Dental Quote For: **CHAYCE CORPORATE & HOME** Presented by: **WHITLEY BENEFITS**

[1]SUMMARY OF COVERED SERVICES (The Certificate of Coverage will include a complete list of Covered Services)	
Type I: Diagnostic & Preventive	Oral examinations (2 per calendar year) * Routine cleanings (2 per calendar year) * Topical fluoride up to age 16 (1 per calendar year) * Diagnostic x-rays, full or panoramic (1 in any 3-year period) * Bitewing x-rays (2 per calendar year) * Emergency palliative treatment to relieve pain * Space maintainers (for premature loss of primary tooth).
Type II: Basic	Fillings using amalgam, silicate, acrylic, synthetic porcelain and composite filling materials * Simple extractions * Antibiotic injections administered by Dentist * Oral surgery , including customary postoperative treatment * Endodontics - root canal therapy, pulpotomy * Periodontics - treatment of gum disease.
Type III: Major	Restorative - inlays, onlays, crowns (5-year waiting period for replacement) * Prosthodontics - full or partial dentures or bridges (5-year waiting period for replacement.
PLAN INFORMATION	
GROUPS NOT ELIGIBLE FOR DENTAL COVERAGE:	Dental offices or dental related businesses. Businesses in existence less than 12 months. 2 person husband and wife businesses. Groups not paying social security (1099).
PRE TREATMENT:	Pretreatment recommended for services or supplies over $300.
ELIGIBILITY:	Full-time employees working at least 30 hours per week, and their dependents. See page 3 for details.
REPLACEMENT BENEFITS:	[4] Time periods satisfied under the employer's prior qualifying group dental plan (without coverage gap) will reduce Type I, II, & III Waiting Periods.
ORTHODONTIC REPLACEMENT BENEFITS:	[5] Time periods satisfied under the employer's prior qualifying group orthodontic coverage (without coverage gap) will reduce Orthodontic Waiting Period.
PLAN BENEFITS:	Insured benefits under the SecureCare Dental Insurance Plan are provided under the Master Policy. This brochure is a summary of the SecureCare Dental benefits. It is not a contract and not part of the policy, but simply an outline of benefits provided under the Master Group Policy. For complete details consult the Certificate of Coverage.
NON-NETWORK BENEFITS:	[2] For PPO MAC plans, non-network benefits are paid on a Maximum Allowable Charge (MAC) basis. For PPO & Indemnity UCR plans, non-network benefits are paid on a Usual, Customary, and Usual (UCR) basis. The employee is responsible for non-network balance billing that may result.

Dental Expenses Not Covered

No benefits are payable for, and any applicable Deductible amount may not be reduced by, any of the following:

- any service or supply (a) not listed as a Covered Service within the Schedule of Benefits, (b) payable under any medical expense plan, or (c) rendered by someone who is related to the covered person by blood, marriage, or adoption; or is normally a member of the covered person's household;
- any procedure (a) begun, but not completed; (b) begun before insurance begins; or (c) begun after insurance ends;
- any prosthetic appliance (a) for which the impression (for new or modified device) was made before insurance begins; (b) installed before insurance begins; or (c) finally installed or delivered more than 30 days after insurance ends;
- any treatment which is elective, or primarily cosmetic in nature, and/or not recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- any procedure that (a) is determined to be not Medically Necessary, (b) does not offer a favorable prognosis, (c) does not have uniform professional endorsement, or (d) is experimental in nature;
- the correction of congenital malformations, including anodontia and cleft palate;
- the replacement of lost, discarded, or stolen appliances; or any duplicate device or appliance;
- cast restorations, inlays, onlays, and crowns for teeth that are not broken down by extensive decay or accidental injury, or for teeth that can be restored by other means (such as an amalgam or composite filling);
- restoration of third molars, except fillings;
- crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology;
- replacement of (a) bridges, (b) full or partial dentures, (c) crowns, inlays or onlays, or (d) occlusal guards (night guards, except for bruxism); unless such item is more than five years old and cannot be made serviceable;
- appliances, services, or procedures relating to: (a) the change or maintenance of vertical dimension; (b) correction of attrition, abrasion, erosion, or abfraction; (c) bite registration; (d) bite analysis; or (e) splints, other than provisional splints;
- Procedures related to implants (other than what is listed as covered in COVERED DENTAL SERVICES, CLASS/TYPE III Major Services, item 11.), and any complications as of the result of implants; removal of implants; precision or semi-precision attachments; denture duplication; overdentures and surgery; or
- services provided for any type of (a) temporomandibular joint (TMJ) dysfunction; (b) muscular or skeletal deficiencies involving TMJ or related structures; or (c) myofascial pain;
- orthognathic surgery;
- orthodontic treatment, unless stated otherwise;
- treatment of malignancies;
- general anesthesia and intravenous sedation (regardless of the age of the patient), except in conjunction with covered oral surgery procedures;
- hospital services, or services of anesthetists or anesthesiologists;
- prescribed drugs;
- any instruction for diet, plaque control, or oral hygiene;
- dental disease, defect, or injury caused by a declared or undeclared war, or any act of war;
- charges for failure to keep a scheduled visit, or for the completion of any claim forms;
- expenses compensable under Workers' Compensation or Employers' Liability Laws or by any coverage provided or required by law (including, but not limited to, group, group-type and individual automobile "No-Fault" coverage);
- expenses provided, or paid for, by any governmental program or law, except as to charges which the person is legally required to pay;
- services for which there would be no charge in the absence of insurance, or for any service or treatment provided without charge.

Dental Coordination of Benefits

Other coverage you have may affect benefits payable under the policy, to ensure that the total benefits from all plans will not exceed 100% of eligible expenses.