



## Catholic Diocese of Jackson Employee Dental Benefit Plan

<b>Calendar Year Maximum</b> <i>(Class I, II and III expenses)</i>	\$2,000
<b>Annual Deductible</b> Individual Family	\$50 per person \$150 per family
<b>Reimbursement Levels</b>	90 <sup>th</sup> percentile of Maximum Eligible Charge
<b>Waiting Periods:</b> Class I Class II Class III Class IV	No waiting period No waiting period 12 month waiting period 12 month waiting period

<b>Benefit:</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I—Preventive &amp; Diagnostic Care</b> Oral Exams Routine Cleanings Bitewing X-rays Full Mouth X-rays Panoramic X-ray Fluoride Application Sealants <i>(for members less than 14 years old)</i> Space Maintainers	100%	No Charge
<b>Class II—Basic Restorative Care**</b> Fillings Denture Repairs Denture Relines, Rebases and Adjustments Repairs to Bridges, Crowns and Inlays Oral Surgery—Simple Extractions	80%	20%
<b>Class III—Major Restorative Care**</b> Crowns Root Canal Therapy/Endodontics Periodontal Scaling and Root Planing Surgical Extractions of Impacted Teeth Oral Surgery—all except simple extractions Anesthetics Dentures Bridges Inlays/Onlays Prosthesis over Implant	50%	50%
<b>Class IV—Orthodontia</b>  <b>Lifetime Maximum</b>	50%  \$1,000 <i>Dependent children to age 19</i>	50%

*\*\*Class II and Class III benefits are subject to the annual deductible.*

## **Dental Exclusions and Limitations**

<b>Procedure</b>	<b>Exclusions and Limitations</b>
Exams	Two per Calendar year
Cleanings	Two per Calendar year
X-Rays (routine)	Bitewings: 2 per Calendar year
X-Rays (non-routine)	Full mouth: 1 every 36 consecutive months, Panorex: 1 every 36 consecutive months
Model	Payable only when in conjunction with Ortho workup and extensive Perio treatment
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns and Inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Dentures and Partial	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs—Bridges	Reviewed if more than once
Repairs—Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years
Space Maintainers	Limited to non-Orthodontic treatment
Prosthesis Over Implant	1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for the non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.

## **Benefit Exclusions**

- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- A surgical implant of any type
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides where the expenses are incurred
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

This summary highlights some of the benefits available under this plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your plan description.

**For benefits/customer service please call ABA at 800-247-7114.**