



Group Standard Dental Endorsement – \$50 Dental Deductible per Contract Year \$1,000 Maximum Dental Benefit per Contract Year

This dental endorsement is part of the plan under which you are covered. The benefits described in this endorsement are subject to the terms and conditions of the plan, except as otherwise specifically provided in this endorsement. Benefits payable for all dental health care services covered under this endorsement are limited to the maximum dental benefit per contract year as shown above.

PREVENTIVE SERVICES

New West pays 100% of allowed charges after the dental deductible is reached for the following covered services:

- Oral examinations (including prophylaxis – scaling and cleaning of teeth), up to twice per contract year.
- Topical fluoride application, up to twice per contract year.
- Sealants for members under age 15, once per tooth in a lifetime.
- Complete mouth x-rays, once every 3 years. In the contract year in which complete mouth x-rays are done, bitewing x-rays will be covered only once.
- Bitewing x-rays, up to twice per contract year.

BASIC SERVICES

New West pays 80% of allowed charges after the dental deductible is reached for the following covered services:

- Space maintainers (replacing prematurely lost teeth) for children less than age 19.
- Emergency palliative treatment.
- Injection of antibiotic drugs.
- Periodontal scaling and root planing.
- Oral surgery, other than periodontal surgery.
- Amalgam, silicate, plastic, and composite filling restorations to restore diseased or accidentally broken teeth.
- General anesthesia for oral surgery or dental services.
- Repair of dentures or removable partial dentures.
- Reline or rebase of dentures or removable partial dentures once during any 24 consecutive months.
- Stainless steel crowns for children 12 years old or younger, when tooth cannot be restored with a filling material.
- Root canal procedures.
- Extractions.
- Temporary or sedative restoration.

MAJOR SERVICES

New West pays 50% of allowed charges after the dental deductible is reached for the following covered services:

- Gold, acrylic, and porcelain fillings, inlays, onlays, or crown restorations to restore diseased or accidentally broken teeth, when the tooth, as a result of extensive caries or fracture, cannot be restored with other filling material.
- Periodontal surgery

- Partial or full removable dentures to replace missing natural teeth, but not more than once during any 36 consecutive months.
- Fixed bridgework (including crowns and inlays to form retainers) to replace missing natural teeth extracted or accidentally lost.

ORTHODONTIA

\$1,000 Maximum Lifetime Orthodontia Benefit

New West pays 50% of allowed charges after the dental deductible is reached for orthodontic covered services for members through age 18, up to a maximum lifetime benefit of \$1,000. Orthodontia benefits do not count toward your maximum dental benefit per contract year.

- Benefits for orthodontic covered services will be paid on a pro-rated basis over the length of the treatment.
- Orthodontic covered services are health care services (including appliances) that straighten teeth and meet all the requirements set forth in the benefits booklet for health care services to be covered services. See the definition of COVERED SERVICES and REQUIREMENTS FOR OBTAINING BENEFITS in the benefits booklet.

LIMITATIONS & EXCLUSIONS

Dental benefits are not payable under this endorsement for:

- Health care services excluded from coverage under GENERAL EXCLUSIONS AND LIMITS in the benefits booklet.
- Dental health care services expressly excluded from coverage under DENTAL HEALTH CARE SERVICES in the benefits booklet, except to the extent they are expressly covered under this endorsement.
- Treatment by a person other than a dentist or oral surgeon, except expenses for cleaning of teeth performed by a dental hygienist under the direction of a dentist.
- Veneers or similar properties of crowns and pontics placed on or replacing teeth.
- Any duplicate device or appliance, or replacement of a lost or stolen device or appliance.
- Dentures, crowns, inlays, onlays, implantology, bridgework or other appliances or procedures altering vertical dimension, restoring or maintaining occlusions (except orthodontics), splinting or replacing tooth structure lost by abrasion or attrition, or treating temporomandibular joint disturbance.
- Extracoronary and other periodontal splinting.
- Charges for a dental health care service in excess of the allowed charge or in excess of the benefit limits specified in this endorsement.
- Replacement of crowns, inlays, or onlays, except if existing crowns, inlays, or onlays are at least 5 years old and cannot be made serviceable.
- Occlusal guards/night guards and like devices and appliances.
- Sterilization/infection control, nutritional guidance and/or hygiene instruction.
- Lab handling charges.

SEE THE BENEFITS BOOKLET FOR ADDITIONAL EXCLUSIONS & LIMITATIONS.