

Dental Benefits Program Rider

Essex Dental Benefits

Buy Up Plan

Predetermination of Benefits.

After an examination and/or before beginning any treatment which is expected to exceed \$300, the Dentist should submit a claim form to Essex Dental Benefits outlining the proposed treatment. If requested, the Dentist must provide Essex Dental Benefits with dental x-rays, study models or other information necessary to evaluate the treatment plan for purposes of benefit determination.

Essex Dental Benefits will determine if the proposed treatment is covered under the Policy and estimate the amount of payment. The estimate of benefits payable by Essex Dental Benefits will be sent to the Dentist and will be subject to all terms, conditions and provisions of the Policy.

If the Dentist does not submit a claim for dental treatment as described above, Essex Dental Benefits may limit benefits to the amount that would otherwise be payable for Necessary Dental Services.

The Predetermination Limit does not apply when Covered Dental Expenses are incurred for an urgent and unplanned visit for the care of a dental condition or as a result of an injury to the mouth or structures within the oral cavity which is caused by an accident, other than damage to the teeth caused by biting into food or other substances.

Payment of Orthodontic Benefits.

Payments for comprehensive Full Banded Orthodontic Treatments are made in installments. Payment of benefits will be made monthly. The first payment becomes payable when the appliance is installed. Later payments are payable at the end of each month. In determining the first installment, 50% of the allowable charge for the entire course of treatment will be considered a Covered Dental Expense. The remaining charge is prorated over the estimated duration of such treatment. These payments are made only for services performed while a person is insured. If insurance or treatment on a person ceases during a period, the amount payable for that period will be prorated.

Covered Services include:

I. Preventive and Diagnostic Care

- A. Oral Examinations - Limited to one (1) per day
 1. Comprehensive - Limited to one (1) exam in any thirty-six (36) consecutive month period;
 2. Periodic - Limited to two (2) exams in any twelve (12) consecutive month period, separated by an interval of at least six (6) months;
 3. Periodontal - Limited to one (1) in any twelve (12) consecutive month period.

- B. Dental X-rays
 1. Bitewing - Limited to two (2) series of four (4) bitewing x-rays in any twelve (12) consecutive month period, separated by an interval of at least six (6) months;
 2. Vertical Bitewing - Limited to one (1) series in any thirty-six (36) consecutive month period;
 3. Full-mouth or Panoramic - Limited to one (1) in any thirty-six (36) consecutive month period;
 4. Intraoral, occlusal view, (maxillary or mandibular)-Limited to two (2) in any twelve (12) consecutive month period;
 5. Extraoral - Limited to two (2) in any twelve (12) consecutive month period;
 6. Periapical or bitewing radiographs taken on the same day, by the same dentist are considered integral to a full mouth series;
 7. If the fee for individually reported periapicals and/or bitewing radiographs equals or exceeds the fee for a full mouth series, the allowable amount is not to exceed the amount for a full mouth series.

- C. Other
 1. Prophylaxis - Limited to two (2) in any twelve (12) consecutive month period, separated by an interval of six (6) months. Multiple appointed cleanings will be considered a single prophylaxis;
 2. A routine prophylaxis is considered integral when provided in conjunction with scaling and root planning, periodontal maintenance or full mouth debridement;
 3. Topical fluoride - Limited to one (1) for a covered dependent under sixteen (16) years of age in any twelve (12) consecutive month period;
 4. Space maintainers - Limited to one (1) in five (5) years to replace prematurely lost teeth for a dependent child under sixteen (16) years of age. Charges for adjustments within six (6) months after installation are not covered;

5. Diagnostic casts necessary for complex prosthodontics and pedodontics. (excluding casts for TMJ) Limited to one (1) in any twenty-four (24) consecutive month period;
6. Adjunctive pre-diagnostic test for detection of mucosal abnormalities, not including cytology/biopsy procedures: One (1) per 24 consecutive month period for members 18 years of age or older.

II. Basic Care

A. Restorations

1. Multiple restorations on one surface will be considered as a single restoration. Limited to one (1) restoration per surface in any twelve (12) consecutive month period;
2. Extra charges for insulating/cement bases, light curing, polishing, adhesives, occlusal adjustments and etching are not covered;
3. Posterior restorations involving multiple surfaces with at least one common surface will be reported as a single code reflecting the number of different surfaces involved;
4. Resin-based composites involving incisal angle will be paid reflecting the number of different surfaces involved;
5. Core Buildup - Limited to one (1) in any 5 year period per permanent tooth.

B. Endodontics

1. Pulp capping (for exposures or near exposures) - direct, excluding final restoration;
2. Vital pulpotomy, when provided as a final endodontic procedure;
3. Pulpal debridement is considered integral when in conjunction with root canal therapy on the same day;
4. Therapeutic apical closure (apexification) and root canal therapy are limited to one (1) per lifetime per permanent tooth;
5. Retreatment of previous root canal therapy and apicoectomy/periradicular services are limited to one (1) in any twelve (12) consecutive month period per permanent tooth;
6. The final restoration following root canal therapy is covered as a separate procedure;
7. Radiographs taken to diagnose the need for root canal therapy are covered. All other radiographs in conjunction with root canal therapy are integral;
8. Extra charges for sedative fillings, occlusal adjustments and pulp vitality tests are not covered.

C. Periodontics

1. Full mouth debridement - Limited to one (1) in a lifetime;
2. Periodontal maintenance - Limited to one (1) in any twelve (12) consecutive month period;

3. Periodontal scaling and root planning - Limited to one (1) in any twenty-four (24) consecutive month period per quadrant;
4. Surgical procedures include three (3) months post operative care;
5. Gingivectomy - provided in conjunction with the placement of crowns, inlays, onlays, buildups or post and cores is considered integral;
6. Scaling and root planing is considered integral in conjunction with gingival flap surgery on the same day;
7. Osseous surgery - provided in a limited area in conjunction with crown lengthening on the same day is considered integral;
8. Soft tissue grafts are processed according to the number of sites involved. When multiple sites are reported, they must be reviewed by a dental consultant;
9. Distal wedge procedure is considered integral to other periodontal surgical procedures provided on the same day in the same area;
10. Guided tissue regeneration is processed according to the number of sites involved. When multiple sites are reported, they must be reviewed by a dental consultant;
11. Surgical revision is considered integral to other periodontal procedures on the same day;
12. The maximum benefit allowed on quadrant codes will be for four (4) or more contiguous teeth per quadrant;
13. Bone replacement grafts are processed according to the number of sites involved. When multiple sites are reported, they must be reviewed by a dental consultant.
14. Localized delivery of chemotherapeutic agents is processed according to the number of sites involved. When multiple sites are reported, they must be reviewed by a dental consultant.
15. Full mouth debridement is considered integral when provided on the same day as scaling and root planing, routine prophylaxis or periodontal maintenance.

D. Other

1. Occlusal guard for treatment of Bruxism, (harmful habits) and splint therapy: One (1) per five (5) consecutive years.
2. Emergency palliative treatment - required for treatment of severe pain, swelling or bleeding. Extra charges for evaluation of acute pain or infection and pulp testing are not covered.
3. Sealants for permanent molars and premolars - Limited to one treatment per tooth in any thirty-six (36) consecutive month period for dependent children under sixteen (16) years of age;
4. Consultation by other than the dental practitioner providing treatment;
5. Stainless steel crowns covered only if teeth cannot be restored with filling material-Limited to one (1) per tooth in any thirty-six (36) consecutive month period;

6. Pin retention exclusive of restorative material and used in place of cast restoration-Limited to three (3) pins per tooth;
7. Injectable antibiotics in conjunction with oral surgery;
8. Internal bleaching - Limited to one (1) in a twelve (12) month period per permanent tooth.

E. Extractions

1. Simple and surgical extractions including extractions connected with orthodontic care;
2. Extra charges for local anesthesia, pre-operative workup and routine post-operative care are not covered

III. Major Care

A. Installation of Prosthodontics

1. Inlays, onlays - Limited to one (1) per permanent, posterior tooth in any five (5) year period except in the case of accidental injuries;
2. Crowns, bridges (pontics, abutments) - Limited to one (1) permanent tooth in any five (5) year period except in the case of accidental injuries.;
3. Complete or partial dentures - Limited to one (1) in any five (5) year period except in the case of accidental injuries;
4. Cast post and core (in addition to crown) - Limited to one (1) per permanent tooth in any five (5) year period;
5. If a covered person has multiple missing teeth, the covered dental expense may be limited to a removable partial denture;
6. Replacement of a bridge or denture may be subject to a twelve (12) month wait if no prior coverage exists.

B. Maintenance of Prosthodontics

1. Recementation - Limited to two (2) per tooth in any twenty-four (24) consecutive month period when performed more than six (6) months after installation;
2. Denture Adjustments - Limited to one (1) in any six (6) consecutive month period when performed more than six (6) months after installation;
3. Denture relining or rebasing - Limited to one (1) in any thirty-six (36) consecutive month period when performed more than six (6) months after installation;
4. Tissue Conditioning - Limited to one (1) in any twenty-four (24) consecutive month period.

C. Other Oral Surgery

1. Extra charges for local anesthesia, pre-operative workup and routine post-operative care are not covered;
2. General anesthesia and IV sedation are covered when medically necessary and administered in conjunction with oral surgery.

IV. Orthodontic Care

A. Braces and other appliances

1. Members with dual coverage for orthodontic treatment will be subject to coordination of benefits, but will be entitled to the lifetime maximums of both policies (subject to waiting periods);
2. Panoramic film is considered a preventive service and does not apply to the orthodontic lifetime maximum;
3. Cephalometric film is considered a preventive service and does not apply to the orthodontic lifetime maximum;
4. No benefits will be paid for repair or replacement of an orthodontic appliance;
5. An orthodontic work in progress may be subject to a twelve (12) month wait if no prior coverage exists.

Exclusions and Limitations:

The Essex Dental Benefits will not pay for the following:

1. Treatment for temporomandibular joint disturbances;
2. Treatment related to developmental abnormalities;
3. Maxillofacial or orthognathic surgery.

Linda S. Bahrke
President