

BENEFIT SUMMARY

DentaQuest: More Choices, More Value

DentaQuest is one of the most experienced dental insurance companies in the nation. We administer dental benefits on behalf of approximately 20 million individuals in 30 states. You can rely on our experience when it comes to your dental insurance needs.

To find a dentist, please visit www.dentaquest.com/marketplace/MD or call us at 800-334-6277.

You can receive more information about your benefits by visiting our website www.dentaquest.com/marketplace/MD and downloading the Subscriber Certificate. It includes everything you need to know about your dental plan, including how to use your benefits, how to find a dentist, how the claims and appeal processes work, and other helpful information.

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 (under age 19) | None | 50% |

Waiting Period: For covered individuals under age 19, Restorative and other Basic Services are subject to a 90 day waiting period. Complex Dental Services are subject to a 90 day waiting period.

Is there an out-of-pocket maximum?

For covered individuals 19 and over, the total benefits are limited to a maximum of \$350 for each calendar year. The maximum family out of pocket is \$700 each calendar year.

Do I have out of network coverage?

No, you do not have out of network coverage. If you visit a dentist who is not in our network, you will be responsible for the entire cost of the services you receive. You may only receive covered benefits from non-participating dentist in the event of an emergency dental condition.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available at www.dentaquest.com/marketplace/MD. 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 Mid-Atlantic, Inc.
www.dentaquest.com/marketplace/MD
800-334-6277
4061 Powder Mill Road, Suite 325
Calverton, MD 20705-3149**

DentaQuest Mid-Atlantic, Inc.
DentaQuest EPO Individual Pediatric High

| Category / Procedure | Benefit limits | DentaQuest will pay |
|---------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------|
| Diagnostic | | |
| Comprehensive oral exam | Once every 60 months | 100% |
| Periodic oral exam | Twice per year | 100% |
| Full mouth X-rays | One set every 36 months | 100% |
| Bitewing X-rays | Once every six months | 100% |
| Single tooth X-rays | As needed | 100% |
| Study models and casts | Once every 60 months | 100% |
| Preventive | | |
| Routine cleaning | Twice per year | 100% |
| Fluoride treatment | Twice per year | 100% |
| Space maintainers | Once per 24 months due to premature loss of teeth | 100% |
| Sealants | One per tooth | 100% |
| Restorative | | |
| Silver fillings | Once per 36 months | 80% |
| White fillings (front teeth) | Once per 36 months | 80% |
| Temporary fillings | | 80% |
| Stainless steel crowns | Once every 36 months on baby teeth | 80% |
| Major restorative | | |
| Crowns | When teeth cannot be restored with fillings | 50% |
| Replacement crowns | Once every 36 months | 50% |
| Repair or recement crowns | Covered | 80% |
| Endodontics (root treatments) | | |
| Root canal treatment | Covered | 50% |
| Vital pulpotomy | Limited to baby teeth | 50% |
| Periodontics (root treatments) | | |
| Periodontal cleaning | Once per three months | 100% |
| Scaling and root planning | Must meet periodontal guidelines | 50% |
| Periodontal surgery | Must meet periodontal guidelines | 50% |
| Dentures and bridges | | |
| Complete or partial dentures | Once per calendar year, per denture | 50% |
| Fixed bridges | Once per calendar year, per denture | 50% |
| Replacement dentures or fixed bridges | Covered | 50% |
| Rebase or reline dentures | Once every 24 months | 80% |
| Repair of dentures or fixed bridges | Covered | 80% |
| Adding teeth to existing dentures | Covered | 80% |
| Oral surgery | | |
| Simple extractions | Covered | 80% |
| Surgical extractions | Covered | 50% |
| Tooth replantation | | 50% |
| Orthodontics | | |
| Orthodontia | When medically necessary | 50% |
| Emergency dental care | | |
| Occlusal guards | Once every 24 months | 80% |
| House/extended care facility call | Covered | 80% |
| Minor treatment - pain relief | Covered | 80% |
| Anesthesia | | |
| General anesthesia | When medically necessary for covered surgical services when provided by a licensed, practicing dentist | 80% |
| Nitrous oxide | Will not be paid with general anesthesia or IV sedation | 80% |
| IV conscious sedation | Will not be paid with general anesthesia or IV sedation | 80% |

There is no out of network coverage. If you see a non-participating dentist, you will be responsible for the entire cost of the services you receive.