INGHAM ISD Dental Benefits Plan
Administrators, Non-Affiliated

The Plan-at-a-Glance

<table>
<thead>
<tr>
<th>Maximum Benefits</th>
<th>July 1st through June 30th</th>
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</thead>
<tbody>
<tr>
<td>Annual Maximum</td>
<td>$1,000 per eligible individual for covered class I, II and III services.</td>
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<tr>
<td>Lifetime Orthodontics Maximum</td>
<td>$2,000 per eligible individual for covered class IV services</td>
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<tr>
<td>TMJ Services</td>
<td>Applies to annual maximum, up to lifetime maximum of $1000</td>
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</tbody>
</table>

Class I Preventive Services – 90%

- Routine Oral Examinations: Twice per plan year
- Prophylaxis (Cleaning), Periodontal Maintenance: Twice per plan year
- Topical Application of Fluoride: Twice per plan year to age 18
- Bitewing X-Rays: Twice per plan year
- Full-Mouth Series or Panoramic X-Rays: Once per 36 months
- All Other X-Rays

Class II Restorative Services – 90%

- Composite and Amalgam fillings**: Up to age 14
- Space Maintainers: Up to age 14
- Inlays, Onlays and Crowns
- Root Canal Therapy
- Periodontal Root Planing
- Periodontal Surgery
- Oral Surgery and Extractions: Medical plan primary for certain procedures
- General Anesthesia or IV Sedation: With covered oral surgery
- Occlusal Guards: For Bruxism Only
- TMJ Appliances and Services

Class III Major Services – 50%

- Complete and Partial Removable Dentures
- Fixed Partial Dentures (Bridges)
- Denture Repair and Adjustment
- Denture Reline or Rebase
- Addition of Teeth to Partial Dentures
- Implant Placement

Class IV Orthodontic Services – 90%

- Limited and Interceptive Treatment: Removable and Fixed Appliance Therapy, up to age 19
- Comprehensive Treatment: Fixed Appliance Therapy, up to age 19

Not Covered

- Sealants: Cosmetic Treatment
- Deductible – None
- Missing Tooth Clause – None
- 12 Month Billing Limitation
- Waiting Periods – None: **Composite and resins are not covered for posterior teeth, alternate benefit applies
- COB – Standard: **Prosthetics are considered on delivery date

**Note – Quotes of benefits do not constitute a guarantee of payment. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding $250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.