

DENTAL BENEFIT

INTRODUCTION

This section describes the dental benefits available to you under the Allegiant Care Dental Plan. Please review this section carefully to understand your coverage and how to use your benefits.

Claims for benefits under this Plan are processed by Northeast Delta Dental (Delta) under an administrative services agreement with Allegiant Care. If you have questions about participating providers, claims, or benefits, you can:

- Call Delta at **800-832-5700** (Monday through Friday, 8:00 a.m. to 4:45 p.m. EST).
- Use the 24-hour automated inquiry system at 800-253-7852.
- Visit ***www.neDelta.com/patients***.

PARTICIPATING DENTISTS

You may visit any dentist; however, choosing a participating dentist from the Delta Dental PPO or Premier Networks can make the process easier and help you save money.

Participating dentists:

- Prepare and submit claims directly to Delta on your behalf.
- Accept Delta's allowed fees for services and cannot "balance bill" you if their usual fee is higher.

For covered services, you are responsible only for your share of the cost—such as the deductible or the portion not paid by the Plan. For example, if the Plan pays 80% for basic services, your share is 20% of the allowed amount. You will not be asked to pay in full at the time of treatment for covered services, although your dentist may request payment for the deductible or your share of the cost.

NON-PARTICIPATING DENTISTS OR OTHER DENTAL PROVIDERS

You will get the best value when you use an in-network provider, but you may also choose to receive care from a non-participating dentist or another licensed dental provider. When doing so:

- You may be asked to pay for all services at the time they are provided.
- You may need to submit your own claim form, available at ***www.neDelta.com***.
- Payment will be limited to Delta's allowance for non-participating providers in the area where services are performed.
- You are responsible for your share of the allowed amount (deductible and coinsurance) **plus** the difference between the provider's charge and Delta's allowed amount.

Payment will generally be made to you when you receive services from a non-participating provider. If you prefer that payment be made directly to your dentist, you may authorize this by completing the assignment section on the claim form. Payment may be made to the dentist if permitted under applicable state law.

SCHEDULE OF BENEFITS

This chart shows the level of coverage for services provided by dentists who participate in the **Delta Dental PPO** or **Delta Dental Premier** networks. For the most up-to-date list of participating dentists, visit www.neDelta.com.

Diagnostic/Preventive Coverage A	Basic Restorative Coverage B	Major Restorative Coverage C	
Deductible: None	Deductible: \$25 Individual /\$50 Family (Coverages B and C only)		
Covered at 100%	Covered at 80%	Covered at 50%	
<p>Diagnostic:</p> <ul style="list-style-type: none"> Evaluations (twice/12 mos) X-Rays - Complete series or panoramic film (once/3 yrs) Bitewing X-rays (once/12 mos) X-rays of individual teeth as necessary <p>Preventive:</p> <ul style="list-style-type: none"> Cleanings (twice/12 mos) Fluoride (twice/12 mos <age 19) Space Maintainers (<age 16) Sealant (permanent molars/ bicuspid once/lifetime/tooth <age 19) Occlusal guards (once/5 yrs) Athletic mouthguards (once/5yrs) <p>Emergency Palliative Treatment</p> <p><i>Note: Expenses incurred for covered Diagnostic and Preventive services do not accrue to your annual maximum.</i></p>	<p>Restorative:</p> <ul style="list-style-type: none"> Amalgam (silver) fillings Resin (white) fillings <p>Oral Surgery:</p> <p>Surgical and routine extractions</p> <p>Endodontics:</p> <p>Root canal therapy</p> <p>Periodontics:</p> <ul style="list-style-type: none"> Treatment of gum disease Clinical crown lengthening (once/tooth/lifetime) Periodontal maintenance (cleaning) <p><i>Note: Cleanings are limited to twice/12 mos; these may be routine (Coverage A) or Periodontal (Coverage B), or a combination of both.</i></p> <p>Denture Repair:</p> <ul style="list-style-type: none"> Repair of a removable denture to its original condition Brush biopsy (once/12 mos) 	<p>Prostodontics:</p> <ul style="list-style-type: none"> Removable and fixed partial dentures (bridge) Complete dentures Rebase and reline (dentures) Crowns Onlays Inlays 	
		Orthodontics Coverage D	
		Deductible: None	
		Covered at 75%	
		<p>Orthodontics:</p> <p>Correction of malposed (crooked) teeth for dependent children and adults</p> <p>Orthodontic Lifetime Maximum:</p> <p>\$1,500 Per Person</p>	
Calendar Year Maximum: \$2,000 per person (Coverages B and C only)			

This schedule is intended as a summary; certain benefit limitations and exclusions may apply. If there is any difference between this chart and the detailed information that follows, the detailed information will govern.