

# **LifeMap Dental Plan 10**

## For TBS

#### **How the Plan Works**

Group Dental Coverage helps ensure you and your family get the preventive care you need for your teeth. Plus, you'll save money in the long run.

## • Eligibility Requirement

If you are a full-time active employee working a minimum of 20 hours per week, you will be covered with these benefits.

## • Dependent Eligibility Requirement

Dependents must be a Legal spouse, Domestic Partner and/or child(ren) up to age 26 of the covered employee to be eligible for coverage.

#### • LifeMap Network

We utilize one of the largest dental networks in the region, so your choice of dentists is vast. Find a provider here: www.lifemapco.com/find-provider

| Benefits Summary  |  |                    |
|---|--|--------------------|
| Plan Benefits   |  |                    |
| Deductible (per calendar year)  | \$25 per member<br>\$75 per family   |                    |
| Calendar Year<br>Maximum Benefit  | \$1,000 per member   |                    |
| Coinsurance (Percentage of the allowed amount the plan pays) *Out of Network services will be processed using the 90th percentile UCR |  |                    |
|   | In-Network   | Out of<br>Network* |
| Class A (Preventive)  | 100%*<br>(deductible waived)   |                    |
| Class B (Basic)   | 90%*   |                    |
| Class C (Major)   | 50%*   |                    |
| Benefit Waiting Periods Initial Late  |  |                    |
|   | Enrollment*  | Enrollment         |
| Class A Services  | None   | 3 Months           |
| Class B Services  | None   | 6 Months           |
| Class C Services  | 6 months without proof of prior coverage   | 12 Months          |
| *You may only enroll for coverage during your Employer's Annual Enrollment Period   |  |                    |
| Plan Features   |  |                    |
| Class A (Preventive)<br>Services  | <ul> <li>Oral Exams</li> <li>Dental Cleanings</li> <li>Fluoride Treatment</li> <li>Space Maintainers</li> <li>Intraoral Bitewing, Periapical and Occlusal X-rays</li> <li>Complete and Panoramic X-Rays</li> <li>Sealants and Preventive Resin</li> </ul>                    |                    |
| Class B (Basic)<br>Services   | <ul> <li>Fillings</li> <li>Emergency Treatment</li> <li>General Anesthesia</li> <li>Oral Surgery</li> <li>Periodontic Treatment, including Scaling and Root Planing and Periodontal Surgery</li> <li>Endodontic Treatment, including Root Canals and Pulp Capping</li> </ul> |                    |
| Class C (Major)<br>Services   | <ul> <li>Crowns, Inlays, and Onlays</li> <li>Crown Build-ups/ Core and<br/>Post</li> <li>Fixed Bridges</li> <li>Dentures</li> </ul>  |                    |

LifeMapCo.com 1 (800) 794-5390

Tissue Conditioning



## **Limitations & Exclusions**

- Aesthetic Dental Procedures
- Antimicrobial Agents
- Benefits Not Stated
- Collection of Cultures and Specimens
- Connector Bar or Stress Breaker
- Cosmetic/Reconstructive Services and Supplies
- Desensitizing
- Diagnostic Casts or Study Models
- Duplicate X-Rays
- Experimental/Investigational
- Facility Charges
- Fees, Taxes, Interest, etc.
- Fractures of the Mandible
- Gold Foil Restorations
- Home Visits
- Implants and implant related services
- Medication and Supply Charges
- Military Service-Related Conditions
- Motor Vehicle Coverage and Other Insurance Liability
- Nitrous Oxide
- Non-Direct Patient Care
- Occlusal Treatment
- Oral Hygiene Instructions
- Orthodontic Dental Services
- Personal Comfort Items
- Photographic Images
- Pin Retention in Addition to Restoration
- Precision Attachments
- Prosthesis Services
- Provisional Splinting
- Riot, Rebellion, War and Illegal Acts
- Self-Help, Non Dental Self-Care, Training, or Instructional Programs
- Separate Charges
- Services and Supplies Provided by a Member of your Immediate Family
- Services Performed in a Laboratory
- Services connected to teeth that were missing prior to this Policy's effective date.
- Surgical Procedures
- Temporomandibular Joint (TMJ) Dysfunction Treatment Services
- Third Party Liability
- Tooth Transplantation Services
- Travel and Transportation Expenses
- Treatment, Procedures, Techniques or Therapies Outside Generally Accepted Dental Care Practices.
- Treatment started prior to the Member's Effective Date
- Work-Related Conditions

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