Reserve Officers Association

GROUP ENHANCED DENTAL INSURANCE PLAN ENROLLMENT FORM

The United States Life Insurance Company in the City of New York

TO ENROLL:
Send this completed form with your premium check payable to:
ADMINISTRATOR
ROA
GROUP INSURANCE PROGRAM
P.O. BOX 10374
Des Moines, IA 50306-8812

QUESTIONS?
Call: 1-800-247-7988
ROA.service@mercer.com

PLEASE PRINT IN INK OR TYPE - DO NOT USE CORRECTION FLUID OR GEL PEN - INITIAL AND DATE ANY CHANGES

ENROLLEE— Please print or type. Complete all areas, sign and date.

Name: _____
Last First MI

Add 1: _____

Add 2: _____

City, St., Zip: _____

Social Security # _____

Date of Birth _____ Sex ☐M ☐F
(Mo./Day/Yr.)

Phone Numbers

_____
Home

_____
Work

E-Mail _____

Eligibility Date _____
(FOR OFFICE USE ONLY)

MEMBERSHIP AFFILIATION

I am a member of the Reserve Officers Association. ☐Yes ☐No

Membership # _____

Membership in ROA is required for participation in the plan.

SPOUSE INFORMATION— Please complete only if you are enrolling your spouse for coverage.

Spouse Name _____ Date of Birth _____
(first, middle, last name only if different) (Mo./Day/Yr.)

Spouse's Social Security # _____ Sex ☐M ☐F

DEPENDENT CHILD(REN) INFORMATION— Please complete only if you are enrolling your dependent child(ren) for coverage. If you desire coverage for more than two children, please attach a separate sheet including the information below.

Name of child _____ Date of Birth _____
(first, middle, last name only if different) (Mo./Day/Yr.)

Child's Social Security # _____ Sex ☐M ☐F

Name of child _____ Date of Birth _____
(first, middle, last name only if different) (Mo./Day/Yr.)

Child's Social Security # _____ Sex ☐M ☐F

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BE SURE TO COMPLETE AND SIGN REVERSE SIDE

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RATE AND BILLING OPTIONS

☐ Member Only Coverage ☐ Family Coverage

☐ Member +1 Dependent Coverage

Indicate how you wish to be billed:

☐ **Automatic Monthly Check Withdrawal**

☐ **Quarterly Direct Bill**

(If you select Automatic Monthly Check Withdrawal, please complete the Automatic Monthly Check Withdrawal form.)

PLEASE CHECK THE PLAN YOU PREFER:

☐ With Orthodontics ☐ Without Orthodontics

Only dependent children under age 19 are eligible for orthodontic coverage.

PLEASE READ AND SIGN

I hereby enroll with The United States Life Insurance Company in the City of New York for coverage under The Group Enhanced Dental Insurance Plan for Reserve Officers Association Members. I have read and understand the conditions and exclusions of the program. I understand that the insurance applied shall become effective on the first day of the month after receipt and acceptance of my Enrollment Form and first premium payment.

Important Notice - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.
(Fraud language varies by state.)

MEMBER'S SIGNATURE X _____ **DATE X** _____

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AUTOMATIC CHECK WITHDRAWAL REQUEST: By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

Checking Account

Routing #: ____ ____ ____ ____ ____ ____ ____ ____ ____ Account #: _____

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature of Premium Payer: _____ **Date:**_____

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Group Enhanced Dental Insurance Plan

RESERVE OFFICERS ASSOCIATION

FOR RESERVE OFFICERS ASSOCIATION MEMBERS AND THEIR FAMILIES

VALUABLE INSURANCE PROTECTION FOR YOUR DENTAL HEALTH

Caring for your teeth should be part of a sound health care program. Yet such basic care can cost hundreds - if not thousands - of dollars annually. Consider this: More than 130 million Americans do not have dental insurance.*

So, where can you find the extra money to cover your dental expenses? Avoiding the dentist is not a solution. Ignoring care today can prove to be even more costly down the road - both to your teeth AND to your bank account. Fortunately, you can now enjoy important dental insurance protection designed specifically to meet the needs of you and your family with this economical group dental insurance plan.

The Reserve Officers Association Group Enhanced Dental Insurance Plan is dental insurance, not a discount plan. Insurance helps protect you when you need it most. It pays for your preventive care as well as for emergency care or specialty dental treatment.

Here's Why the ROA Group Enhanced Dental Insurance Plan is Important to You Now:

- Tooth decay affects more than one-fourth of U.S. children age 2-5 years old and half of those age 12-15 years old. 20% of all adolescents age 12-19 years old currently have untreated tooth decay. One-fourth of U.S. adults age 65 and older have lost all of their teeth and more than 7,600 people, mostly older Americans, die from oral and pharyngeal cancers each year.*
- Many children and adults still go without simple measures that have been proven to be effective in preventing oral diseases and reducing dental care costs.*
- Each year, Americans make about 500 million visits to dentists.*
- In 2009, an estimated $102 billion was spent on dental services in the United States.*

*According to the Center for Disease Control publication: ORAL HEALTH - Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers - *At a Glance, 2011* http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm#aag. Viewed 10/2014

Here's How The Plan Works

The plan provides benefits for diagnostic and preventive care as well as most forms of specialty dental treatment. You may go to any dentist you wish. The Schedule of Dental Services identifies the maximum allowable benefit you and your dependents receive when a procedure is performed. The dollar amount assigned to each procedure is the maximum you receive, not to exceed actual charges. Under the Reserve Officers Association Group Enhanced Dental Insurance Plan, you can request that the benefits be paid either directly to the dentist or you can be reimbursed for the benefit.

Option to use the SmileMax® Dental Network which can result in lower out-of-pocket costs for your dental care

The Reserve Officers Association Group Enhanced Dental Insurance Plan includes an optional PPO feature through the SmileMax® Dental Network which can help reduce your out-of-pocket expenses. The SmileMax® network is a group of dental professionals at more than 140,000 locations nationwide that have contracted to provide dental services at negotiated fees. Selecting a network dentist can also help ensure quality care, because all network dentists are screened according to a rigorous credentialing process. Members are encouraged to use a network dentist in the SmileMax network when accessing dental services. When a network dentist is selected, you will be charged pre-arranged fees that are guaranteed to be at or under the dentist's usual fee. On average, a savings of 20 to 40 percent have been achieved nationally when using a network dentist. The Enhanced Dental Insurance Plan will continue to pay at the levels shown in the Schedule of Dental Services and you will be responsible for the difference between the network dentist's negotiated fee and the amount paid by this plan. But your out-of-pocket costs will be significantly reduced because the network dentist's negotiated fee is less than the dentist's usual fee. You may continue to choose any dentist you wish. However, using a SmileMax network provider can help you save significantly. To find a SmileMax dentist, call 1-800-221-3480 or visit the online search tool located on www.roainsure.com. Or, if your dentist does not currently participate in the SmileMax® Dental Network, you can nominate him/her for membership.

Eligibility

You and your eligible dependents may enroll for coverage. Eligible dependents include your lawful spouse and dependent children, typically under age 21 (age 25 if a full-time student). (Subject to state variations.)

All persons who were previously insured for dental insurance under this plan and later voluntarily end insurance will not be eligible to re-enroll for a period of two years following the date insurance was voluntarily ended.

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PLAN FEATURES

- You select your own dentist – guaranteed. Benefits are provided for 155 different dental services.
- Option to use the SmileMax® Dental Network.
- No deductible for preventive services.
- No waiting period for preventive, diagnostic, restorative (except major) or adjunctive services.
- Choose to have the benefits paid to you or directly to the dentist.
- Your acceptance into this plan is not subject to underwriting approval.

Annual Maximums

You and your covered dependents are entitled to receive up to $1,200 maximum in dental benefits each calendar year after the deductible is satisfied.

A lifetime maximum benefit of $850 applies to orthodontic benefits for insured dependent children under age 19.

Deductibles

The calendar year deductible is $50 per insured person, up to $150 maximum per family unit. The deductible does not apply to preventive services. It is applied against insurance-covered expenses, not billed charges.

Waiting Period

Preventive, Diagnostic, Restorative (except major) and Adjunctive Services are provided immediately. Endodontics and Oral Surgery services have a 6-month waiting period. All other services have a 12-month waiting period. Once you have been enrolled under the plan for 12 consecutive months, you are eligible for services under Restorative-Major, Periodontics, Prosthetics-Removable, and Fixed Bridge.

For orthodontics coverage for insured dependent children under age 19, there is a 12-month waiting period.

ECONOMICAL PLAN COST WITH ORTHODONTICS

The ROA Group Enhanced Dental Insurance Plan offers a plan with orthodontics services for insured dependent children under age 19. Please refer to the rates below for the economical plan cost.

Member Only	$38.67 Monthly or $116.00 Quarterly
Member +1	$68.63 Monthly or $205.90 Quarterly
Family	$94.73 Monthly or $284.20 Quarterly

ECONOMICAL PLAN COST WITHOUT ORTHODONTICS

Please refer to the rates below for the economical ROA Group Enhanced Dental Insurance Plan cost.

Member Only	$38.67 Monthly or $116.00 Quarterly
Member +1	$64.77 Monthly or $194.30 Quarterly
Family	$83.62 Monthly or $250.85 Quarterly

PAYMENT OPTIONS

You are able to choose between two premium payment options, whichever one best suits your needs.

Option 1:

Pay through Automatic Monthly Check Withdrawal. This saves you the time spent writing checks and remembering due dates.

Option 2:

Pay through direct billing on a quarterly basis.

Effective Date

Your coverage will be effective the first day of the month coinciding with or next following the date your request for insurance is received, provided the required premium is paid. Some services are subject to a 6 or 12-month waiting period; see "Waiting Period" section above.

OTHER IMPORTANT INFORMATION

When Coverage Terminates

Your dental coverage will be terminated only if you fail to pay the appropriate premium when due; the group policy is discontinued; or insurance ends for your class. Coverage for your dependent spouse and children, if enrolling, will end if your insurance ends, dependents' insurance ends under the group policy, the person ceases to be a dependent or premium is not paid for the dependent when due.

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Exclusions

No benefits will be paid for expenses incurred:

1. For any portion of a charge for any service in excess of the scheduled benefit shown in the Schedule of Dental Services.

2. For any procedure not listed as a scheduled benefit in the Schedule of Dental Services.

3. For services that are not recommended, approved and certified as necessary and reasonable by a dentist.

4. For services that are not approved by the Council of Dental Therapeutics of the American Dental Association.

5. For overdentures and associated procedures.

6. For cosmetic procedures, including charges for porcelain or other veneer crowns, pontics, and porcelain or other veneer facings on crowns or pontics to replace molars.

7. For the replacement of full and partial dentures, bridges, inlays, inlays or crowns that can be repaired or restored to normal function.

8. For implants; and for: (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouth guards; (d) precision or semi-precision attachments; (e) denture duplication; or (f) sealants, except as specifically provided in the Schedule of Dental Services.

9. For oral hygiene instructions; and for (a) plaque control; (b) the completion of a claim form; (c) acid etch; (d) broken appointments; (e) prescription or take-home fluoride; or (f) diagnostic photographs.

10. For services and procedures that are begun, but not completed by the end of the month in which coverage terminates.

11. For care or treatment of a condition for which a person is entitled to or eligible for benefits under any Workers Compensation Act or similar law.

12. For charges that are applied toward satisfaction of a deductible, if any.

13. For charges incurred after a person's insurance ends; however, dental benefits may be provided as described in the Benefits After Insurance Ends provision outlined in the Certificate of Insurance.

14. For charges in connection with an orthordonic service or procedure, except to the extent specifically provided by the group policy.

15. For charges incurred for treatment which would be given free of charge if you were not insured.

16. For charges incurred for treatment which results from intentionally self-inflicted injury.

17. For charges incurred for treatment which is given by a person's spouse or his or his spouse's father, mother, son daughter, brother, or sister.

18. For charges incurred for treatment which is given by a person's employer or an employee of such employer.

19. For charges incurred for treatment which is not essential for the necessary care or treatment of the injury or sickness involved.

20. For charges incurred for treatment which results from a war or act of war.

Certificate Of Insurance

When you become insured, you will be sent a Certificate of Insurance summarizing the provisions of the plan under which you are insured.

Payment And Claims

Under the Reserve Officers Association Group Enhanced Dental Insurance Plan, you can request the benefits be paid either directly to your dentist, or you can be reimbursed for the benefit. Once you are accepted into the plan, you will have a 31-day grace period for your payment of renewal premiums.

30-Day Free Look

When you become an insured, you will be sent a Certificate of Insurance summarizing your insurance coverage. If you are not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days and your premium will be promptly refunded. Your coverage will then be invalidated.

How to Enroll

It's easy to enroll in the Reserve Officers Association Group Enhanced Dental Insurance Plan. Simply fill out the enclosed enrollment form and be sure to indicate your billing preference. If you are paying through automatic monthly check withdrawal, you must also include a check for your first month's premium and a blank voided check. If you are paying through quarterly direct bill, just include a check for your first quarterly premium. Make checks payable and mail to:

Administrator:
ROA Group Insurance Program
P.O. Box 10374
Des Moines, IA 50306-8812

Questions? We're only a phone call away!

We want to provide you with the best possible service. For more information about this plan or if you have any specific questions, just call us toll-free at: 1-800-247-7988.

Please Note: This Is Only An Outline.

This brochure is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. V-610,270, Form No. G-19000. It is, therefore important you READ THE CERTIFICATE OF INSURANCE CAREFULLY.

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The Group Enhanced Dental Insurance Plan is Underwritten By:

The United States Life Insurance Company in the City of New York

3600 Route 66
P.O. BOX 1580
Neptune, NJ 07754-1580

The most prominent independent ratings agencies continue to recognize The United States Life Insurance Company in the City of New York in terms of insurer financial strength. For current insurer financial strength ratings, please consult the Web site at www.americangeneral.com/ratings.

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York (United States Life) are its responsibility.

The Group Enhanced Dental Insurance Plan is Administered By:

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 10374
Des Moines, IA 50306-8812

Questions?
1-800-247-7988
www.roainsure.com

AR Ins. Lic. #303439
CA Ins. Lic. #0G39709
In CA d/b/a Mercer Health & Benefits Insurance Services LLC
TX Ins. Lic. #1850385

Coverage may vary and may not be available in all states. Rates will not be changed unless they are changed for all insureds within your classification.

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Group Policy V-610,270 DE385P-44535
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Schedule of Dental Services

I. Preventive

A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	$ Insurance Allowance
0120	Periodic oral evaluation, six (6) month interval	$20
0140	Limited oral evaluation – problem focused	33
0150	Comprehensive oral evaluation	33
1110	Prophylaxis – adult, once in a six (6) month interval	52
1120	Prophylaxis – child, once in a six (6) month interval	33
1203	Topical application of fluoride (prophylaxis not included) – at twelve (12) month intervals to age 19	20
1351	Sealants, per tooth – 1st and 2nd molars within two years of eruption	13
9110	Palliative (emergency) treatment of dental pain – minor procedure	20

II. Diagnostic

A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	$ Insurance Allowance
0210	Intraoral – complete series (including bitewings- thirty-six (36) month interval)	$59
0220	Intraoral – periapical – first film	13
0230	Intraoral – periapical – each additional film	7
0240	Intraoral – occlusal film	13
0270	Bitewing – single film, six (6) month interval	20
0272	Bitewings – two films, six (6) month interval	20
0274	Bitewings – four films, six (6) month interval	26
0330	Panoramic film	46
0340	Cephalometric film	65

III. Restorative

A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	$ Insurance Allowance
1520	Space maintainer – removable – unilateral	$33
1525	Space maintainer – removable – bilateral	65
2140	Amalgam – one surface, permanent	39
2150	Amalgam – two surfaces, permanent	46
2160	Amalgam – three surfaces, permanent	46
2161	Amalgam – four or more surfaces, permanent	46
2330	Resin – one surface, anterior	39
2331	Resin – two surfaces, anterior	46
2332	Resin – three surfaces, permanent	59
2335	Resin – four or more surfaces or involving incisal angle (anterior)	65

IV. Restorative – Major

A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	$ Insurance Allowance
2520	Inlay – metallic – two surfaces	$189
2530	Inlay – metallic – three or more surfaces	195
2543	Onlay – metallic – three surfaces	202
2544	Onlay – metallic – four or more surfaces	202
2620	Inlay – porcelain/ceramic – two surfaces	189
2630	Inlay – porcelain/ceramic – three or more surfaces	189
2643	Onlay – porcelain/ceramic – three surfaces	189
2644	Onlay – porcelain/ceramic – four or more surfaces	189
2710	Crown – resin (laboratory)	130
2720	Crown – resin with high noble metal	260
2721	Crown – resin with predominantly base metal	234
2722	Crown – resin with noble metal	273
2740	Crown – porcelain/ceramic substrate	280
2750	Crown – porcelain fused to high noble metal	299
2751	Crown – porcelain fused to predominantly base metal	286
2752	Crown – porcelain fused to noble metal	286
2780	Crown – 3/4 cast metal	286
2790	Crown – full cast high noble metal	293
2791	Crown – full cast predominantly base metal	280
2792	Crown – full cast noble metal	280
2910	Recement inlay	20
2920	Recement crown	20
2930	Prefabricated stainless steel crown – primary tooth	65
2950	Core buildup, including any pins	59
2951	Pin retention – per tooth, in addition to restoration	13
2952	Cast post and core in addition to crown	89

V. Endodontics

A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	$ Insurance Allowance
3220	Therapeutic pulpotomy (excluding final restoration)	$26
3310	Root Canal – Anterior (excluding final restoration)	163
3320	Root Canal – Bicuspid (excluding final restoration)	176
3330	Root Canal – Molar (excluding final restoration)	182
3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforation, root resorption, etc.)	91
3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	52
3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorptions, etc.)	39

A.D.A Service Numbers and Scheduled Benefits are periodically updated by the American Dental Association. They may be changed or deleted without notice to or consent of any insured person.

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A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	$ Insurance Allowance

V. Endodontics (continued)

3410	Apicoectomy/Periradicular surgery – anterior	$150
3450	Root Amputation – per root	46
3920	Hemisection (including any root removal), not including root canal therapy	104
3950	Canal preparation and fitting of preformed dowel or post	33

VI. Periodontics

4210	Gingivectomy or gingivoplasty – per quadrant	$98
4211	Gingivectomy or gingivoplasty – per tooth	59
4240	Gingival flap procedure, including root planing – per quadrant	143
4249	Clinical crown lengthening – hard tissue	26
4260	Osseous surgery (including flap entry and closure) – per quadrant	267
4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces – per quadrant	267
4263	Bone replacement graft – first site in quadrant	26
4270	Pedicle soft tissue graft procedure	143
4271	Free soft tissue graft procedure (including donor site surgery)	143
4341	Periodontal scaling and root planing – per quadrant	39
4910	Periodontal maintenance procedures (following active therapy)	46

VII. Prosthetics – Removable

5110	Complete denture – maxillary	$325
5120	Complete denture – mandibular	325
5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	143
5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	143
5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	169
5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	169
5410	Adjust complete denture – maxillary	20
5411	Adjust complete denture – mandibular	20
5421	Adjust partial denture – maxillary	20
5422	Adjust partial denture – mandibular	20
5510	Repair broken complete denture base	26

A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	$ Insurance Allowance

VII. Prosthetics – Removable (continued)

5520	Replace missing or broken teeth – complete denture (each tooth)	$26
5610	Repair resin denture base	26
5620	Repair cast framework	39
5630	Repair or replace broken clasp	20
5640	Replace broken teeth – per tooth	26
5650	Add tooth to existing partial denture	52
5660	Add clasp to existing partial denture	52
5710	Rebase complete maxillary denture	59
5711	Rebase complete mandibular denture	59
5720	Rebase maxillary partial denture	59
5721	Rebase mandibular partial denture	59
5730	Reline complete maxillary denture (chairside)	72
5731	Reline complete mandibular denture (chairside)	72
5740	Reline maxillary partial denture (chairside)	72
5741	Reline mandibular partial denture (chairside)	72
5750	Reline complete maxillary denture (laboratory)	98
5751	Reline complete mandibular denture (laboratory)	98
5760	Reline maxillary partial denture (laboratory)	98
5761	Reline mandibular partial denture (laboratory)	98
5850	Tissue conditioning maxillary	33

VIII. Fixed Bridge

1510	Space maintainer – fixed – unilateral	$117
1515	Space maintainer – fixed – bilateral	150
6210	Pontic – cast high noble metal	215
6211	Pontic – cast predominantly base metal	241
6212	Pontic – cast noble metal	241
6240	Pontic – porcelain fused to high noble metal	260
6241	Pontic – porcelain fused to predominantly base metal	260
6242	Pontic – porcelain fused to noble metal	260
6250	Pontic – resin with high noble metal	260
6251	Pontic – resin with predominantly base metal	195
6252	Pontic – resin with noble metal	195
6545	Retainer – cast metal for resin bonded fixed prosthesis	195
6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	195
6720	Crown – resin with high noble metal	221
6721	Crown – resin with predominantly base metal	215
6722	Crown – resin with noble metal	215
6750	Crown – porcelain fused to high noble metal	234

A.D.A Service Numbers and Scheduled Benefits are periodically updated by the American Dental Association. They may be changed or deleted without notice to or consent of any insured person.

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A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	$ Insurance Allowance

VIII. Fixed Bridge (continued)

6751	Crown – porcelain fused to predominantly base metal	$215
6752	Crown – porcelain fused to noble metal	215
6780	Crown – 3/4 cast high noble metal	221
6790	Crown – full cast high noble metal	228
6791	Crown – full cast predominantly base metal	228
6792	Crown – full cast noble metal	215
6930	Recement fixed partial denture	33

IX. Oral Surgery

7140	Single tooth	$26
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	39
7220	Removal of impacted tooth – soft tissue	59
7230	Removal of impacted tooth – partially bony	91
7240	Removal of impacted tooth – completely bony	111
7241	Removal of impacted tooth – completely bony, with unusual surgical complications	111
7250	Surgical removal of residual tooth roots (cutting procedure)	39
7285	Biopsy of oral tissue – hard	33
7286	Biopsy of oral tissue – soft	33
7320	Alveoloplasty in conjunction with extractions – per quadrant	98
7410	Excision of benign tumor – lesion diameter up to 1.25 cm	85
7411	Excision of benign tumor – lesion diameter greater than 1.25 cm	85
7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	85
7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	85
7450	Removal of odontogenic cyst or tumor – lesion diameter up to 1.25 cm	91
7451	Removal of odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	91
7460	Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	91
7461	Removal of nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	91
7465	Destruction of lesion(s) by physical or chemical method, by report	91
7471	Removal of exostosis – maxilla or mandible	130

A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	$ Insurance Allowance

IX. Oral Surgery (continued)

7510	Incision and drainage of abscess – intraoral soft tissue	$46
7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	78
7970	Excision of pericoronal gingival	98

X. Adjunctive Services

9220	General anesthesia – first 30 minutes	$65
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	26

DENTAL SERVICE CATEGORY	AMOUNT OF BENEFITS
XI. Orthodontic procedures (including diagnosis, preventive treatment, orthodontic treatment and orthodontic appliances.) (Applies only to insured children under age 19.)	The lesser of: ☐ 50% of the dentist's fee, or ☐ 50% of the reasonable and customary charge. not to exceed the overall maximum dental benefit shown in the Schedule of Benefits on page SCH

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A.D.A Service Numbers and Scheduled Benefits are periodically updated by the American Dental Association. They may be changed or deleted without notice to or consent of any insured person.

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