BENEFIT SUMMARY
FLORIDA EPO PLANS

DentaQuest
a Sun Life company

Good for effective dates of January 1 – December 31, 2026.

	Pediatric Coverage (under age 19*)		Adult Coverage (over age 19)	
	Pediatric High and Family High Options	Pediatric Coverage in Family Low Option	Adult Coverage in Family High Option	Adult Coverage in Family Low Option
One Child	**$16.05**	**$12.07**		
Three or More Children	$48.15	$36.21		
Adult			$12.75	$8.63
Deductible*	$50 per covered individual $150 maximum per policy	$50 per covered individual $150 maximum per policy	$50 per covered individual $150 maximum per policy	$50 per covered individual $150 maximum per policy
Preventive Services*	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services*	Plan pays 80% after deductible	Plan pays 40% after deductible	Plan pays 80% after deductible & waiting period	Plan pays 50% after deductible & waiting period
Major Services*	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 50% after deductible & waiting period	Plan pays 50% after deductible & waiting period
Medically Necessary Orthodontia*	Plan pays 50%	Plan pays 40%	Not a Covered Service	Not a Covered Service
Maximum Out-of-Pocket	$400 one child $800 two or more children	$400 one child $800 two or more children	**N/A**	**N/A**
Annual Benefit Max (19 and over)	**N/A**	**N/A**	**$1,500**	**$1,000**

*Pediatric Coverage ends on the last day of the month the child turns 19.

This Plan does not have Out-of-Network Coverage.

Contact Information

- Questions related to billing or payment should be directed to DentaQuest Billing at (617) 886-1128 or email at indcollections@greatdentalplans.com.
- Questions related to member services (claims & enrollment) should be directed to DentaQuest at (877) 453-8457.
- Search for participating providers by using our Find a Dentist tool at: dentaquest.com/marketplace/fl.

*Note: **There is no out-of-network coverage.** If you see a non-participating dentist, you will be responsible for the entire cost of the services you receive. This is a dental EPO policy, Coverage is subject to policy terms, limitations and exclusions. Plan benefits provided and premium amounts will vary depending on the level of coverage selected. For costs and complete details of coverage, call (877) 453-8457. For age 19 and under there are no waiting periods for Restorative/Other Basic Services, Complex Dental Services or Orthodontic Services.

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These are only a sample of your benefits please see the full policy for more information on plan coverage.

Diagnostic and Preventive Services

No waiting period

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:

- Initial oral examination (including the initial dental history and charting of teeth) – once per dentist.
- Periodic exam – once every six months.
- X-rays of the entire mouth – once every 60 months.
- Bitewing x-rays (x-rays of the crowns of the teeth) – once every six months when oral conditions indicate need.
- Single tooth x-rays as needed.
- Oral and facial photographic images.
- Study models and casts used in planning treatment.
- Routine cleaning, scaling and polishing of teeth – once every six months.
- Fluoride treatment, topical fluoride, under age 19:
    - Varnish: two every 12 months.
    - Topical application of fluoride (excluding prophylaxis): two every 12 months.
- Space maintainers required due to the premature loss of teeth – only for children under age 19 and not for the replacement of primary or permanent anterior teeth.
- Sealants on unrestored permanent molars, under age 19 – one sealant per tooth every 36 months.
- Palliative (emergency) treatment of dental pain – minor procedures.

Restorative and Other Basic Services

3 month waiting period, for covered individual over age 19

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.
- Stainless steel crowns, under age 19 – limited to one per tooth in 60 months.
- Simple tooth extractions.
- General anesthesia only when necessary and appropriate for covered surgical services and only when provided by a licensed, practicing dentist.
- Repair of dentures or fixed bridges. Recementing of fixed bridges.
- Rebase or reline dentures – once every 36 months, six months after initial installation.
- Tissue conditioning.
- Repair or recement crowns and onlays.
- Adding teeth to existing partial or full dentures.
- Periodontal maintenance under age 19 – four in 12 months following active periodontal therapy.

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Major (Complex) Dental Services

12 month waiting period, for covered individual over age 19

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.
- Periodontal maintenance over age 19 – four in 12 months following active periodontal therapy.
- 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, 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 each 60 months.
    - Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least 60 months before replacement.
- Crowns, onlays and inlays as follows, but only when the teeth cannot be restored with the fillings due to severe decay or fractures:
    - Initial placement of crowns, onlays and inlays.
    - Replacement of crowns, onlays and inlays – once each 60 months per tooth.
- Implants – only for dependents under age 19.

Medically Necessary Orthodontics

No waiting period

Covered orthodontic services are limited to medically necessary orthodontic treatment for individuals under age 19. Medical necessity will be determined by the Plan after review of the orthodontic case records, which must be submitted for approval prior to the commencement of treatment.

Exclusions

- Experimental care procedures that have not been sanctioned by the American Dental Association, or for which no procedure codes have been established.
- A dental 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.
- Services that are covered by a health insurance policy or similar coverage in which you are enrolled.
- 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 to the extent for which benefits are provided in one form or another through a government program other than 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.
- Any charges related to appointments with your dentist that you fail to keep.

(continued on next page)

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- 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.
- 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).
- A service, supply or procedure to increase the height of teeth (increase vertical dimension) or restore occlusion.
- Restorations for reasons other than decay or fracture, such as erosion, abrasion, or attrition.
- Services that are meant primarily to change or to improve your appearance.
- Repair or reline of an occlusal guard.
- Services related to a tooth missing at the effective date of coverage for persons age 19 and over.
- Implants, for persons age 19 and over.
- Transplants.
- Replacement of dentures, bridges, space maintainers or periodontic appliances due to theft or loss.
- Services, supplies or appliances to stabilize teeth when required due to periodontal disease such as periodontal splinting.
- Lab exams.
- Laminate veneers.
- Duplicate dentures and bridges.
- Temporary, complete dentures and temporary fixed bridges or crowns.
- Stainless steel crowns on permanent teeth.
- Cast restorations, copings and attachments for installing over dentures.
- Services related to congenital anomalies. However, this exclusion does not apply to any covered orthodontic services.
- Tooth desensitization.
- Occlusal adjustment.
- Injury incurred as a result of participating in a riot or insurrection or the commission of a felony.
- Services performed outside of the United States.

Please see the full policy for more information on plan coverage.

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