National Employees Health Plan

DENTAL COVERAGE, LIMITATIONS AND EXCLUSIONS

Schedule 2 (no Orthodontics)

Schedule of Dental Benefits - The Dental Benefits payable by the Plan for each Covered Employee and Covered Dependent shall be determined under this Schedule of Dental Benefits. No Dental Benefits shall be payable by the Plan before the calendar year Deductible has been satisfied.

A.	Deductible (Per Calendar Year	Individual $25 Family $75
		Plan Pays
B.	Class I (Preventive)	80% of Fee Schedule
	Class II (Restorative)	80% of Fee Schedule
	Class III (Major)	50% of Fee Schedule
	Orthodontics	n/a
	Orthodontic Deductible (Per Calendar Year)	n/a
	Orthodontic Lifetime Maximum	n/a
C.	Maximum Dental Benefits Payable By Plan (Per Calendar Year)	$1,000.00

Covered Dental Charges

The Covered Expenses shall mean only the usual charges of a Dentist which an individual is required to pay for services and supplies which are necessary for treatment of a dental condition, but only to the extent that those charges are for services and supplies customarily employed for treatment of that condition, and only if rendered in accordance with accepted standards of dental practice and up to a reasonable and customary amount or fee schedule. The expenses will be only those incurred in connection with covered dental services. You have access to a Preferred Dental Network which may reduce your out-of-pocket expenses. To locate a participating dentist, contact the Preferred Dental Network listed in Addendum A. Benefits are available for Employee, spouse, and Dependent children until the end of the calendar year in which they turn 19, or until the end of the calendar year they turn 25 if they are a full time student and only under the coverage's which show dental coverage in their Schedule of Coverage. Covered dental services include the following:

Class I (Preventive & Diagnostic) Services:

1. Routine Oral Examinations, but not more than once every six (6) months.

2. Prophylaxis (cleaning and scaling of teeth), but not more than once every six (6) months.

3. Fluoride treatment for Dependent children under 19 years of age but not more than every six (6) months.

4. Space maintainers for Dependent children under 19 years of age

5. Diagnostic x-rays including:

   A. Full mouth or panorex x-rays but not more than once every year.

   B. Bitewing x-rays but not more than once every six (6) months.

   C. Intra-oral (periapical) x-rays when required in connection with the diagnosis of a specific condition requiring treatment;

6. Pit and fissure sealants.

Class II (Restorative) Services:

7. Restorative services (fillings).

8. Oral surgery procedures including extractions.

9. Endodontics.

10. Periodontics.

11. IV Sedation when provided in conjunction with an oral surgical procedure.

12. Periodontic scaling by a dentist but not more than once per year.

Class III (Major) Services:

13. Repairing and/or recementing of inlays, crowns, bridgework and dentures.

14. Relining or rebasing partial or full dentures.

15. Full or partial dentures.

16. Fixed bridgework, crowns, inlays and onlays.

Predetermination of Dental Benefits

If dental expenses are expected to exceed $200.00, a Predetermination of Dental Benefits should be filed with the Plan Manager prior to treatment. Please telephone 1-800-447-1032 for further instructions on how to obtain a Predetermination. This Predetermination shall inform the covered person and the attending Dentist in advance of the amounts payable under the Plan.

If a Predetermination of Dental Benefits is not filed prior to services being performed, the Plan Manager will determine benefits based on the information that was provided. If the Dentist submits a Predetermination of Dental Benefits and then alters the course of treatment, the Plan Manager will adjust Plan payments accordingly. Treatment must begin within ninety (90) days of the receipt of a Predetermination of dental benefits from the Dentist.

Alternate Treatment

In the event that a Covered Person selects a more expensive service than is customarily provided, the Plan will limit its payment to that which is payable for the customary treatment provided to restore the tooth to its contour and function.

Dental Limitations

Prophylaxis, oral examinations, and/or bitewing x-rays shall be limited to no more than once every six (6) months.

Full mouth x-rays and/or panorex shall be limited to no more than once every year.

Crowns, inlays, and onlays shall be limited to no more than once every three (3) years. This only applies if the denture that is being replaced was covered by the Plan.

Incurred Date - For the purpose of this Plan, Incurred Date shall be the date that the service is performed except for the following:

- For crowns, bridges, inlays, onlays, the date the tooth or teeth were prepped.
- For dentures, date the final impression is taken.
- For Endodontic Services, the date the pulp chamber is opened and drained.

Extension of Dental Benefits - Certain dental procedures will be payable after the Covered Person's coverage terminates if they are started while covered under this benefit. These dental procedures are as follows:

- Full or partial dentures, if the patient was covered on the date the final impression is taken,
- Fixed bridgework, gold restorations and crowns, if the patient was covered on the date the tooth or teeth were prepped,
- Endodontic Services, if the patient was covered on the date that the pulp chamber was opened and drained.

The services must be fully completed within one year from the date the service was started to be covered.

National Employees Health Plan

Dental Exclusions

1. Treatment by someone other than a dentist or doctor except for cleaning and scaling of teeth and application of fluoride by a licensed dental hygienist, when such services are rendered under the supervision and guidance of a dentist.
2. Services and supplies which are not necessary according to broadly accepted standards of dental practices, including services or supplies which are experimental in nature.
3. Services or supplies for cosmetic purposes.
4. Orthodontic services for participants and spouses. Orthodontic benefits in the amount indicated in the Schedule of Benefits are included for dependent children.
5. Services and supplies for which you or your dependent are not legally required to pay.
6. Educational programs, such as plaque control, oral hygiene instruction or nutritional counseling.
7. Sealants. (Except pit and fissure light cure sealants).
8. Failure to keep scheduled appointments or charges for completion of claim forms.
9. Local anesthesia.
10. Prescriptions written by dentists.
11. Fluoride application for eligible Employee or eligible dependent age 18 or older.
12. In connection with restorative dentistry, temporary restorations, bases or sedative fillings.
13. Charges for replacement of an existing denture which is satisfactory or which can be made satisfactory.
14. Dental expenses incurred prior to the date you or your Dependents become eligible under the Plan.
15. Expenses for any crown, other than a stainless steel crown, for children less than 14 years of age.
16. Expenses incurred for services provided for temporomandibular joint (TMJ) dysfunctions.
17. Charges for supplies normally used at home, including but not limited to, toothpaste, toothbrushes, waterpiks and mouthwashes.
18. Charges for stayplates to replace extracted anterior teeth after three (3) months following such extractions.
19. Charges for special, non-standard, techniques in denture construction to the extent the cost exceeds the cost of standard techniques.
20. Charges for replacing lost or stolen appliances or repairing damaged appliances.
21. Dental expenses incurred as a result of a work related condition.
22. In the event an Employee or eligible Dependent transfers from the care of one Dentist to another Dentist during the course of Treatment, or if more than one Dentist renders services for one dental procedure, the Plan shall be liable for not more than the amount it would have been liable for had one Dentist rendered the service.
23. For crowns, bridgework, dentures or prosthetic devices, expenses for duplication or replacements less than three (3) years after procedure (insertion, duplication or replacement) was previously covered by the Plan.
24. Expenses for relines made less than six months after insertion of denture.
25. Full mouth or panoramic x-rays more than once each year.

26. Bitewing x-rays, fluoride application, oral examination or prophylaxis (cleaning) more than once in any six month period.

27. Precision attachments, specialized techniques, and personalization of dentures.

28. Procedures, restorations and appliances to increase vertical dimension the distance between the nose and chin, or to alter, maintain, or restore occlusion, or for the purpose of splinting.

29. Facings or veneers on molar crowns or molar pontics.

30. Implantology (except for staple implants to support dentures).

31. No more than two consecutive abutments on any fixed bridgework (crowns splinted and extended beyond this will be payable as individual crowns).

32. Periodontic scaling more than once per year.

33. Claims submitted for payment beyond one (1) year after the service was rendered.