

Dental Rider



**Group Medical Insurance Plan
Rider to Certificate of Insurance
Underwritten by: Certain Underwriters at Lloyd's, London
Supplemental Group Dental Benefit**

Policy Number: N/A
Effective Date: N/A

SCHEDULE OF BENEFITS - Percentage of Reasonable and Customary Cost

Class I: 100%—Diagnostic, General, Preventive

Deductibles do not apply to Class I services.

Class II: 80%—Restorative (Basic), Endodontics, Periodontics, Prosthodontics—Removable (Maintenance), Prosthodontics—Fixed Bridge (Maintenance), Oral Surgery

Class III: 50%—Restorative (Major), Prosthodontics—Removable (Installation), Prosthodontics—Fixed Bridge (Installation)

Class III expenses are not covered during the first three months.

Annual Deductibles	Individuals:	US\$50
	Family:	US\$150
Annual Maximum:		US\$1,000

ORTHODONTIC COVER - 3 month waiting period

Percentage of Reasonable and Customary Cost: 50%

Annual Deductibles	Individuals:	None
	Family:	None

Lifetime Maximum Benefit Per Insured Person(s): US\$1,000

The expenses described in the three classes below are reimbursed subject to an annual maximum indicated in the Schedule of Benefits.

A. Class I Dental Services

The Certificate pays the percentage of the Usual, Reasonable and Customary Cost indicated in the Schedule of Benefits for necessary diagnostic examination and preventative Treatment.

Covered expenses include:

1. Oral exams but not more than twice in a Coverage Period
2. X-rays
3. Full mouth x-rays but not more than once every five years; and
4. Bitewing x-rays but not more than once in a Coverage Period
5. Preventative Treatment
6. Cleaning and scaling of teeth (oral prophylaxis) but not more than twice in a Coverage Period; and
7. Topical fluoride Treatment for a Insured Person under 19 years of age but no more than once in a Coverage Period
8. Space maintainers for a Dependent under 19 years of age.

Deductibles do not apply to Class I Services

B. Class II Dental Services

The Certificate pays the percentage of Usual, Reasonable and Customary Cost indicated in the Schedule of Benefits for basic restoration, endodontic, periodontal Treatments and oral surgery.

Covered expenses include:

1. Fillings – amalgam, silicate, acrylic, synthetic porcelain or composite fillings
2. Extractions
3. Root canal treatment
4. Treatment of periodontal disease and other disease of the gums and tissues of the mouth
5. Oral surgery except procedures covered under any medical plan
6. Administration of general anesthesia, when medically necessary in connection with oral surgery
7. Emergency palliative treatment
8. Injections of antibiotic drugs

C. Class III Dental Services

The Certificate pays the percentage of Usual, Reasonable and Customary Cost indicated in the Schedule of Benefits for necessary crowns, bridges and dentures up to a maximum per Coverage Period per Insured Person(s) as recorded in the Schedule of Benefits.

Covered expenses include necessary supplies and services of a Physician for installation or replacement of one or more natural teeth which are lost while Dental Expense Benefits for the Insured Person are in effect for:

1. Installation of fixed bridgework done for the first time
2. Installation for the first time of:
 - a. A partial removable denture; or
 - b. A full removable denture
3. Replacing an existing removable denture or fixed bridgework if:
 - a. It is needed because of loss of one or more natural teeth after the existing denture or bridgework was installed; or
 - b. It is needed because of the existing denture or bridgework can no longer be used and was installed at least 5 years prior to its replacement
4. Replacing an existing immediate temporary full denture by a new permanent full denture when:
 - a. The existing denture cannot be made permanent; and
 - b. The permanent denture is installed within 12 months after the existing denture was installed
5. Adding teeth to an existing partial removable denture or to bridgework when needed to replace one or more natural teeth removed after the existing denture or bridgework was installed
6. Inlays and onlays
7. Crowns and their replacements, but not more than one replacement per crown every five years
8. Repair or re-cementing of:
9. Crowns; or
10. Inlays or onlays; or
11. Dentures; or
12. Bridgework

Class III expenses are not covered during the first three months the Employee is insured. Missing teeth coverage will be provided after being insured for three months under the Certificate.

D. Orthodontic Cover

The Eligible Benefits described in this Endorsement apply only if the Participating Organization has chosen this cover as recorded in the Endorsement.

The Certificate pays the percentage of Usual, Reasonable and Customary cost indicated in the Endorsement for necessary orthodontic treatment subject to a specific lifetime maximum indicated in the Schedule of Benefits. Once this limit is reached, the Insured Person(s) has no right to any further orthodontic treatment benefit.

Orthodontic expenses are not covered during the first three months the Employee is insured.

Exclusions

1. Type III expenses during the first three months from the date of issue for present Employees in the group.
2. New eligible entrants for Type III expenses during the six months from the date of issue.
3. Cosmetic surgery or supplies
4. Replacement of lost, missing or stolen crown, bridge or denture
5. Repair or replacement of orthodontic appliances
6. Services or supplies which do not meet general accepted dental standards
7. Experimental treatment
8. Missing teeth – Coverage provided after twelve months from the date of issue
9. Implantology
10. Treatment for Temporomandibular joint disorders (TMJ) and complications therefrom.

E. Pre-Notification and Alternate Treatment

If dental expenses are expected to exceed the amount of \$250.00, before the Dentist starts the Treatment, the Insured Person(s) must notify the Company for amounts to be covered or an approved alternative (which are customarily used, deemed by professions to be appropriate and less costly):

1. Work to be done
2. Cost of Treatment

Waiting Periods, Pre-Notification, Subrogation and Notice of Time Limitations shall apply as provided in the Certificate.