



BASE PLAN	Participating Dentist PPO MAC Schedule	Non-Participating Dentist PPO MAC Schedule
Class A – Preventative & Diagnostic	100% of maximum allowable charge	100% of maximum allowable charge
Class B – Basic Services	80% of maximum allowable charge	80% of maximum allowable charge
Class C – Major Services	50% of maximum allowable charge	50% of maximum allowable charge
Class D – Child Orthodontic Services (up to age 26)	50% of maximum allowable charge	50% of maximum allowable charge
Individual Deductible per Plan Year Class A, B, and C	\$50 Applies to Class B & C	\$50 Applies to Class B & C
Family Deductible Maximum per Plan Year Class A, B, and C	\$150 Maximum of 3 per family	\$150 Maximum of 3 per family
Plan Year Maximum Benefit - Class A, B, and C	\$1,500	\$1,500
Individual Orthodontic Deductible per Lifetime	None	None
Benefit Waiting Period – Class D	None	None
Plan Year Maximum Benefit – Class D	\$1,000	\$1,000
Lifetime Orthodontic Maximum Benefit	\$1,000	\$1,000

Additional Coverages	Dental Service Classification	Limitations
Evidence Based Benefits – 1 additional exam and cleaning per plan year	Class A	Pregnancy, diabetes, or heart disease; Physician statement required
Oral Cancer Screening	Class A	1 per 24 month age 40+

Class A Dental Services		Class B Dental Services	Class C Dental Services
Prophylaxis	Anesthesia	Fillings	Crowns
Oral Exams	Prosthodontic Repairs	Simple Extractions	Bridges
Fluoride TX - Child	Diagnostic Casts	Endodontics	Inlays
X-Rays – BW & FMX	Palliative Care	Periodontics	Onlays
Sealants		Surgical Extractions	Dentures
Space Maintainers		Complex Oral Surgery (Not covered by medical)	Partials

Participating DentaNet Dentists - This Plan contains a Participating Dentist arrangement. Covered Dental Services are based on the Maximum Allowable Charge Schedule. If a Covered Person uses the services of a participating DentaNet Dentist, that dentist is entitled to collect from you the difference between the amount of benefits payable by Company and the Maximum Allowable Charge. If a Covered Person uses the services of a Non-Participating Dentist, that dentist is entitled to collect from you the difference between the amount of benefits payable by Company and the dentist's usual and customary charge.

Benefit Adjustments - Benefits will be coordinated with any other dental coverage. Under the Alternative Dental Treatment provision, benefits will be payable for the most economical procedure meeting broadly accepted standards of dental care. It is recommended that all treatment plans exceeding \$300 be submitted for an estimate of benefits payable.

Limitations and Exclusions - Benefits aren't payable for care not listed under the Schedule of Dental Services in the group policy, care that is not necessary, care not professionally endorsed, or care that is experimental or cosmetic in nature. For a complete list of limitations and exclusions, please refer to the group policy documents.

Open Enrollment – There shall be an Open Enrollment Period each year during which the Employer is given no less than thirty (30) days to offer eligible Subscribers an opportunity to elect coverage or make changes to their existing coverage. There will be no "Late Entrant" penalties assessed during this time. Open Enrollment is typically the thirty (30) days prior to the policy anniversary date, i.e. policy anniversary date is January 1, open enrollment is held during the month of December. The Open Enrollment Period can be changed to correspond with any Medical or Cafeteria Plan enrollments.

Please call us at 205-451-0444 if you have questions regarding your coverage, claims or need assistance locating a provider.

This summary is a brief description of the plan benefits and is designed to highlight features of the program only. A more complete description of benefits and exclusions is found in the Certificate of Coverage.