

BENEFIT SUMMARY

DENTAQUEST® PERSONAL DENTAL PLAN COMPREHENSIVE PLUS WITH ORTHO 1500

DentaQuest: More Choices, More Value

Everyone deserves quality, affordable oral health care. All DentaQuest plans cover preventive care at no cost to your clients. 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 what the DentaQuest Personal Dental plan offers your clients.

Plans with in- and out-of-network coverage are available in the following states: GA (coming soon to PA, TN, TX and VA) with access to both the DentaQuest and DenteMax commercial networks.

Coverage Summary

Coverage type	Calendar year deductible	DentaQuest will pay
Diagnostic and preventive services	None	100%
Restorative and other basic services	\$50 per covered individual / \$150 per family	80%
Complex dental services	\$50 per covered individual / \$150 per family	50%
Orthodontics	\$50 per covered individual / \$150 per family	50%

What is the waiting period for services?

There are no waiting periods for any services except orthodontia (12-month waiting period).

Is there out-of-network coverage?

In GA (coming soon to PA, TN, TX and 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.

What are the annual limits and maximums?

The total benefits are limited to a maximum of \$1,500 per member for each plan year.

Orthodontic services have a separate lifetime benefit maximum of \$1,500 per member.

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
Diagnostic		
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%
Preventive		
Routine cleaning	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%
Restorative		
Silver fillings	Once every two years per surface per tooth	80%
White fillings (Back teeth)	Once every two years per surface per tooth	80%
Stainless steel crowns on baby teeth	Once every 24 months per tooth	80%
Rebase or reline dentures	Once every 36 months	80%
Recementing fixed bridges	Once per lifetime	80%
Anesthesia		
General anesthesia	Allowed with covered surgical services only	80%
Endodontics		
Root canal treatment	Once per tooth	80%
Vital pulpotomy	Limited to deciduous teeth	80%
Periodontics		
Periodontal cleaning	Must meet periodontal guidelines	80%
Scaling and root planing	Once per quadrant per 24 months	80%
Periodontal surgery	Once per quadrant per 36 months	80%
Oral Surgery		
Simple extractions	Once per tooth	80%
Surgical extractions	Once per tooth	80%
Emergency Dental Care		
Minor treatment - pain relief	Three occurrences in twelve months	80%
Complex		
Crown and onlays	Once per tooth every five years	50%
Replacement crowns	Once every 60 months per tooth	50%
Implants	Once per tooth per 60 months	50%
Dentures and Bridges		
Complete or partial dentures	Once every 60 months	50%
Fixed bridges	Once every 60 months	50%
Replacement dentures or fixed bridges	Once every 60 months	50%
Adding teeth to existing dentures	Once per tooth	50%

Category / Procedure	Benefit limits	DentaQuest will pay
Oral Surgery		
Simple extractions	Once per tooth	50%
Surgical extractions	Once per tooth	30%
Orthodontia		
Orthodontia	Once per lifetime	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. 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

96 Worcester Street
Wellesley Hills, MA 02481

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