

# 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](http://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](http://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	\$100 per covered individual/\$300 per family	40%
Complex dental services	\$100 per covered individual/\$300 per family	40%
Orthodontics (under age 19)	None	40%

**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 under 19, the maximum out of pocket expense is \$350 for each calendar year. The maximum family out of pocket expense is \$700 for 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](http://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](http://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 Low**

Category / Procedure	Benefit limits	DentaQuest will pay
		<b>Under age 19</b>
<b>Diagnostic</b>		
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%
<b>Preventive</b>		
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	Once per tooth	100%
<b>Restorative</b>		
Silver fillings	Once per 36 months	40%
White fillings (front teeth)	Once per 36 months	40%
Temporary fillings		40%
Stainless steel crowns	Once every 36 months on baby teeth	40%
<b>Major restorative</b>		
Crowns	When teeth cannot be restored with fillings	40%
Replacement crowns	Once every 36 months	40%
Repair or recement crowns	Covered	40%
<b>Endodontics</b>		
Root canal treatment	Covered	40%
Vital pulpotomy	Limited to baby teeth	40%
<b>Periodontics</b>		
Periodontal cleaning	Once per three months	100%
Scaling and root planning	Must meet periodontal guidelines	40%
Periodontal surgery	Must meet periodontal guidelines	40%
<b>Dentures and bridges</b>		
Complete or partial dentures	Once per calendar year, per denture	40%
Fixed bridges	Once per calendar year, per denture	40%
Replacement dentures or fixed bridges	Covered	40%
Rebase or reline dentures	Once every 24 months	40%
Repair of dentures or fixed bridges	Covered	40%
Adding teeth to existing dentures	Covered	40%
<b>Oral surgery</b>		
Simple extractions	Covered	40%
Surgical extractions	Covered	40%
Tooth replantation		40%
<b>Orthodontics</b>		
Orthodontia	When medically necessary	40%
<b>Emergency dental care</b>		
Occlusal guards	Once every 24 months	40%
House/extended care facility call	Covered	40%
Minor treatment - pain relief	Covered	40%
<b>Anesthesia</b>		
General anesthesia	When medically necessary for covered surgical services when provided by a licensed, practicing dentist	40%
Nitrous oxide	Will not be paid with general anesthesia or IV sedation	40%
IV conscious sedation	Will not be paid with general anesthesia or IV sedation	

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.