

# BENEFIT SUMMARY

DentaQuest Personal  
Dental Plan

## DENTAQUEST® PERSONAL DENTAL PLAN PLUS

### DentaQuest: More Choices, More Value

Everyone deserves quality, affordable oral health care. All DentaQuest plans cover preventive care at no cost to members. That's just one reason why more than 30 million people trust their care to DentaQuest. The coverage summary shown below provides detailed information on your DentaQuest Personal Dental plan.

PPO plans are available in the following states: AZ, GA, IL, MO, OH, TX & VA with out-of-network coverage.

EPO Plans are sold in FL, IN, LA, PA & TN with no out-of-network coverage.

### Coverage Summary

Coverage type	Calendar year deductible	DentaQuest will pay*
Diagnostic and preventive services	None	100%
Restorative and other basic services	\$100 per covered individual / \$300 per family	50%
Complex dental services	\$100 per covered individual / \$300 per family	30%
Orthodontics (under age 19)	Not a covered service	Not a covered benefit

### What is the waiting period for services?

There are never waiting periods for preventive or diagnostic services. Restorative and other basic services are subject to a 6-month waiting period. Complex dental services are subject to an 18-month waiting period.

### Is there out-of-network coverage?

*In AZ, GA, IL, MO, OH, TX & VA:* YES, DentaQuest will pay the same percentage for covered services received in and out of network. But if the member chooses to see a non-contracting dentist (out of network), they will be responsible for the difference between the plan's allowable charges (what contracting dentists receive for payment from DentaQuest) and the dentist's usual and customary fees (what the dentist charges cash-paying patients). This means the member saves more by receiving care from a contracting dentist.

*In FL, IN, LA, PA and TN:* NO, If a member visits a dentist who is not in our network, they will be responsible for the entire cost of the services they receive. Members may only receive covered benefits from a non-participating dentist in the event of an emergency dental condition.

### What are the annual limits and maximums?

The total benefits are limited to a maximum of \$1,250 per member for each plan year.

### Do deductibles apply to diagnostic and preventive services?

No, the deductible only applies to restorative, basic and complex dental services.

### Are dependents covered?

Yes, dependent children are covered up to and including age 26.

Category / Procedure	Benefit limits	DentaQuest will pay*
<b>Diagnostic</b>		
Initial oral exam	Once per dentist per 60 months	100%
Periodic oral exam	Twice per plan year	100%
Full mouth X-rays	Once every 60 months	100%
Bitewing X-rays	Twice per plan year	100%
Single tooth X-rays	As needed	100%
<b>Preventive</b>		
Routine cleaning	Twice per plan year	100%
Fluoride varnish application	Children under 19 – Twice per plan year	100%
Topical fluoride treatment	Children under 19 – Twice per plan year	100%
Space maintainers	Only for children under age 14 and not for the replacement of primary or permanent front teeth	100%
Sealants	Sealants on unrestored permanent molars, once per tooth for children under 16	100%
<b>Restorative</b>		
Silver fillings	Once every two years per surface per tooth	50%
White fillings (front teeth)	Once every two years per surface per tooth	50%
Temporary fillings	Once per tooth	50%
Stainless steel crowns	Under age 15 – One per tooth in 60 months	50%
<b>Major Restorative</b>		
Crowns and onlays	Once per tooth every five years	30%
Replacement crowns	Once every 60 months per tooth	30%
Implants	Once per tooth per 60 months	30%
<b>Endodontics</b>		
Root canal treatment	Once per tooth	30%
Vital pulpotomy	Limited to deciduous teeth	30%
<b>Periodontics</b>		
Periodontal cleaning	Must meet periodontal guidelines	30%
Scaling and root planing	Once per quadrant per 24 months	30%
Periodontal surgery	Must meet periodontal guidelines	30%
<b>Dentures and Bridges</b>		
Complete or partial dentures	Once every 60 months	30%
Fixed bridges	Once every 60 months	30%
Replacement dentures or fixed bridges	Once every 60 months	30%
Rebase or reline dentures	Once every 36 months	50%
Repair of dentures or fixed bridges	Once every 12 months	50%
Adding teeth to existing dentures	Once per tooth	50%
Recementing fixed bridges	Once every 12 months	50%
<b>Oral Surgery</b>		
Simple extractions	Once per tooth	50%
Surgical extractions	Once per tooth	30%
<b>Emergency Dental Care</b>		
Minor treatment – pain relief	Three occurrences in six months	50%

Category / Procedure	Benefit limits	DentaQuest will pay*
<b>Anesthesia</b>		
General anesthesia	Allowed with covered surgical services only	50%

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Individual Dental Plan Policy, which is available at [www.dentaquest.com/personal](http://www.dentaquest.com/personal). If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than DentaQuest's negotiated rate.

Your Plan is administered by  
**DentaQuest National Insurance Company, Inc.**

[DentaQuest.com](http://DentaQuest.com)

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**DentaQuest**  
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