, fellows or dentists who are salaried employees of a hospital or other facility.

- Appointments with your dentist that you fail to keep.
- A service rendered by someone other than a licensed dentist or a hygienist who is employed by a licensed dentist.
- Prescription drugs.
- A service to treat disorders of the joints of the jaw (temporomandibular joints), except for covered medically necessary orthodontics for individuals under age 19.
- Services that are meant primarily to change or to improve your appearance.
- Repair or reline of an occlusal guard.
- Transplants.
- Replacement of dentures, bridges, space maintainers or periodontic appliances due to theft or loss.
- Lab exams.
- Photographs.
- Duplicate dentures and bridges.
- Services related to congenital anomalies unless otherwise covered. However, this exclusion does not apply to covered orthodontic services.
- Occlusal adjustment.
- Dietary advice and instructions in dental hygiene including proper methods of tooth brushing, the use of dental floss, plaque control programs and caries susceptibility tests.
- Service, supply or procedure to increase the height of teeth (increase vertical dimension) or restore occlusion.
- Services, supplies or appliances to stabilize teeth when required due to periodontal disease such as periodontal splinting.
- Tooth bleach.
- Computerized tomography (CT) scans, surgical stents, surgical guides for implants.
- Transitional implants.
- Bone grafts and guided tissue regeneration in conjunction with extractions, apicoectomies, root amps, ridge augmentations and dental implant placements.
- Sinus lifts.
- Treatment of dental implant failures including surgical debridement and bone grafts to repair implant.
- Cone Beam Imaging and Cone Beam MRI procedures.
- Nitrous oxide.
- Oral sedation.
- Topical medicament center.

The following list of limitations and exclusions apply to covered individuals age 19 and over.

- Experimental care procedures that have not been sanctioned by the American Dental Association, or for which no procedure codes have been established.
- A service or procedure that is not described as a benefit in this Policy.
- Services that are rendered solely due to the requirements of a third party, such as an employer or school.
- Travel time and related expenses.
- An illness or injury that we determine arose out of and in the course of your employment.

- A service for which you are not required to pay, or for which you would not be required to pay if you did not have coverage under this Policy.
- An illness, injury or dental condition for which benefits in one form or another are covered, in whole or in part, through a government program. A government program includes a local, state or national law or regulation that provides or pays for dental services. It does not include Medicaid or Medicare.
- A method of treatment more costly than is customarily provided. Benefits will be based on the least costly method of treatment.
- A separate fee for services rendered by interns, residents, fellows or dentists who are salaried employees of a hospital or other facility.
- Appointments with your dentist that you fail to keep.
- A service rendered by someone other than a licensed dentist or a hygienist who is employed by a licensed dentist.
- Prescription drugs.
- A service to treat disorders of the joints of the jaw (temporomandibular joints).
- Services that are meant primarily to change or to improve appearance.
- Implants.
- Transplants.
- Replacement of dentures, bridges, space maintainers or periodontic appliances due to theft or loss.
- Lab exams.
- Photographs.
- Duplicate dentures and bridges.
- Services related to congenital anomalies unless otherwise covered. However, this exclusion does not apply to any covered orthodontic services.
- Consultations.
- Tooth bleach.
- Computerized tomography (CT) scans, surgical stents, surgical guides for implants.
- Transitional implants.
- Bone grafts and guided tissue regeneration in conjunction with extractions, apicoectomies, root amps, ridge augmentations and dental implant placements.
- Sinus lifts.
- Treatment of dental implant failures including surgical debridement and bone grafts to repair implant.
- Veneers.
- Occlusal guards.

Part IV Other Contract Provisions

1. BENEFIT PAYMENTS FOR SERVICES BY A *PARTICIPATING DENTIST*

The amount if any, that you may be required to pay your *Participating Dentist* is explained in the *Schedule of Benefits*. Payments are made directly to *Participating Dentists*.

2. WHEN YOUR *PARTICIPATING DENTIST* MAY CHARGE YOU MORE

When your *Participating Dentist* provides covered services, he or she must accept the *Fee Schedule* amount as payment in full. But in the following cases you will be responsible for the difference between *the Plan* payment and the dentist's actual charge for covered services:

A. If you have received the maximum benefit allowed for services. For example, the maximum dollar amount for a *covered individual* in a calendar year, including the service that caused you to reach the maximum.

B. If you and your dentist decide to use services that are more expensive than those customarily furnished by most dentists, benefits will be provided towards the service with the lower fee.

C. If, for some reason, you receive services from more than one dentist for the same dental procedure or receive services that are furnished in a series during a planned course of treatment. In such a case the total amount of your benefit will not be more than the amount that would have been provided if only one dentist had furnished all the services.

3. PRE-TREATMENT ESTIMATES

If your dentist expects that dental treatment will involve a series of covered services (over $600), he or she should file a copy of the treatment plan with *the Plan* BEFORE these services are rendered to a *covered individual*. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charges for each service.

Upon receipt of the treatment plan, we will notify you and your dentist about the maximum extent of your benefits for the services reported.

IMPORTANT NOTE: Pre-treatment estimates are calculated based on current available benefits and the patient's eligibility. Estimates are subject to modification and eligibility that apply at the time services are completed and a claim is submitted for payment. The pre-treatment estimate is NOT a guarantee of payment or a preauthorization.

4. BENEFIT PAYMENTS FOR SERVICES BY *NON-PARTICIPATING DENTISTS*

Benefits for covered services provided by a *Non-participating Dentist* are based on the lesser of the dentist's fees, or the amounts indicated on the *Fee Schedule* for services that may be provided by *participating and non-participating dentists* under this Policy. Benefits are payable in accordance with the terms and conditions of the applicable *Schedule of Benefits* attached to this Policy and in effect at the time services are rendered. You will be responsible for paying the dentist any deductible, copayment or coinsurance amount applicable to the covered service and the difference between the dentist's fee and the amount paid by *the Plan* after any deductible or coinsurance amounts are calculated.

To find out if your dentist participates with *the Plan* ask your dentist if he or she has an agreement with us, call our Customer Service department or visit our website.

5. EMERGENCY CARE

Nothing in this Policy of coverage will prohibit a *covered individual* from seeking emergency care whenever the individual is confronted with an emergency medical condition, which in the judgment of a prudent layperson would require pre-hospital emergency services. This includes the option of calling the local pre-hospital emergency medical services system by dialing 911, or its local equivalent. Emergency dental care is defined in Part I of this Policy. Please refer to your Schedule of Benefits for specifics on emergency care benefits.

6. WHEN YOUR COVERAGE BEGINS

The dental services described in this Policy are covered as of your *effective date*, as defined in your application.

7. WE MUST HAVE ACCESS TO YOUR DENTAL RECORDS AND/OR OTHER RELEVANT RECORDS

You agree that when you claim benefits under this Policy, you give us the right to obtain all dental records and/or other related information that we need from any source for claims processing purposes. This information will be kept strictly confidential and is subject to federal and state privacy and confidentiality regulations.

Participating Dentists have agreed to give us all information necessary to determine your benefits under this Policy and have agreed not to charge for this service. If you receive services from a *Non-participating Dentist*, you must obtain all dental records or other related information needed to determine your benefits. We will not pay the dentist in order to obtain this information. If the *Non-participating Dentist* does not provide the required information, we may not be able to provide benefits for his or her services.

A complete record of the Policyholder's claims experience shall be provided, upon request. This record shall be made available not less than thirty (30) days prior to the date upon which premiums or contractual terms of the Policy may be amended.

8. SUBSCRIPTION CHARGE

The amount of money that you are responsible for paying to *the Plan* for your benefits under this *Agreement* is called your subscription charge. We will send you a notice at least thirty (30) days before any change in your subscription charge goes into effect. Subscription charges will not change more than once every twelve (12) months. We may not change your subscription charge until the present Schedule of Benefits under this Policy has been in effect for twelve (12) months.

9. WE MAY CHANGE YOUR POLICY

We will send a notice each time we change all or part of your Policy, describing the change(s) being made. Changes to the Policy may include the addition or deletion of riders as well as plan design changes. You can also call our Customer Service department to get information on your plan change. Our telephone number is listed at the end of this Policy.

The notice will tell you the *effective date* of the change and the benefits for services you may receive on or after the *effective date*. There is one exception: If before the *effective date* of the change, you started receiving services for a procedure requiring two or more visits, we will not apply the change to services related to that procedure.

10. WHEN YOUR COVERAGE ENDS

A *covered individual* will not be eligible for coverage when any of the following occurs:

A. Your dependent child under your *family coverage* attains the limiting age for coverage (please see Part 1 for the definition of Family Coverage and eligibility requirements for dependents). If *the Plan* has accepted premium for the dependent child, coverage will continue in force subject to any right of cancellation until the end of the period for which premium has been accepted.

B. The *subscriber's* covered family members may continue coverage on the death of the *subscriber*, the entry of a decree of dissolution of marriage of the *subscriber* and any other conditions, other than failure of the *subscriber* to pay the required premium, under which coverage would otherwise terminate as to the covered spouse or covered dependent children of the *subscriber*. This right to continuation includes dependents losing coverage due to the death of the *subscriber* or dependent children reaching the limiting age in this Policy. Continued coverage may, at the option of the spouse exercising the right, include covered dependent children for whom the spouse has responsibility for care or support.

   The person exercising the continuation rights shall notify *the Plan* and make payment of the appropriate premium within thirty-one (31) days following the termination of the existing Policy.

   Coverage provided through this continuation provision shall be without additional evidence of insurability or preexisting condition limitations, exclusions or other contractual time limitations

other than those remaining unexpired under the policy from which continuation is exercised. Coverage continued under this Policy is subject termination in accordance with this Policy.

11. TERMINATION OF A POLICY

A. CANCELLATION BY INSURED

You may cancel your Policy for any reason.

The following termination rules apply when you cancel coverage obtained through the *Exchange*.

1. If you provide us with notice at least fourteen (14) days prior to the proposed effective date of termination, the last day of coverage is the termination date specified by you in the notice of termination.

2. If you provide us with notice less than fourteen (14) days prior to the proposed effective date of termination, the last day of coverage is the date determined by us, if we are able to effectuate termination in fewer than fourteen (14) days and you request an earlier termination effective date. If we are unable to effectuate termination in fewer than fourteen (14) days, termination will be effective fourteen (14) days from the date of notice. If you are newly eligible for Medicaid or a Children's Health Insurance Program, the last day of coverage is the day before such coverage begins.

The following termination rules apply if coverage is obtained other than through the *Exchange*.

1. You may cancel this Policy at any time by written notice delivered or mailed to us effective upon receipt or on such later date as may be specified in the notice. In the event of cancellation, we shall return promptly the unearned portion of any premium paid. The earned premium shall be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.
2. If you cancel your Policy, you must wait at least one year after your cancellation before you can enroll again as a *subscriber*.

B. CANCELLATION OR NONRENEWAL BY THE PLAN

We may, upon thirty (30) days notice to *you*, cancel or nonrenew your Policy under any of the following circumstances:

1. Subject to the Time Limitation on Certain Defenses provision set forth in Item 14, if you make any misrepresentation, omission or concealment of a fact or incorrect statements that are: (i) fraudulent; (ii) material either to the acceptance of the risk, or to the hazard assumed by us; or (iii) we in good faith would either not have issued this Policy or would not have issued this Policy in as large an amount or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to us as required either by the application for this Policy or otherwise. In such a case, cancellation will be as of your *effective date*. We will refund you the subscription charge you have paid us. We will subtract from the refund any payments made for claims under this Policy. If we have paid more for claims under

this Policy than you have paid us in subscription charges, we have the right to collect the excess from you.
2. If you have not paid your subscription charges, subject to the Grace Period provision under Section 15 under this Part IV.
3. If you have been guilty of fraudulent dealings with us.
4. If we discontinue a particular product or all coverage in the individual market in Arizona in accordance with Arizona law.

If coverage is obtained through the *Exchange*, terminations will be initiated by the *Exchange*, except for terminations for nonpayment of premium which will be initiated by the *Plan*.

C. CANCELLATION DUE TO LOSS OF ELIGIBILITY.

Your Policy will be canceled if you are no longer eligible because you no longer live, reside or work in Arizona. The termination date of this coverage shall be the last day of the month, at 12:01 A.M. Mountain Time, in which we were notified of your move and for which the subscription charge has been paid.

A Participating Dentist shall notify a *covered individual* of the termination of the *covered individual's* Policy if the covered individual visits the Participating Dentist's office when the Participating Dentist is aware that the *covered individual's* Policy has terminated. The Participating Dentist shall also inform the *covered individual* of the charge for any scheduled dental services before performing the dental services.

D. TIME AT WHICH TERMINATION TAKES EFFECT

Any termination of this Policy under paragraphs A., B. or C of this Section 11 shall take effect at 12:01 A.M. Mountain Time on the effective date of termination.

12. MISSTATEMENT OF AGE

If the age of the *subscriber*, or any of the *subscriber's covered dependents* has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age. If the age of the *subscriber* has been misstated, and if according to the correct age of the *subscriber*, the coverage provided by this Policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the *subscriber* shall be limited to the refund, upon request, of all premiums paid for the period not covered by the Policy.

13. TIME LIMIT ON CERTAIN DEFENSES

Misstatements in the application: After two years from the date of this Policy, only fraudulent misstatements in the application may be used to void the Policy or deny any claim for loss incurred (as defined in the policy) that starts after the two-year period.

14. BENEFITS AFTER TERMINATION

No benefits will be provided for services that you receive after termination of this Policy.

15. GRACE PERIOD

The certificate holder shall be given a 31-day grace period for the payment of any premium falling due after the first premium during which coverage remains in effect. If payment is not received within the 31 days, coverage may be cancelled after the thirty-first day and the certificate holder may be held liable for the payment of the premium for the period of time coverage remained in effect during the grace period.

If a *subscriber* is receiving advance payments of the premium tax credit under the ACA, and the *subscriber* has previously paid at least one full month's premium during the *Benefit Year*, the grace period is extended to three (3) consecutive months. *The Plan* may pend claims made during the second and third months of the extended three (3) month grace period. If the premium is not paid by the end of the grace period, coverage will be terminated as of the end of the first month of the grace period and claims pended during the second and third months of the grace period will be denied.

16. NOTICES

A. To you: When we send a notice to you by first class mail. Once we mail the notice or bill, we are not responsible for its delivery. This applies to a notice of a change in the subscription charge or a change in the Policy. If your name or mailing address should change, you should notify *the Plan* at once. Be sure to give *the Plan* your old name and address as well as your new name and address.

B. To us: Send letters to DentaQuest National Insurance Company, Inc., c/o DentaQuest Management, Inc., P.O. Box 2906 Milwaukee, WI 53201-2906. Always include your name and subscriber identification number.

17. CONTRACT CHANGES

Any additions or changes to the Policy are allowed ONLY when they conform to our underwriting guidelines. Coverage for new spouses shall be effective from the date of marriage. Newly born children, newly adopted dependent children or grandchildren shall be covered from the moment of birth or date of adoptive or parental placement with an insured for the purpose of adoption. *The Plan* requires that notification of the birth of a newly born child and payment of the required premium must be submitted within thirty-one (31) days after the birth in order to have the coverage continue beyond the thirty-one (31) day period. A minor for whom guardianship is granted by court order or testamentary appointment shall be covered from the date of appointment. A child, who the court orders to be covered under a subscriber's dental coverage, shall be covered from the date of the order.

Changes to the Policy may result in a change in your subscription charge. Except as provided in section 18, below, *the Plan* must be notified of new covered dependents within thirty-one (31) days. Failure to notify the *Plan* of new dependents within thirty-one (31) days shall result in the *Plan* never recognizing coverage for the new dependent(s) during the thirty-one (31) days.

18. ENROLLING DEPENDENTS

Under certain situations, dependents may be added to your coverage at any time. Qualifying events could be a result of court order and your spouse's death. Under those circumstances, you must notify *the Plan* within thirty-one (31) days or six (6) months (only if specified below) of the qualifying event.

a. Death of Spouse – If your spouse dies, you may add your dependent child(ren) to the coverage provided under this Policy at any time and without evidence of insurability if the dependent child(ren) previously were covered under your spouse's Policy or contract. You must notify *the Plan* within six (6) months of this event.

b. Court Order – If you are required under a court order (whether from this state or another state that recognizes the right of the child to receive benefits under the subscriber's health coverage) to provide health coverage for a child, *the Plan* shall allow you to enroll the child under the following circumstances:

1. You shall be allowed to enroll in family members' coverage and include the child in that coverage regardless of any enrollment period restrictions.

2. If you are enrolled but do not include the child in the enrollment, we shall allow the noninsuring parent of the child, child support enforcement agency, or any other agency with authority over the welfare of the child to apply for enrollment on behalf of the child.

3. You may not terminate coverage for the child unless written evidence is provided to us that the order is no longer in effect, that the child is or will be enrolled under other reasonable dental coverage that will take effect on or before the effective date of termination.

19. ENROLLMENT THROUGH THE EXCHANGE AND PREMIUM PAYMENTS

Notwithstanding the requirements of Sections 17 and 18 of this Policy, if coverage is obtained through the *Exchange*, the *Exchange* will enroll qualified individuals and enrollees and terminate coverage in accordance with the requirements of the ACA, the rules promulgated under the ACA, including Parts 155 and 156 of Title 45 of the Code of Federal Regulations, and the requirements of the *Exchange*. The open and special enrollment periods and effective dates of coverage in 45 C.F.R. §§ 155.410 and 155.420 will apply with respect to enrollment through the *Exchange*.

The *Plan* is required to process enrollments in accordance with 45 CFR 156.265, which requires the *Plan* to enroll an individual only if the *Exchange* notifies the *Plan* that the individual is a qualified individual as determined by the *Exchange*.

For coverage obtained through the *Exchange*, premium payments will be required to be made directly to the *Plan* in accordance with the *Plan's* available methods for payment. The first premium payment will be due prior to the effective date of coverage, and premiums will be due

monthly thereafter unless a different payment interval is permitted by the *Plan.*

20. WHEN AND HOW BENEFITS ARE PROVIDED

Benefits will be provided ONLY for those covered services that are furnished on or after the *effective date* of this Policy. If before a *subscriber's effective date* he or she started receiving services for a procedure that requires two or more visits, NO BENEFITS are available for services related to that procedure.

21. WE ARE NOT RESPONSIBLE FOR THE ACTS OF DENTISTS

We will not interfere with the relationship between dentists and patients. You are free to select any dentist. It is your responsibility to find a dentist. We are not responsible if a dentist refuses to furnish services to you. We are not liable for injuries or damages resulting from the acts or omissions of a dentist.

22. COORDINATION OF BENEFITS AND RIGHT TO RECOVER OVERPAYMENTS

Coordination of Benefits (COB) applies if you or any of your dependents have another plan that provides coverage for services that are benefits under your Policy including: indemnity programs, PPO programs, discounted fee for service programs, point of service programs, and capitation programs. The following are not treated as plans for the purposes of COB: individual or family insurance, or other *individual coverage*, amounts of hospital indemnity insurance of $200 or less per day, school accident type coverage, benefits for non-medical components of group long-term care policies, Medicaid policies and coverage under other governmental plans unless permitted by law, and an individual guaranteed renewable specified disease policy or intensive care policy that does not provide benefits on an expense-incurred basis. *The Plan* will administer the COB according to any applicable state COB law and this Policy.

A. Definitions:

1. **Claim determination period** means a Benefit Year. However, it does not include any part of a year during which a person has no coverage under this Policy, or before the date this COB provision or a similar provision takes effect.

2. **Custodial parent** means a parent who: (1) is awarded custody by a court decree. In the absence of a court decree, it is the parent with whom the child resides more than one half of the Benefit Year without regard to any temporary visitation; or (2) is a guardian of the person or other custodian of a child and is designated as guardian or custodian by a court or administrative agency of this or another state.

3. The plan that provides benefits first under the COB rules is known as the **primary plan**. The primary plan is responsible for providing benefits in accordance with its terms and conditions of coverage without regard to coverage under any other plan. 4. The plan that provides benefits next is the **secondary plan**. It provides benefits toward any remaining balance for covered services in accordance with its terms and conditions of coverage, including its COB provision.

B. Secondary Plan's Benefits:

The secondary plan's benefits are determined after those of another plan and may be reduced because of the primary plan's benefits. This Plan, as the secondary plan, will provide benefits toward any remaining patient balance for covered services in accordance with this Policy, provided that the amount paid by this Plan as the secondary plan, when added to the amount paid by the primary plan, will not exceed the lesser of the provider's submitted charge or the amount allowed under your *contract*.

C. Order of Benefit Determination Rules:

1. The coverage from both plans shall be coordinated so that the *covered individual* receives the maximum allowable benefit from each plan.
2. A plan that does not contain a COB provision is always primary. An exception to this rule is coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits. An example of this type of coverage is a point-of-service benefit written in connection to a closed (capitation) panel.
3. In determining which plan is the primary and which is the secondary, the following rules shall apply and in this order:
    a. The plan that covers the c*overed individual* other than as a dependent is the primary plan. The secondary plan is the one that covers that c*overed individual* as a dependent. However, if federal law requires Medicare to be a secondary plan, then this rule may be reversed.
    b. When both plans cover the c*overed individual* as a dependent child, the plan of the parent whose birthday occurs first in a Benefit Year should be considered as primary. The parents should be married, not separated (whether or not they ever have been married), or a court decree awards joint custody without specifying that one party has the responsibility to provide health care coverage.
    c. If the parents are not married or are separated (whether or not they ever have been married) or are divorced, the order of benefits shall be: 1) the plan of the custodial parent 2) the plan of the spouse of the custodial parent 3) the plan of the noncustodial parent.
    d. If a determination cannot be made with the rules as set out above, the plan that has covered either of the parents for a longer time should be considered as primary. This rule shall apply if the parents have the same birthday.
    e. If a court decree states that one of the parents is responsible for the child's health care expenses or health care coverage and the plan of that parent has actual knowledge of those terms, that plan is primary. This rule shall apply to claim determination periods or Benefit Years commencing after the plan is given notice of the court decree.
4. A plan may consider the benefits paid or provided by another plan in determining its benefits only when it is secondary to that other plan.
5. If one of the plans is a medical plan and the other is a dental plan, the medical plan will always be the primary plan.
6. Whichever plan that covered the c*overed individual* as an employee, member, *subscriber* or retiree longer is the primary plan.

If we pay more than we should have under COB, then you must refund any overpayment to the *Plan.*

IMPORTANT: No statement in this section should be interpreted to mean that we will provide any more benefits than those already described in the Benefits Section of this Policy. Remember that under COB, the total of the payments made for covered health care services will not be more than the total of the allowed charges for those covered services. We will not provide duplicate benefits for the same services. If you have any questions about COB and your Policy, please contact our Customer Service department. The telephone number is listed at the end of this Policy.

23. CONFORMITY WITH STATE STATUTES:

Any provision of this Policy that on its effective date is in conflict with the statutes of the state, District of Columbia or territory in which the Subscriber resides on that date is hereby amended to conform to the minimum requirements of such statutes.

24. CHOICE OF LAW

This Policy shall be construed according to the laws of Arizona. This Policy will be automatically revised in order to conform to statutory requirements of the laws of Arizona.

25. LEGAL ACTIONS

No action at law or in equity shall be brought to recover under this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished as required by this Policy. No legal action may be brought after the expiration of two years after the time written proof of loss is required to be furnished.

26. ENTIRE CONTRACT; CHANGES

This Policy, including the *Schedule of Benefits*, and any applicable rider(s) or attachments, and the Application constitute the entire contract of insurance. No change in this Policy shall be valid until approved by an officer of the *Plan* and unless such approval be endorsed hereon or attached hereto. No agent has any authority to change this Policy or to waive any of its provisions.

27. IMPORTANT INFORMATION ABOUT YOUR INSURANCE

In the event that you need to contact someone about this coverage for any reason, you should contact your agent. If no agent was involved in the sale of this coverage, or if you have additional questions, you may contact DentaQuest National Insurance Company, Inc. at the following address and telephone number:

DentaQuest National Insurance
Company, Inc. c/o DentaQuest P.O.
Box 2906

Milwaukee, WI 53201-2906
Telephone: 1-844-876-3981

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting the agent, or DentaQuest National Insurance Company, Inc., you should have your Policy number available.

28. REINSTATEMENT

If the renewal premium is not paid before the grace period ends, the Policy will lapse. Later acceptance of the premium by *the Plan* or by an agent authorized to accept payment, without requiring an application for reinstatement, will reinstate the Policy. If *the Plan* or its agent requires an application for reinstatement, the Subscriber will be given a conditional receipt for the premium. If the application is approved the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the forty-fifth day after the date of the conditional receipt unless the Plan has previously written the Subscriber of its disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement and sickness that starts more than 10 days after such date. In all other respects the rights of the Subscriber and *the Plan* will remain the same, subject to any provisions noted or attached to the reinstated Policy. Any premiums *the Plan* accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days prior to the date of reinstatement.

29. STATEMENTS AS REPRESENTATION; EFFECT OF MISREPRESENTATION UPON POLICY

All statements and descriptions in your application for insurance or in negotiations therefor, by or on your behalf, shall be deemed to be representations and not warranties. Misrepresentations, omissions, concealment of facts and incorrect statements shall not prevent a recovery under this Policy unless: (i) fraudulent; (ii) material either to the acceptance of the risk, or to the hazard assumed by *the Plan*; or (iii) *the Plan* in good faith would either not have issued this Policy, or would not have issued this Policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to *the Plan* as required either by the application for this Policy or otherwise.

30. ADMINISTRATION OF CLAIM AGAINST *THE PLAN* NOT DEEMED WAIVER OF DEFENSE

Without limitation of any right or defense of *the Plan* otherwise, none of the following acts by or on behalf of *the Plan* shall be deemed to constitute a waiver of any provision of this Policy or of any defense of *the Plan* hereunder: (i) acknowledgement of the receipt of notice of loss or claim; (ii) furnishing forms for reporting a loss or claim, for giving information relative thereto, or for making proof of loss, or receiving or acknowledging receipt of any such forms or proofs completed or

uncompleted; or (iii) investigating any loss or claim or engaging in negotiations looking toward a possible settlement of any such loss or claim.

31. RECORDED PERSONAL INFORMATION

If a *covered individual*, after proper identification, submits a written request to us for access to recorded personal information about the individual which is reasonably described by the individual and which we can reasonably locate and retrieve, we will, within thirty (30) business days from the date the request is received: (i) inform the individual of the nature and substance of the recorded personal information in writing, by telephone or by other oral communication; (ii) permit the individual to see and copy, in person, the recorded personal information pertaining to the individual or to obtain a copy of the recorded personal information by mail, whichever the individual prefers, unless the recorded personal information is in coded form, in which case we shall provide an accurate translation in plain language and in writing; (iii) disclose to the individual the identity, if recorded, of those persons to whom we have disclosed the personal information within two years prior to the request, and if the identity is not recorded, the names of those persons to whom the information is normally disclosed; and (iv) provide the individual with a summary of the procedures by which the individual may request correction, amendment or deletion of recorded personal information. Any personal information provided pursuant to this section shall identify the source of the information if the source is an institutional source. Medical record information supplied by a medical care institution or medical professional and requested under this section, together with the identity of the medical professional or medical care institution which provided the information, shall be supplied either directly to the *covered individual* or to a medical professional designated by the individual and licensed to provide medical care with respect to the condition to which the information relates, whichever we prefer. If we elect to disclose the information to a medical professional designated by the *covered individual*, we will notify the individual, at the time of the disclosure, that the medical professional has provided the information to the medical professional.

Except with respect to corrected personal information, we may charge a reasonable fee to cover the costs incurred in providing a copy of recorded personal information to *covered individuals*.

The obligations imposed by this section may be satisfied by an insurance producer authorized to act on our behalf.

32. CORRECTIONS, AMENDMENTS OR DELETIONS TO RECORDED PERSONAL INFORMATION

Within thirty (30) business days from the date of receipt of a written request from a *covered individual* to correct, amend or delete any recorded personal information in our possession about the individual, we will either: (i) correct, amend or delete the portion of the recorded personal information in dispute; or (ii) notify the individual of its refusal to make the correction, amendment or deletion, the reasons for the refusal and the individual's right to file a statement as provided below.

If we correct, amend or delete recorded personal information, we will so notify the individual in writing and furnish the correction, amendment or fact of deletion to the following, as applicable: (i) any person specifically designated by the individual who may have, within the preceding two years, received the recorded personal information; (ii) any insurance support organization whose primary

source of personal information is insurance institutions if the insurance support organization has systematically received the recorded personal information from the insurance institution within the

preceding seven years, except that the correction, amendment or fact of deletion need not be furnished if the insurance support organization no longer maintains recorded personal information about the individual; and (iii) any insurance support organization that furnished the personal information that has been corrected, amended or deleted.

If an individual disagrees with our refusal to correct, amend or delete recorded personal information, the individual may file with us a concise statement setting forth what the individual thinks is the correct, relevant or fair information and a concise statement of the reasons why the individual disagrees with our refusal to correct, amend or delete recorded personal information.

If the individual files either statement as described immediately above, we will (i) file the statement with the disputed personal information and provide a means by which anyone reviewing the disputed personal information will be made aware of the individual's statement and have access to it; (ii) in any subsequent disclosure by us of the recorded personal information that is the subject of disagreement, clearly identify the matter in dispute and provide the individual's statement along with the recorded personal information being disclosed; and (iii) furnish the statement to the persons and in the manner prescribed above.

If the individual so requests, we will reconsider our underwriting decision based on any corrected information or the individual's statement provided above.

Part V Filing a Claim

1. EXPLANATION OF BENEFITS (EOB) Each time we process a claim for you under this Policy, a written notice will be sent to you explaining your benefits for that claim. This notice will tell you how we paid the claim or the reasons it was denied. The notice is called an Explanation of Benefits or "EOB."

2. WHO FILES A CLAIM

   A. *Participating Dentists*: *Participating Dentists* will file claims directly to us for the services covered by this Policy. We will make benefit payments within sixty (60) days to them.

   B. *Non-participating Dentists*: When you receive covered services from a *Nonparticipating Dentist*, either you or the dentist may file a claim. Contact our Customer Service Department at 1-844-876-3981 for claim forms.

3. PROOF OF LOSS

   All claims for benefits under the *Contract* for services must be submitted within ninety (90) days of the date that the *covered individual* completes the service. Failure to submit the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the time required, if the proof is furnished as soon as reasonably possible and, except in the absence of legal capacity of the *covered individual*, not later than one (1) year from the time the *covered individual* should have submitted the claim.

   If benefits are denied because a *Participating Dentist* fails to submit a claim on time, you will not be responsible for paying the dentist for the portion of the dentist's charge that would have been a benefit under the dental plan. This applies only if the *covered individual* properly informed the *Participating Dentist* that he or she was a *covered individual* by presenting his or her dental plan identification card. The *covered individual* will be responsible for his or her patient liability, if any.

4. WHEN YOU FILE A CLAIM

   A. NOTICE OF CLAIM. Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to *the Plan* at DentaQuest National Insurance Company, Inc., c/o DentaQuest Management, Inc., P.O. Box 2906 Milwaukee, WI 53201-2906, or to *the Plan's* agent, with information sufficient to identify the claimant, shall be deemed notice to *the Plan*. Please include in the notice the name of the Subscriber, and claimant if other than the Subscriber, and the policy number.

   B. CLAIM FORMS. When *the Plan* receives a request for a claim form for the services of a *Non-participating Dentist*, it will send the claimant an Attending Dentist's Statement form for filing proof of loss. If the form is not given to the claimant within fifteen (15) days after receipt of a request from the claimant, the claimant will be deemed to have complied with *the Plan's* requirements of this Policy for filing a completed claims form, if within the time limit under Section 3 of this Part V, the *covered individual* submits a

written statement of the nature of the service, and the character and the extent of the service for which the claim is made.

C. TIME OF PAYMENT OF CLAIMS. We will immediately upon receipt of due written proof of loss: (a) send you a check for your claim to the extent of your benefits under this Policy; or (b) send you a notice in writing of why we are not paying your claim; or (c) send you a notice in writing that the legitimacy of the claim is in dispute and additional information is necessary to determine if all or part of the claim will be reimbursed and what specific additional information is necessary to pay your claim.

If you have any questions, contact our Customer Service department. Our telephone number is listed at the end of this Policy.

D. PAYMENT OF CLAIMS. Benefits will be paid to the subscriber. *The Plan* may pay all or a portion of any dental benefits provided to a Participating Dentist.

E. UNPAID PREMIUM. Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

Part VI
Index

This index lists the major benefits and limitations of your Policy. Of course, it does not list everything that is covered in your Policy. To understand fully all benefits and limitations you must read carefully through your Policy.

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DentaQuest National Insurance
Company, Inc.96 Worcester Street
Wellesley Hills, MA 02481
Customer Service Department
1-844-876-3981

Arizona CDT List	
Code	**Description**
D0120	Periodic oral evaluation - Limited to 1 every 6 months
D0140	Limited oral evaluation - problem focused - Limited to 1 every 6 months
D0150	Comprehensive oral evaluation - Limited to 1 every 6 months
D0160	Detailed and extensive oral evaluation - problem focused, by report
D0180	Comprehensive periodontal evaluation - Limited to 1 every 6 months
D0210	Intraoral – complete set of radiographic images including bitewings - 1 every 60 (sixty) months
D0220	Intraoral - periapical radiographic image
D0230	Intraoral - additional periapical image
D0240	Intraoral - occlusal radiographic image
D0260	Extraoral – Each Additional Radiographic Image
D0270	Bitewing - single image Adult - 1 set every calendar year/Children - 1 set every 6 months
D0272	Bitewings - two images - Adult - 1 set every calendar year/Children - 1 set every 6 months
D0274	Bitewings - four images - Adult - 1 set every calendar year/Children - 1 set every 6 months
D0277	Vertical bitewings – 7 to 8 images – Adult - 1 set every calendar year/Children - 1 set every 6 months
D0320	TMJ arthrogram
D0321	Other TMJ images, by report
D0322	Tomographic survey
D0330	Panoramic radiographic image – 1 image every 60 (sixty) months
D0340	Cephalometric radiographic image
D0350	2D Oral / Facial Photographic Images-obtained intraorally and extraorally
D0351	3D photographic image
D0391	Interpretation of Diagnostic Image
D0414	Lab microbial specimen
D0415	Lab test
D0416	Viral culture
D0418	Analysis of saliva example chemical or biological analysis of saliva for diagnostic purposes
D0419	Assessment of salivary flow by measurement.
D0422	Collect & Prep Genetic Sample-1 per lifetime.
D0423	Genetic Test-Specimen Analysis-1 per lifetime.
D0425	Caries test
D0431	Adjunctive pre-diagnostic test
D0470	Diagnostic Models
D0475	Declassification procedure
D0476	Special stains for microorganisms
D0477	Special stains not for microorganisms
D0478	Immunohistochemical stains
D0479	Tissue in-situ-hybridization
D0481	Electron microscopy
D0482	Direct immunofluorescence
D0483	In-direct immunofluorescence

D0484	Consultation on slides prepared elsewhere
D0485	Consultation including preparation of slides
D0486	Accession Transepithelial
D0600	Non-ionizing diagnostic procedure.
D0604	Antigen Test For Pathogen
D0605	Antibody Test For Pathogen
D0606	Molecular testing for a public health related pathogen, including Coronavirus
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D0702	2-D cephalometric radiographic image – image capture only
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
D0704	3-D photographic image – image capture only
D0705	Extra-oral posterior dental radiographic image – image capture only
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D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
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D2150	Amalgam - two surfaces, primary or permanent"
D2160	Amalgam - three surfaces, primary or permanent"
D2161	Amalgam - four or more surfaces, primary or permanent D2330 Resin–based composite - one surface, anterior
D2330	Resin–based composite - one surface, anterior"
D2331	Resin-based composite - two surfaces, anterior D2332 Resin-based composite - three surfaces, anterior
D2332	Resin-based composite - three surfaces, anterior
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) D2390 Resin Crown-1 every 60 months
D2510	Inlay - metallic – one surface – An alternate benefit will be provided
D2520	Inlay - metallic – two surfaces – An alternate benefit will be provided
D2530	Inlay - metallic – three surfaces – An alternate benefit will be provided
D2542	Onlay - metallic - two surfaces – Limited to 1 per tooth every 60 months
D2543	Onlay - metallic - three surfaces – Limited to 1 per tooth every 60 months
D2544	Onlay - metallic - four or more surfaces – Limited to 1 per tooth every 60 months
D2610	Porcelain Inlay-1 every 60 months
D2620	2 Surface Porcelain Inlay-1 every 60 months
D2630	3 or More Surf. Porcelain Onlay-1 every 60 months
D2642	onlay–porcelain/ceramic–two surfaces
D2643	onlay–porcelain/ceramic–three surfaces
D2644	onlay–porcelain/ceramic–four or more surfaces
D2740	Crown - porcelain/ceramic substrate - Limited to 1 per tooth every 60 months
D2750	Crown - porcelain fused to high noble metal - Limited to 1 per tooth every 60 months
D2751	Crown - porcelain fused to predominately base metal – Limited to 1 per tooth every 60 months
D2752	Crown - porcelain fused to noble metal – Limited to 1 per tooth every 60 months
D2753	Crown - porcelain fused to titanium and titanium alloys - Limited to 1 per tooth every 60 months.
D2780	Crown - 3/4 cast high noble metal – Limited to 1 per tooth every 60 months
D2781	Crown - 3/4 cast predominately base metal – Limited to 1 per tooth every 60 months
D2783	Crown - 3/4 porcelain/ceramic – Limited to 1 per tooth every 60 months
D2790	Crown - full cast high noble metal– Limited to 1 per tooth every 60 months

D2791	Crown - full cast predominately base metal – Limited to 1 per tooth every 60 months
D2792	Crown - full cast noble metal– Limited to 1 per tooth every 60 months
D2794	Crown – titanium– Limited to 1 per tooth every 60 months
D2910	Re-cement inlay or re-bond inlay, onlay veneer or partial coverage restoration
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core
D2920	Re-cement or re-bond crown
D2921	Reattachment of Tooth Fragment
D2928	Prefabricated porcelain/ceramic crown – permanent tooth - limited to 1 per tooth every 60 months
D2929	Prefabricated porcelain crown - primary - Limited to 1 every 60 months
D2930	Prefabricated stainless steel crown - primary tooth – Under age 15 - Limited to 1 per tooth in 60 months
D2931	Prefabricated stainless steel crown - permanent tooth - Under age 15 - Limited to 1 per tooth in 60 months
D2932	Resin crown - Limited to 1 per tooth every 60 months.
D2940	Protective Restoration
D2950	Core buildup, including any pins– Limited to 1 per tooth every 60 months
D2951	Pin retention - per tooth, in addition to restoration
D2952	Post and core-limited to 1 per tooth every 60 months.
D2954	Prefabricated post and core, in addition to crown– Limited to 1 per tooth every 60 months
D2980	Crown repair, by report
D2981	Inlay Repair
D2982	Onlay Repair
D2983	Veneer Repair
D2990	Resin infiltration/smooth surface - Limited to 1 in 36 months
D3220	Therapeutic pulpotomy (excluding final restoration) - If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately.
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately.
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) - Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth excluding final restoration). Incomplete endodontic treatment when you discontinue treatment. - Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.
D3310	Anterior root canal (excluding final restoration)
D3320	Bicuspid root canal (excluding final restoration)
D3330	Molar root canal (excluding final restoration)
D3346	Retreatment of previous root canal therapy-anterior
D3347	Retreatment of previous root canal therapy-bicuspid
D3348	Retreatment of previous root canal therapy-molar

D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353	Apexification/recalcification - final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
D3355	Pulpal regeneration – initial visit - Limited to 1 per lifetime.
D3355	pulpal regeneration–initial visit Includes opening tooth, preparation of canal Spaces, placement of medication.
D3356	Pulpal regeneration – interim medication replacement - Limited to 1 per lifetime.
D3356	pulpal regeneration–interim medication replacement
D3357	Pulpal regeneration – completion of treatment - Limited to 1 per lifetime
D3357	pulpal regeneration–completion of Treatment Does not include final restoration
D3410	Apicoectomy/periradicular surgery - anterior
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)
D3425	Apicoectomy/periradicular surgery - molar (first root)
D3426	Apicoectomy/periradicular surgery (each additional root)
D3450	Root amputation - per root
D3471	Surgical repair of root resorption - anterior
D3472	Surgical repair of root resorption – premolar
D3473	Surgical repair of root resorption – molar
D3501	Surg Exp of Root-Anterior
D3502	Surg Exp of Root-Premolar
D3503	Surg Exp of Root-Molar
D3920	Hemisection (including any root removal) - not including root canal therapy
D3921	Intentional removal of coronal tooth structure for preservation of the root and surrounding bone
D4210	Gingivectomy or gingivoplasty – four or more teeth - Limited to 1 every 36 months
D4211	Gingivectomy or gingivoplasty – one to three teeth - Limited to 1 every 36 months
D4212	Gingivectomy or gingivoplasty - with restorative procedures, per tooth - Limited to 1 every 36 months
D4240	Gingival flap procedure, four or more teeth – Limited to 1 every 36 months
D4241	Gingival flap procedure, including root planning - one to three contiguous teeth or tooth bounded spaces per quadrant – Limited to 1 every 36 months
D4249	Clinical crown lengthening-hard tissue
D4260	Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months
D4261	Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months
D4263	Bone replacement graft - first site in quadrant - Limited to 1 every 36 months
D4270	Pedicle soft tissue graft procedure
D4273	Autogenous connective tissue graft procedures (including donor site surgery)
D4275	Non-Autogenous connective tissue graft - Limited to 1 every 36 months
D4277	Free soft tissue graft 1st tooth
D4278	Free soft tissue graft-additional teeth
D4283	Subepithelial tissue graft/each additional contingous tooth, implant or edentulous tooth position in same graft site.

D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)-each additional contiguos tooth, implant or edentulous tooth position in same graft site-Limited to 1 every 36 months
D4341	Periodontal scaling and root planning-four or more teeth per quadrant – Limited to 1 every 24 months
D4342	Periodontal scaling and root planning-one to three teeth, per quadrant – Limited to 1 every 24 months
D4346	Scaling gingival inflammation. Limited to 1 every 6 months combined with prophylasis and periodontal maintenance.
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis– Limited to 1 per lifetime
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.
D4910	Periodontal maintenance – 4 in 12 months combined with adult prophylaxis after the completion of active periodontal therapy
D5110	Complete denture - maxillary – Limited to 1 every 60 months
D5120	Complete denture - mandibular – Limited to 1 every 60 months
D5130	Immediate denture - maxillary – Limited to 1 every 60 months
D5140	Immediate denture - mandibular – Limited to 1 every 60 months
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months
D5213	Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)– Limited to 1 every 60 months
D5214	Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months
D5221	Immediate maxillary partial denture-resin base (including any conventional clasps, rests and teeth)-Limited to 1 every 60 months.
D5222	Immediate mandibluar partial denture-resin base (including any conventional clasps, rests and teeth)-Limited to 1 every 60 months.
D5223	Immediate maxillary partial denture-cast metal framework with resin denture base (including any conventional clasps, rests amd teeth)-Limited to 1 every 60 months.
D5224	Immediate mandibular partial denture-cast metal framework with resin denture base (including any conventional clasps, rests amd teeth)-Limited to 1 every 60 months.
D5227	Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth)-Limited to 1 every 60 months
D5228	Immediate mandibular partial denture-flexible base (including clasps, rests and teeth)-Limited to 1 every 60 months
D5282	Removable Unilateral Partial denture-one piece cast metal (including clasps and teeth), maxillary-Limited to 1 every 60 months
D5283	Removable Unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular-Limited to 1 every 60 months
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant - Limited to 1 every 60 months.
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant - Limited to 1 every 60 months.

D5410	Adjust complete denture – maxillary
D5411	Adjust complete denture – mandibular
D5421	Adjust partial denture – maxillary
D5422	Adjust partial denture - mandibular
D5511	Repair broken complete denture base-mandibular
D5512	Repair broken complete denture base-maxillary
D5520	Replace missing or broken teeth - complete denture (each tooth)
D5611	Repair resin partial denture base-mandibular
D5612	Repair resin partial denture base-maxillary
D5621	Repair cast partial framework-mandibular
D5622	Repair cast partial framework-maxillary
D5630	Repair or replace broken clasp
D5640	Replace broken teeth - per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture
D5710	Rebase complete maxillary denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5720	Rebase maxillary partial denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5721	Rebase mandibular partial denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5725	Rebase hybrid prosthesis-Replacing the base material connected to the framework-Limited to a 1 in a 36-month period 6 months after the initial installation
D5730	Reline complete maxillary denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5731	Reline complete mandibular denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5740	Reline maxillary partial denture - Limited to 1in a 36-month period 6 months after the initial installation
D5741	Reline mandibular partial denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5750	Reline complete maxillary denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5751	Reline complete mandibular denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5760	Reline maxillary partial denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5761	Reline mandibular partial denture (laboratory) Rebase/Reline - Limited to 1 in a 36-month period 6 months after the initial installation.
D5765	Soft liner for complete or partial removable denture-indirect-A discrete procedure provided when the dentist determines placement of the soft liner is clinically indicated-Limited to a 1 in 36-month period 6 months after the initial installation
D5850	Tissue conditioning (maxillary)
D5851	Tissue conditioning (mandibular)
D5876	Add metal substructure to acrylic full denture (per arch)-Limit 1 every 60 months.
D6010	Endosteal Implant - 1 every 60 months
D6012	Surgical Placement of Interim Implant Body - 1 every 60 months
D6040	Eposteal Implant – 1 every 60 months

D6050	Transosteal Implant, Including Hardware – 1 every 60 months
D6055	Connecting Bar – implant or abutment supported - 1 every 60 months
D6056	Prefabricated Abutment – 1 every 60 months
D6057	Custom Abutment - 1 every 60 months
D6058	Abutment supported porcelain ceramic crown -1 every 60 months
D6059	Abutment supported porcelain fused to high noble metal - 1 every 60 months
D6060	Abutment supported porcelain fused to predominately base metal crown - 1 every 60 months
D6061	Abutment supported porcelain fused to noble metal crown - 1 every 60 months
D6062	Abutment supported cast high noble metal crown - 1 every 60 months
D6063	Abutment supported cast predominately base metal crown - 1 every 60 months
D6064	Abutment supported cast noble metal crown - 1 every 60 months
D6065	Implant supported porcelain/ceramic crown - 1 every 60 months
D6066	Implant supported porcelain fused to high metal crown - 1 every 60 months
D6067	Implant supported metal crown - 1 every 60 months
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture - 1 every 60 months
D6069	Abutment supported retainer for porcelain fused to high noble metal fixed partial denture - 1 every 60 months
D6070	Abutment supported retainer for porcelain fused to predominately base metal fixed partial denture - 1 every 60 months
D6071	Abutment supported retainer for porcelain fused to noble metal fixed partial denture - 1 every 60 months
D6072	Abutment supported retainer for cast high noble metal fixed partial denture 1 every 60 months
D6073	Abutment supported retainer for predominately base metal fixed partial denture - 1 every 60 months
D6074	Abutment supported retainer for cast noble metal fixed partial denture - 1 every 60 months
D6075	Implant supported retainer for ceramic fixed partial denture - 1 every 60 months
D6076	Implant supported retainer for porcelain fused to high noble metal fixed partial denture - 1 every 60 months
D6077	Implant supported retainer for cast metal fixed partial denture - 1 every 60 months
D6080	Implant Maintenance Procedures -1 every 60 months
D6081	Scaling and debridement implant-1 every 60 months.
D6082	Implant supported crown – porcelain fused to predominantly base alloys - 1 every 60 months.
D6083	Implant supported crown – porcelain fused to noble alloys - 1 every 60 months.
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys - 1 every 60 months.
D6086	Implant supported crown – predominantly base alloys - 1 every 60 months.
D6087	Implant supported crown – noble alloys - 1 every 60 months.
D6088	Implant supported crown – titanium and titanium alloys - 1 every 60 months.
D6090	Repair Implant Prosthesis -1 every 60 months
D6091	Replacement of Semi-Precision or Precision Attachment -1 every 60 months
D6095	Repair Implant Abutment - 1 every 60 months
D6096	Remove broken implant retaining screw-1 every 12 months

D6097	Abutment supported crown – porcelain fused to titanium and titanium alloy - 1 every 60 months.
D6098	Implant supported retainer – porcelain fused to predominantly base alloys - 1 every 60 months.
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys - 1 every 60 months.
D6100	Implant Removal - 1 every 60 months
D6101	Debridement periimplant defect - Limited to 1 every 60 months
D6102	Debridement and osseous periimpant defect - Limited to 1 every 60 months
D6103	Bone graft periimplant defect.
D6104	Bone graft implant replacement.
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary- 1 every 60 months
D6111	Implant/abutment supported removable denture for edentulous arch-mandibular- 1every 60 months
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary- 1 every 60 months
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular- 1every 60 months
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary- 1 every 60 months
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular- 1 every 60 months
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary- 1 every 60 months
D6117	Implant/abutment supported fixed denture for partially edentulous arch-mandibular- 1 every 60 months
D6118	implant/abutment supported interim fixed denture for edentulous arch – mandibular
D6119	implant/abutment supported interim fixed denture for edentulous arch – maxillary
D6120	Implant supported retainer – porcelain fused to titanium and titaniumalloys - 1 every 60 months.
D6121	Implant supported retainer for metal FPD – predominantly base alloys - 1 every 60 months.
D6122	Implant supported retainer for metal FPD – noble alloys - 1 every 60 months.
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys - 1 every 60 months.
D6190	Implant Index - 1 every 60 months
D6191	Semi-precision abutment – placement - 1 every 60 months
D6192	- Semi-precision attachment – placement - 1 every 60 months
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys - 1 every 60 months.
D6210	Pontic - cast high noble metal – Limited to 1 every 60 months
D6211	Pontic - cast predominately base metal – Limited to 1 every 60 months
D6212	Pontic - cast noble metal– Limited to 1 every 60 months
D6214	Pontic – titanium – Limited to 1 every 60 months
D6240	Pontic - porcelain fused to high noble metal – Limited to 1 every 60 months

D6241	Pontic - porcelain fused to predominately base metal – Limited to 1 every 60 months
D6242	Pontic - porcelain fused to noble metal – Limited to 1 every 60 months
D6243	- Pontic – porcelain fused to titanium and titanium alloys - 1 every 60 months.
D6245	Pontic - porcelain/ceramic – Limited to 1 every 60 months
D6520	Inlay – metallic – two surfaces – Limited to 1 every 60 months
D6530	Inlay – metallic – three or more surfaces - Limited to 1 every 60 months
D6543	Onlay – metallic – three surfaces - 1 every 60 months
D6544	Onlay – metallic – four or more surfaces -1 every 60 months
D6545	Retainer - cast metal for resin bonded fixed prosthesis -1 every 60 months
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis -1 every 60 months
D6549	Resin retainer-for resin bonded fixed prosthesis - 1 every 60 months
D6740	Crown - porcelain/ceramic - 1 every 60 months
D6750	Crown - porcelain fused to high noble metal - 1 every 60 months
D6751	Crown - porcelain fused to predominately base metal - 1 every 60 months
D6752	Crown - porcelain fused to noble metal - 1 every 60 months
D6753	Retainer crown – porcelain fused to titanium and titanium alloys - 1 every 60 months.
D6780	Crown - 3/4 cast high noble metal - 1 every 60 months
D6781	Crown - 3/4 cast predominately base metal - 1 every 60 months
D6782	Crown - 3/4 cast noble metal - 1 every 60 months
D6783	Crown - 3/4 porcelain/ceramic - 1 every 60 months
D6784	Retainer crown ¾ titanium and titanium alloys - 1 every 60 months.
D6790	Crown - full cast high noble metal - 1 every 60 months
D6791	Crown - full cast predominately base metal - 1 every 60 months
D6792	Crown - full cast noble metal - 1 every 60 months
D6930	Recement fixed partial denture
D6980	Fixed partial denture repair, by report
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	Removal of impacted tooth - soft tissue
D7230	Removal of impacted tooth – partially bony
D7240	Removal of impacted tooth - completely bony
D7241	Removal of impacted tooth - completely bony with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7251	Coronectomy - intentional partial tooth removal
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280	Surgical access of an unerupted tooth
D7310	Alveoloplasty in conjunction with extractions - per quadrant
D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions - per quadrant
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant
D7471	Removal of exostosis
D7510	Incision and drainage of abscess - intraoral soft tissue

D7910	Suture of recent small wounds up to 5 cm
D7921	Collect-Apply Autologous Product-1 every 36 months.
D7953	Bone replacement graft for ridge preservation-per site
D7961	Buccal/Labial Frenectomy
D7962	Lingual Frenectomy
D7971	Excision of pericoronal gingiva
D8010	Limited orthodontic treatment of the primary dentition D8020 Limited orthodontic treatment of the transitional dentition D8030 Limited orthodontic treatment of the adolescent dentition D8040 Limited orthodontic treatment of the adult dentition
D8020	Limited orthodontic treatment of the transitional dentition
D8030	Limited orthodontic treatment of the adolescent dentition
D8070	Comprehensive orthodontic treatment of the transitional dentition D8080 Comprehensive orthodontic treatment of the adolescent dentition D8090 Comprehensive orthodontic treatment of the adult dentition D8210 Removable appliance therapy
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D8660	Pre-orthodontic treatment examination to monitor growth and development
D8670	Periodic orthodontic treatment visit (as part of contract)
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s).
D9110	Palliative treatment of dental pain – minor procedure
D9222	Deep sedation/general anesthesia-first 15 minutes
D9223	Deep sedation/general anesthesia - each 15 minute increment.
D9239	Intravenous moderate (conscious) sedation/analgesia-first 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia-each 15 minute increment.
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)
D9311	Consultation With Medical Professional
D9440	Office Visit- after regularly scheduled hours
D9610	Therapeutic drug injection, by report
D9930	Treatment of complications (post-surgical) unusual circumstances, by report
D9932	Cleaning and inspection of removable complete denture, maxillary-1 every 6 months.
D9933	Cleaning and inspection of removable complete denture, mandibular-1 every 6 months.
D9934	Cleaning and inspection of removable partial denture, maxillary-1 every 6 months.
D9935	Cleaning and inspection of removable partial denture, mandibular-1 every 6 months.
D9942	Repair/reline occlusal guard-1 every 24 months for patients 13 and older.
D9943	Occlusal guard adjustment-1 every 24 months for patients 13 and older.
D9944	Occlusal guard-hard appliance, full arch - 1 in 12 months for patients 13 and older.
D9945	Occlusal guard-soft appliance, full arch - 1 in 12 months for patients 13 and older.
D9946	Occlusal guard-hard appliance, partial arch - 1 in 12 months for patients 13 and older.

DentaQuest National Insurance Company, Inc.
96 Worcester Street
Wellesley Hills, MA 02481

SCHEDULE OF BENEFITS
DentaQuest PPO for Individuals and Families Family
Low Option

COVERAGE

In-Network Benefits		Out-of-Network Benefits
Diagnostic and Preventive Services		
The Plan pays 100% of charges up to the *fee schedule* amounts for services by a *Participating Dentist.*		*The Plan* pays 100% of covered charges up to the *fee schedule* amounts for services by a *Non-participating Dentist.*
Restorative and other Basic Services		
For individuals under age 19, *the Plan* pays 40% of covered charges up to the *fee schedule* amounts for services by a *Participating Dentist.* For individuals age 19 and older, *the Plan* pays 50% of covered charges up to the *fee schedule* amounts for services by a *Participating Dentist.*		For individuals under age 19, *the Plan* pays 40% of covered charges up to the *fee schedule* amounts for services by a *Non-participating Dentist.* For individuals age 19 and older, *the Plan* pays 50% of covered charges up to the *fee schedule* amounts for services by a *Non-participating Dentist.*
Complex and Major Restorative Dental Services		
For individuals under age 19, *the Plan* pays 40% of covered charges up to the *fee schedule* amounts for services by a *Participating Dentist.* For individuals age 19 and older, *the Plan* pays 50% of covered charges up to the *fee schedule* amounts for services by a *Participating Dentist.*		For individuals under age 19, *the Plan* pays 40% of covered charges up to the *fee schedule* amounts for services by a *Non-participating Dentist.* For individuals age 19 and older, *the Plan* pays 50% of covered charges up to the *fee schedule* amounts for services by a *Non-participating Dentist.*
Orthodontic Services **(Under age 19 only)**		
The Plan pays 40% of covered charges up to the *fee schedule* amounts for medically necessary orthodontic services by a *Participating Dentist.*		*The Plan* pays 40% of covered charges up to the *fee schedule* amounts for medically necessary orthodontic services by a *Non-participating Dentist.*

Below is a summary of benefits covered by your Policy. Please refer to your Policy for covered benefits and exclusions and the list of current dental terminology (CDT) codes attached to your Policy for covered benefits and exclusions by CDT code.

The following list of benefits applies only to Members under age nineteen (19).

DIAGNOSTIC AND PREVENTIVE SERVICES

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most Members receive during a routine preventive dental visit. Examples of these services include:

Comprehensive oral examination (including the initial dental history and charting of teeth); once every six months.

Periodic exam; once every six (6) months.

X-rays of the entire mouth; once every sixty (60) months.

Bitewing x-rays (x-rays of the crowns of the teeth); once every six (6) months when oral conditions indicate need. Single tooth x-rays; as needed.

Study models and casts used in planning treatment; once every sixty (60) months.

Routine cleaning, scaling and polishing of teeth; Once every six (6) months.

Fluoride treatment Topical Fluoride - Varnish - 2 every 12 months, Topical application of fluoride (excluding prophylaxis) - 2 every 12 months.

Space maintainers required due to the premature loss of teeth; not for the replacement of primary or permanent anterior teeth.

Sealants on unrestored permanent molars. 1 sealant per tooth every 36 months.

Palliative (emergency) treatment of dental pain – minor procedures.

RESTORATIVE AND OTHER BASIC SERVICES

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth; (b) repair dentures or bridges; (c) rebase or reline dentures; (d) repair or recement bridges, crowns and onlays; and (e) remove diseased or damaged natural teeth. Examples of these services include:

Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge.

Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy; 4 in 12 months. Periodontal scaling and root planing; once every twenty-four (24) months per quadrant.

Protective restorations.

Stainless steel crowns. Once per tooth per sixty (60) months.

Simple tooth extractions.

General anesthesia only when necessary and appropriate for covered surgical services only when provided by a licensed, practicing dentist.

Consultations.

Repair of dentures or fixed bridges. Recementing of fixed bridges.

Rebase or reline dentures; once every thirty-six (36) months. 6 months after initial installation.

Tissue conditioning.

Repair or recement crowns and onlays.

Adding teeth to existing partial or full dentures.

Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth.

Vital pulpotomy and pulpal therapy is limited to deciduous teeth.

COMPLEX AND MAJOR RESTORATIVE DENTAL SERVICES

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; and restore severely decayed or fractured teeth. Examples of these services include:

Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). Periodontal benefits are determined according to our administrative "Periodontal Guidelines."

Endodontic services for root canal treatment of permanent teeth including the treatment of the nerve of a tooth, and the removal of dental pulp.

Inlays are paid as an alternative benefit of amalgam.

Implants- once every 60 months.

Dentures and Bridges

- Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once each sixty (60) months.
- Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.

Crowns and Onlays. Once per tooth per sixty (60) months, but only when the teeth cannot be restored with the fillings due to severe decay or fractures:

- Initial placement of crowns and onlays.
- Replacement of crowns and onlays; once each sixty (60) months per tooth.

ORTHODONTIC SERVICES

Orthodontic services for *covered individuals* who have a SEVERE HANDICAP as the result of craniofacial or dentofacial malformation requiring reconstructive surgical correction in addition to orthodontic services, trauma requiring surgical treatment in addition to orthodontic services, skeletal discrepancy involving maxillary and/or mandibular structures, or letter of medical necessity from the *covered individual's* physician regarding inability to chew, speak, or eat.

The following list of benefits applies to Members age 19 and over.

DIAGNOSTIC AND PREVENTIVE SERVICES

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most Members receive during a routine preventive dental visit. Examples of these services include:

Comprehensive oral examination (including the initial dental history and charting of teeth); once every sixty (60) months.

Periodic exam; twice every calendar year.

X-rays of the entire mouth; once every sixty (60) months.

Bitewing x-rays (x-rays of the crowns of the teeth); one set twice every calendar year.

Single tooth x-rays; as needed.

Routine cleaning, scaling and polishing of teeth; twice every calendar year.

RESTORATIVE AND OTHER BASIC SERVICES

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth (note: teeth must have a good prognosis to qualify for benefits); (b) repair dentures or bridges; (c) rebase or reline dentures; and (d) repair or recement bridges, crowns and onlays. Examples of these services include:

Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings, but limited to one filling for each tooth surface for each twenty-four (24) month period. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge. No benefits are provided for replacing a filling within twenty-four (24) months of the date that the prior filling was furnished.

Protective restorations; once per tooth every sixty (60) months.

Simple tooth extractions.

General anesthesia only when necessary and appropriate for impacted wisdom teeth removal only when provided by a licensed, practicing dentist.

Repair of dentures or fixed bridges; once every twelve (12) months.

Recementing of fixed bridges; once each twelve (12) months.

Rebase or reline dentures; once every thirty-six (36) months.

Tissue conditioning; two treatments every thirty-six (36) months.

Repair or recement crowns and onlays. Recementing is limited to once every twelve (12) months per tooth.

Adding teeth to existing partial or full dentures; once per tooth every twelve (12) months.

Palliative (emergency) treatment of dental pain – minor procedures; three (3) times every calendar year.

COMPLEX AND MAJOR RESTORATIVE DENTAL SERVICES

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; remove diseased or damaged natural teeth; and restore severely decayed or fractured teeth. Examples of these services include:

Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth. Additional oral and maxillofacial surgery services include tooth reimplantation, biopsy of oral tissue, alveoplasty and vestibuloplasty.

Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). One quadrant of periodontal surgery every thirty-six (36) months. Scaling and root planing once per quadrant every twenty-four (24) months. Periodontal benefits are determined according to our administrative "Periodontal Guidelines."

Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy; once per three months when preceded by active periodontal therapy; not to be combined with regular cleanings.

Endodontic services for root canal treatment once per permanent tooth including the treatment of the nerve of a tooth, the removal of dental pulp, and pulpal therapy. Vital pulpotomy is limited to deciduous teeth.

Dentures and Bridges

- Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once every sixty (60) months.
- Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.
- Temporary partial dentures as follows:
  - To replace any of the six (6) upper or lower front teeth, but only if they are installed immediately following the loss of teeth during the period of healing.

Crowns and Onlays

Crowns and onlays as follows, but only when the teeth cannot be restored with the fillings due to severe decay or fractures (note teeth must have good prognosis to qualify for benefits):

- Initial placement of crowns and onlays.
- Replacement of crowns and onlays; once every sixty (60) months per tooth.

DEDUCTIBLES

Restorative and other Basic Services, AND Complex and Major Restorative Dental Services described above are subject to a cumulative total $100 deductible for each *covered individual* every calendar year
The total deductible payment for all covered individuals shall not exceed $300 for Restorative and other Basic Services." AND
The total deductible payment for all covered individuals shall not exceed $300 for Complex Dental Services.

This means the *covered individual(s)* must pay the first $100 of benefits provided every calendar year, not to exceed $300 per calendar year for families with three or more *covered individuals*.

ANNUAL MAXIMUM BENEFIT (applies only to Covered Individuals age 19 and older)

Total benefits are limited to a maximum of $1000 for each *covered individual* every calendar year.

OUT OF POCKET MAXIMUM (applies only to Covered Individuals under age 19 and only to in-network benefits)

The *out of pocket maximum* is $400 every calendar year. The *out of pocket* maximum applies per *covered individual*. A family with 2 or more *covered individuals* under age 19 will have an aggregate *out of pocket maximum* of $800 for individuals under age 19. The *out of pocket* maximum applies to in-network benefits only. No out of pocket maximum applies to out of network benefits or to adult coverage.

WAITING PERIOD

There are no waiting periods for *covered individuals* under age 19.

For *covered individuals* age 19 and older Restorative and other Basic Services are subject to a six (6) month waiting period. Complex and Major Restorative Dental Services are subject to a twelve (12) month waiting period.

DEPENDENT COVERAGE

Dependent children are covered up to and including age 26.

BENEFIT PAYMENTS

IN-NETWORK SERVICES:

For services performed by a *Participating Dentist*, the in-network benefit allowance is based on the dentist's fee, up to the maximum allowable charge indicated on the negotiated *Plan* Fee Schedule. *The Plan* pays the *Participating Dentist* directly for covered services. The *Participating Dentist* may collect from the *subscriber* or *covered individuals* any difference between the *Plan* payment and his/her actual submitted charge or the maximum Fee Schedule amount, whichever is lower, as well as any plan specific deductibles.

OUT-OF-NETWORK SERVICES:

For services performed by a *Non-participating Dentist, the Plan* will pay the dentist directly by applying the out-of-network benefit coinsurance payments for each type of service against the maximum allowable charge indicated on the negotiated *Plan* Fee Schedule, or the dentist's submitted fee if lower.

The *subscriber or covered individual* is responsible for paying the *Non-participating Dentist* the difference between the dentist's fee and the amount paid by *the Plan*, including the difference between *the Plan's* payments and any balances resulting from plan specific deductibles and coinsurance.

CLAIMS SUBMISSION:

All claims for benefits under this *Agreement* must be submitted within ninety (90) days of the date that the *covered individual* received the service. Failure to submit the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the time required, if the proof is furnished as soon as reasonably possible and, except in the absence of legal capacity of the *covered individual*, not later than one (1) year from the time the *covered individual* should have submitted the claim.

NOTE: Italicized terms are defined in the Policy.

If you have questions about this coverage, please contact our Customer Service Department at 1- 844-876-3981.

DentaQuest*

Foreign Language Assistance

English: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Español (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Tagalog (Tagalog – Filipino): Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Tiếng Việt (Vietnamese): Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Français (French): Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-278-7310 (TTY: 1-800-466-7566 or 711)번으로 전화해 주십시오.

Deutsch (German): Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-278-7310 (TTY: 1-800-466-7566 or 711) an.

[*Products underwritten by DentaQuest National Insurance Company, Inc. in Arizona, Georgia, Illinois, Missouri, Ohio, Pennsylvania, and Virginia,] by DentaQuest of Florida, Inc. in Florida, and [byDentaQuest USA Insurance Company, Inc. in Indiana, Louisiana, Tennessee and Texas.]

Р у с с к и й (Russian): Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

م لحوظة :إذا ك نت ت تحدث اذك ر ال ل غة، ف إن خدمات ال م ساعدة ال ل غوي ة ت تواف :(Arabic) ال عرب ة
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Kreyòl Ayisyen (French Creole): Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratispou ou. Rele 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

ह िंदी (Hindi): ध्यान द: यदद आप द िंदी बोलते हैं तो आपके ललए मफ्ु त भाषा स ायता सेवाएिंउपल ध हैं। 1-888-278-7310 (TTY: 1-800-466-7566 or 711) पर कॉल कर।

Italiano (Italian): In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenzalinguistica gratuiti. Chiamare il numero 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Polski (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.Zadzwoń pod numer 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Português (Portuguese): Se fala português, encontram-se disponíveis serviços linguísticos,grátis. Ligue para 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-278-7310 (TTY: 1-800-466-7566 or 711)まで、お電話にてご連絡ください。

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschteebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

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