

This prepaid plan provides an annual benefit maximum of \$2,000.00 per eligible person (exclusive of Orthodontic services). The services which are covered 100% with no additional charge to the subscriber are:

Procedure	Plan Benefits*
<b>DIAGNOSTICS</b>	
Oral Examination .....	100%
Office Visit .....	100%
<b>RADIOGRAPHS</b>	
Complete series X-rays .....	100%
Panoramic X-rays .....	100%
Bitewing X-rays .....	100%
Pulp vitality tests .....	100%
<b>PREVENTIVE</b>	
Prophylaxis (cleanings) one every 6 months.....	100%
Oral Hygiene Instruction .....	100%
Topical Fluoride.....	100%
Sealants.....	100%
Space Maintainers.....	100%
<b>OTHER SERVICES</b>	
Stainless Steel Crown Deciduous (Child).....	100%
Palliative Treatment.....	100%

The following procedures are covered at the percentage of Usual & Customary (U & C) fees indicated. The balance is your responsibility and is due at the time services are received.

Procedure	Plan Benefits*
<b>RESTORATIVE</b>	
Amalgams.....	80%
Composites.....	80%
Temporary filling.....	80%
Sedative base.....	80%
<b>PERIODONTICS</b>	
Periodontal scaling/root planing .....	80%
Periodontal Prophylaxis .....	80%
Gingival Curretage.....	80%
<b>EXTRACTIONS</b>	
Simple Extraction.....	80%
Extraction-Erupted Tooth .....	80%
Soft Tissue Extraction.....	80%
Root Recovery .....	80%
<b>OTHER SERVICES</b>	
Vital Pulpotomy .....	80%
Tissue conditioning .....	50%
Recement, Repair; Bridges, Dentures, Crowns .....	50%

These procedures require the indicated co-payment expressed in dollars to be paid by you when the service is performed.

Procedure	Co-Pay
<b>ENDODONTICS/PERIODONTICS</b>	
Direct/Indirect Pulp Cap.....	\$7.00
Root Canal, Anterior.....	\$125.00
Root Canal, Bicuspids.....	\$170.00
Root Canal, Molar.....	\$250.00
<b>MAJOR RESTORATIVE</b>	
Single Unit Crowns	
Plastic Fused/Metal.....	\$160.00
Porcelain .....	\$250.00
Porcelain, Non/Semi-Precious Metal .....	\$250.00
Full Cast, Non/Semi-Precious Metal .....	\$250.00
Fixed Bridgework (per unit)	
Porcelain, Non/Semi-Precious Metal .....	\$250.00
Full Cast, Non/Semi-Precious Metal .....	\$250.00

<b>Other</b>	
Stainless Steel Post.....	\$45.00
Post and Core .....	\$45.00
Core Build-up w/pins.....	\$50.00
<b>Complete and Partial Dentures</b>	
Complete Upper or Lower.....	\$400.00
Immediate Upper or Lower .....	\$400.00
Reline Upper or Lower (Chairside).....	\$90.00
Partial w/o clasps, Upper or Lower .....	\$250.00
Partial w/clasps, Upper or Lower.....	\$400.00
Reline Partial Upper or Lower (Chairside) .....	\$65.00
Unilateral Partial.....	\$90.00

\*Based on Usual and Customary Fees

Procedure	Co-Pay
ORTHODONTIA.....	50% of U & C Fee**
To Age 19	
** Payment Arrangements Available.	

#### OUT-OF-AREA EMERGENCY TREATMENT

In the event you are more than 50 miles from the nearest Dental Associates, Ltd. center, CARE-PLUS PREPAID will provide up to \$80.00 for necessary emergency services.

## Limitations & Exclusions

### Coordination of Benefits & Subrogation

- Benefits available under this plan will not be duplicated if similar benefits are payable by another group plan.
- CARE-PLUS Dental Plans, Inc. reserves the right to recover payments that are the liability of a third party.

### No Benefits Provided For:

- Services for congenital malformations, cosmetic or esthetic purposes (except for congenitally missing teeth).
- Duplicate prosthetic devices or appliances or the replacement of lost or stolen prosthetic devices or appliances.
- Services or appliances necessary to adjust vertical dimension or to restore occlusion.
- Splinting procedure(s) or a double abutment in connection with bridgework.
- Temporomandibular joint (T.M.J.) disorders or dysfunction.
- Gold foil or precious metal restorations.
- Implants or transplants.
- Services that would be furnished, or covered, by an entity other than CARE-PLUS Dental Plans, Inc.
- Services furnished after coverage under the contract ceases except as specifically provided for.
- Hospital or physician services of any kind.
- Services necessitated by atomic explosion or war.
- Replacement of a fixed or removable prosthetic device, crown or orthodontic appliance less than 5 years from date of insertion.
- A precision attachment or fixed bridgework if a satisfactory result can be achieved by conventional removable appliance.
- Personalization or characterization of dental work.
- Services provided under a surgical-medical or prescription drug plan except as specifically allowed for.
- Services from other than a Dental Associates, Ltd. provider except as specifically allowed for.
- Dental services provided before the contract effective date.
- Dental services not stated in the contract.
- The Provider shall have the right to charge the Member a co-payment, if a charge is customarily made, for broken appointments with less than 24 hours notice, except in a dire emergency which precluded the member from providing such notice.

This brochure constitutes a brief description of the program offered. It is subject to all terms and conditions of the master contract.