

# ***NORTH DAKOTA SCHOOLMASTERS CO-OP***

## ***Dental Benefit Summary***

**Deductibles**

**Calendar Year Deductible:**

- Individual.....	\$50
- Family (3 times the Individual Deductible).....	\$150

NO DEDUCTIBLE for Preventive Care Services

**Benefit Maximums**

Calendar Year Maximum.....	\$750
Orthodontia Lifetime Maximum.....	\$750

Orthodontia benefits paid under this Policy will be reduced by any amount of orthodontia benefits paid or payable under the Group Policyholder's prior carrier's policy in effect immediately prior to the effective date of this Policy. Only orthodontia services provided on or after the effective date of this Policy will be considered for benefit payment.

**Covered Services**

Preventive Care Services Covered at.....	100%
Basic Care Services Covered at.....	50%
Major Care Services Covered at.....	50%
Orthodontia Care Services Covered at.....	50%

**Preventive Care**

- Periodic Oral Exams & Prophylaxis/cleanings (2 / Cal. Yr.)
- Fluoride Application (1 per cal. yr. for children under 16 years old)
- X - rays: (Bite wings limited to 4 x-rays per cal. yr.) (Panoramic survey or entire Denture series once every 5 yrs.)
- Space Maintainers

**Major Care**

- Endodontics (pulpal and root canal therapy)
- Periodontic Services
- Denture Repair
- Onlays and Crowns
- Fixed Prosthodontics (bridges and pontics)
- Removable Prosthodontics (partials and dentures)
- Alveolar or Gingival Reconstruction

**Basic Care**

- Oral Surgery (extractions)
- Sealants of Permanent Molars (once for children under 16 years old)
- Restorative Amalgam, Silicate, Resin and other Synthetic Fillings
- Biopsies and Removal of Cysts and Neoplasms
- Recementation of Crowns and Bridges

**Orthodontia**

- Interceptive and Comprehensive Treatment (including exam, x-rays and study models)
- Removable or Fixed Appliances
- Limited to Children

**Monthly Rates**

Employee Only .....	\$18.99
Employee Plus One.....	\$36.85
Employee & Family.....	\$61.75



# *General Information*

**Benefit Waiting Periods** -- A **benefit waiting period** is the number of months you must be in the program before benefit payments begin for certain dental services. Below are the benefit waiting periods included in this dental program:

Preventive Care .....	No benefit waiting period
Basic Care.....	3 month benefit waiting period
Major Care .....	6 month benefit waiting period
Orthodontia .....	12 month benefit waiting period

**Guaranteed Acceptance** -- Acceptance into the Dental Program is **guaranteed** as long as you and your dependents meet eligibility requirements and enroll during the enrollment period.

**Eligibility Requirements -- Employee** -- If you are an active, permanent, full-time employee working 30 or more hours per week, you are eligible to become insured under this dental program. If you decline coverage when you are initially eligible, you will not be eligible to enroll in Voluntary Dental until the program anniversary date.

If you are a new employee and you would like to participate in the dental program, you will become eligible for coverage upon completion of a period of active employment (to be determined by your employer). You and your dependents will become insured on the first of the month following the eligibility date. If you decline coverage when you are initially eligible, you will not be eligible to enroll in Voluntary Dental until the program anniversary date.

**Dependents** -- Eligible dependents are also eligible for coverage under this dental program. Eligible dependents include: 1) your spouse and unmarried children from birth to 19 years of age; 2) your children 19 to 25 years of age if they are full-time students and dependent on you for support; and 3) your stepchildren if they live in your home and are chiefly dependent on you for support. Foster children may also be eligible under certain conditions.

**Predetermination of Benefits** -- To assist you in budgeting for out-of-pocket dental expenses, treatment costing \$300 or more may be submitted on a claim form to predetermine your benefits. The predetermination of benefits feature is not mandatory. It is a value-added service designed so that you and your dentist can determine which benefits will be paid by your plan **before** the work is done.

**Enrollment Period** -- The Enrollment Period for this Voluntary dental program starts on November 6, 2003 and continues through November 21, 2003.

**Program Effective Date** -- The Voluntary Dental Program begins on December 1, 2003. If you choose to enroll in the Dental Program, the effective date of your coverage will be the first day of the month following acceptance of your completed enrollment form.

# ***DENTAL LIMITATIONS & EXCLUSIONS***

Covered Expenses will not include and Dental Expense Benefits will not be payable for:

1. any procedure begun:
  - a) before the covered person was covered under the policy, subject to the Prior Carrier Credit provision, if included in the policy; or
  - b) after termination of the covered person's coverage under the policy.
2. treatment or service which:
  - a) is not recommended by a dentist or is not provided by or under the direct supervision of a dentist;
  - b) is not a necessary dental procedure, required for the care and treatment of a dental condition, as determined by Jefferson Pilot Financial;
  - c) is not specifically listed as covered by the policy;
  - d) does not meet accepted standards of dental practice; or
  - e) is provided by a physician or other health care provider, but is beyond the scope of his or her license.
3. charges which exceed covered expenses, as defined in the policy. Benefits will not be payable when:
  - a) total benefit payments would exceed the annual maximum or lifetime orthodontic maximum benefits payable under the policy; or
  - b) services exceed the frequency limitations contained in the policy.
4. procedures which are subject to a benefit waiting period or a late entrant limitation, until that benefit waiting period or late entrant limitation has been satisfied.
5. orthodontic (Type IV) procedures:
  - a) which begin before the dependent child becomes covered under the policy for orthodontic services, subject to the Prior Carrier Credit provision, if included in the policy;
  - b) received after the dependent child's coverage ends, due to attainment of the maximum age, or for any other reason; or
  - c) received after coverage for Type IV services is terminated under the policy.
6. any treatment or services which:
  - a) are for mainly cosmetic purposes (facings or veneers on crowns or pontics distal to the second bicuspid will be considered cosmetic); or
  - b) are related to the repair or replacement of any prior cosmetic procedure.
7. services related to:
  - a) congenital or developmental malformations, including congenitally missing teeth, unless required by state law; or
  - b) the repair or replacement of third molars (wisdom teeth) with prostheses.
8. bone grafts or any regenerative procedure in an extraction site.
9. orthognathic recording, orthognathic surgery, osteoplasty, osteotomy, LeFort procedure, stomatoplasty or magnetic resonance imaging (MRIs).

# ***DENTAL LIMITATIONS & EXCLUSIONS***

***(Continued)***

10. initial placement of any prosthetic appliance or fixed bridge; unless such placement is needed to replace one or more functioning natural teeth extracted while the person is covered under the policy; subject to the Prior Carrier Credit provision, if included in the policy. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
11. the retreatment or adjustment, recementation, reline, rebase, replacement or repair of restorations, crowns and prostheses, when made by the same dentist or dental office which provided the initial service, within 6 months of the completion of the service.
12. the replacement of:
  - a) any full or partial denture, within five years; or
  - b) fixed prosthetic (crown, inlay or onlay restoration, or fixed bridge) within eight years of the date of the last placement of these items. If a replacement is required because of an accidental dental injury sustained while the person is covered under the policy, it will be a covered expense. (Damage resulting from biting food or other objects is not considered to be an accidental injury.)
13. the insertion, maintenance or removal of implants, and any related expenses.
14. specialized procedures, including:
  - a) precision or semi-precision attachments;
  - b) precious metals for removable appliances;
  - c) overlays and overdentures; or
  - d) personalization or characterization.
15. duplicate prosthetics, or for initial placement or replacement of athletic mouth guards, bruxism appliances or any appliance to correct harmful habits; and for replacement of:
  - a) space maintainers; or
  - b) misplaced, lost or stolen dental appliances.
16. appliances, restorations or procedures, or their modifications, that:
  - a) alter vertical dimension;
  - b) restore or maintain occlusion or for occlusal adjustment or equilibration;
  - c) splint teeth or replace tooth structure lost as a result of erosion, abfraction, abrasion or attrition; or
  - d) surgically or non-surgically treated disturbances of the temporomandibular joint (TMJ), or other craniomandibular or temporomandibular disorders, except as required by law.
17. charges for services provided by:
  - a) an ambulatory surgical facility;
  - b) a hospital;
  - c) any other facility; or
  - d) an anesthesiologist.
18. analgesia, sedation, hypnosis or acupuncture, for anxiety or apprehension.
19. any medications administered outside the dentist's office or for prescription drugs.

# ***DENTAL LIMITATIONS & EXCLUSIONS***

***(Continued)***

20. charges which do not directly provide treatment for a dental injury or condition, such as:
  - a) the completion of claim forms;
  - b) broken appointments;
  - c) interest or collection charges;
  - d) sales or other taxes or surcharges;
  - e) education, training and supplies used for dietary or nutritional counseling, personal oral hygiene or dental plaque control;
  - f) caries susceptibility tests, bacteriologic studies, histopathologic exams or pulp vitality testing; or
  - g) duplication of x-rays or other dental records.
  
21. itemized or separated charges for dental services, supplies or materials when those services, supplies and materials may be combined into a single, more comprehensive procedure payable under the policy. This also includes itemized charges which are routinely included in the dentist's charge for the primary service, such as:
  - a) sterilization or asepsis charges;
  - b) a charge for local anesthesia;
  - c) charges for pre- and post-operative care; or
  - d) temporary dental services (for example, a temporary crown), which are considered to be part of the permanent service. If the temporary service is billed separately, benefits for the temporary service will be deducted from the amount payable for the permanent service.
  
22. duplication of services.
  
23. charges for which the covered person is not liable, or which would not have been made had no coverage been in force.
  
24. a covered person, because of a dental injury or condition:
  - a) for which he or she is eligible for benefits under Workers' Compensation or any similar law;
  - b) arising out of, or in the course of, work for wage or profit; or
  - c) sustained while performing military service.
  
25. services received for dental conditions caused directly or indirectly by:
  - a) war or an act of war;
  - b) intentionally self-inflicted injury;
  - c) engaging in an illegal occupation;
  - d) commission or attempt to commit a felony; or
  - e) a covered person's active participation in a riot.
  
26. for treatment rendered by a Dentist or dental hygienist:
  - a) who ordinarily resides in the covered person's household; or
  - b) who is related to the covered employee or dependent by blood, marriage or legal adoption. "Related" persons include the employee's or dependent's spouse, siblings, parents, children and grandparents.
  
27. root planing; unless the presence of periodontal disease (bone and attachment loss of 4mm or more) is confirmed by x-rays and pocket depth charting of each tooth involved.