DENTAL BENEFITS

Deductible ..... None
Percentage Payable:
Class I Preventive Services 100%
Class II Major Services 80%
Maximum Benefit per Covered* Person per Calendar Year $1,500

*The maximum does not apply to reasonable preventive services rendered to Covered Persons under age 19 through the end of the calendar month in which the Covered Person attains age 19.

DENTAL BENEFITS

This benefit provides for the payment of the Usual, Reasonable and Customary expenses incurred for dental care provided by, or under the supervision of, a Doctor of Dental Surgery (D.D.S.) or a Doctor of Dental Medicine (D.M.D.) when rendered for the care and treatment of the teeth and gums and when not otherwise covered under the Plan.

Benefits are subject to the maximum payment amount and co-payment percentages listed in the Schedule of Benefits, as well as the Exclusions and Limitations listed below.

Covered Persons may choose to voluntarily waive this coverage (opt-out) by filing a written, signed request with the Fund office.

BENEFITS

The maximum benefit payable per person is shown in the Schedule of Benefits. The following de- scribes covered dental benefits.

Class I - Preventive Services

1. Two routine oral examinations per calendar year
2. Prophylaxis (cleaning, scaling and polishing of teeth), two times per calendar year
3. Topical application of fluoride in conjunction with prophylaxis for covered Dependent children under 18 years of age, two times per calendar year
4. Bitewing x-rays once per calendar year, complete mouth x-rays or panoramic x-rays once in any 36 consecutive month period (a panoramic x-ray will be considered a complete mouth x-ray and subject to the same limit), and periapical (root area) x-rays as required

Class II - Major Services

1. Emergency treatment for relief of pain
2. Restorative services (fillings)

3. Oral surgery which provides extractions and other oral surgery, including pre- and post-operative care

4. Endodontics, including pulpotomy, pulp capping and root canal treatment

5. Periodontics (treatment for diseases of the gums)

6. Space maintainers

7. Crowns

8. Bridges

9. Full and partial dentures

10. Relining, repair or duplication of full and partial dentures

EXCLUSIONS AND LIMITATIONS

No payment will be made under this section for any of the following:

1. Orthodontics

2. Expenses which are otherwise payable under other provisions of the Plan

3. Expenses incurred for any treatment required because of congenital malformations or treatment required for cosmetic or aesthetic reasons

4. Expenses incurred for the treatment required to correct a temporomandibular joint dysfunction