

GROUP DENTAL

FOR DUKE EMPLOYEES AND THEIR FAMILIES



MARK III BROKERAGE, INC

Coverage provided and underwritten by:



NORTH CAROLINA DEPARTMENT OF INSURANCE REQUIRED NOTICE:
READ YOUR CERTIFICATE CAREFULLY. IMPORTANT CANCELLATION INFORMATION.
Please read the provision entitled PARTICIPATION found on the Schedule of Benefits.

COVERAGE and LIMITATIONS

SERVICE	PROCEDURES	PLAN A	PLAN B
PREVENTIVE¹	Cleanings (2/year) Dental Exams (2/year) Space Maintainers X-rays Fluoride Applications (through age 19)	100% of UCR ² No Deductible	Benefits Based on the Schedule for Plan B (See Pages 9-10 for Examples) No Deductible
BASIC	Extractions and Fillings Full or Partial Denture Repair Sealants Anesthesia (with surgical procedures) Periodontics (Gum Diseases) Endodontics (Root Canals)	Based on Benefit Payable Levels \$100 Lifetime Deductible Per Patient	Benefits Based on the Schedule for Plan B (See Pages 9-10 for Examples) \$50 Calendar Year Deductible on Basic & Major Procedures, Combined
		BENEFIT PAYABLE LEVELS³	N/A
		Level 1 80% of UCR ² Level 2 90% of UCR ² Level 3 100% of UCR ²	
MAJOR	Pontics (false tooth) and Bridges Crown and Bridge Repair Dentures and Partial Dentures Crowns Onlays	50% of UCR ² \$50 Calendar Year Deductible Per Patient	Benefits Based on the Schedule for Plan B (See Pages 9-10 for Examples) \$50 Calendar Year Deductible on Basic & Major Procedures, Combined
MAXIMUM DEDUCTIBLES		N/A	3 Deductibles Per Family Per Year
MAXIMUM BENEFIT		\$1,000 Per Patient Per Year Type I and Type II, Combined	\$750 Per Patient Per Year Type I and Type II, Combined
ORTHODONTIA		2 Year Treatment, Complete By Age 19 50% of UCR ² No Deductible \$1,000 Lifetime Max. Per Patient Benefits Paid on a Quarterly Basis	2 Year Treatment, Complete By Age 19 50% of UCR ² No Deductible \$750 Lifetime Max. Per Patient Benefits Paid on a Quarterly Basis

¹ No benefits will be paid for expenses incurred by Late Entrants during the first 6 months an Insured is covered, except for exams, cleanings and fluoride applications. A Late Entrant is any person who did not enroll within 60 days from the date of employment or within 30 days from the date the person qualified for insurance, or any person who has elected to become insured again after terminating coverage.

² Usual, customary and reasonable charge.

³ Level 1 applies during the first calendar year that you are insured. You must visit a dentist during each calendar year and have one covered procedure performed in order for Level 2 reimbursement to apply during the second calendar year and Level 3 reimbursement to apply each calendar year thereafter.

If during any calendar year you fail to visit a dentist or fail to have one covered procedure performed, Level 1 reimbursement will automatically reapply during the following calendar year and you must advance to Levels 2 and 3 as if you were newly insured.

Exception: If during any calendar year, you have a break in continuous coverage of more than one month, Level 1 reimbursement will reapply for the balance of that calendar year and you must advance to Levels 2 and 3 as if you were newly insured.

PLEASE NOTE: If you have already achieved the highest benefit payable, level three, you will remain at that level as long as you continue to visit a dentist at least one time each calendar year.

Please see Page 7 for a list of ineligible expenses and Page 8 for claims payment examples.

A BRIEF OVERVIEW

Employees can choose one of *two options* in the Group Dental Insurance Plan. The chart on page 2 of this brochure outlines each plan. If you enroll, premiums will be deducted from your paycheck each month before taxes.

Regardless of which plan you choose, you have the freedom to visit the dentist of your choice. **There is no dental facility list to consult nor participating provider panel to consider.**

ELIGIBILITY AND ENROLLMENT

WHO CAN ENROLL? Regular employees who work at least 20 hours per week and who are included in payroll/benefit classifications designated by Duke as eligible to apply for coverage under the Group Dental Insurance Plan. Your spouse (or same sex spousal equivalent) and unmarried children under age 19 are also eligible. Children age 19 through age 25 are eligible as dependents if they are unmarried, full-time students.

WHEN TO ENROLL? New employees have 60 days from the date of employment to decide whether or not they want to enroll in the Group Dental Insurance Plan.

If you did not enroll when you were first eligible (within 60 days of employment or eligibility), you can enroll during the annual open enrollment period. You and your dependents will be late entrants and will be covered for exams, cleanings and fluoride applications during the first six months of coverage. After the first six months, you will be entitled to full benefits as defined by the Group Dental Insurance Plan. Children enrolled during an Open Enrollment period within 6 months of turning age 2 are not subject to the late entrant penalty.

After you select between Plan A or B, there are several types of coverage in which you may enroll:

- Employee Only Coverage (Individual)
- Employee and Spouse
- Employee and Child
- Family

PLEASE NOTE: Once you enroll in a particular type of coverage, you cannot stop or change your election until the next annual open enrollment period, unless you experience a change in family status.

Changes in family status include, but are not limited to, birth, marriage, divorce, death of a spouse or child, or termination of employment. To participate, eligible dependents must enroll within 30 days of the qualifying event or they will be considered late entrants.

A calendar year, January 1 to December 31, is the basis for your deductibles, maximums and coinsurance levels (see page 2). During the first year you are insured, your calendar year is from your effective date through December 31 of that year.

EFFECTIVE DATE OF COVERAGE

The effective date of coverage is the first of the month following the month payroll deductions begin for your premiums. Your benefits will become effective on your eligibility date provided you are actively at work at Duke. If you are not actively at work at Duke, your benefits will become effective on the date of your return to active work.

COVERAGE

Coverage and deductibles vary according to the plan you choose, the procedures you receive and, if you selected Plan A, the benefit payable level (Level 1, Level 2 or Level 3). Please refer to the summary of Coverage and Limitations on page 2 for a broad overview of the available benefits. Also, please read the information about the coverage and deductibles under the Group Dental Insurance Plan for a more detailed explanation.

DEDUCTIBLES

A deductible is the amount of covered expenses for which no benefits are paid. Benefits will be paid only for covered expenses which exceed the deductible. For both Plans A and B there is no deductible for Preventive procedures. The Plan A Basic procedures deductible applies per person, but only once during his or her lifetime. The Plan A Major procedures deductible amount applies per person each calendar year. Plan B has a different deductible structure. In Plan B, Basic and Major deductibles are combined and apply to each person each calendar year.

MAXIMUM BENEFIT

The maximum benefit per calendar year is the most that will be paid for covered expenses incurred by each person covered during each calendar year. The calendar year is January 1 to December 31. The maximum benefit per calendar year is \$1,000 for Plan A and \$750 for Plan B.

COVERED EXPENSES

For all of Plan A and the orthodontic procedures of Plan B, covered expenses are the usual, customary and reasonable (UCR) expenses, as determined by Ameritas. Such expenses are shown on the List of Dental Procedures in your certificate (issued to each employee after enrollment in the plan).

These expenses will be covered only for procedures done by a dentist or dental hygienist. These expenses are subject to the “Ineligible Expenses” listed on page 7. **If two or more procedures can be used as an appropriate treatment to correct a certain condition, the amount of the covered expense will be the charge for the least expensive procedure.**

For the Preventive, Basic and Major procedures of Plan B, covered expenses will not exceed the scheduled amount shown for procedures listed in your plan certificate.

EXPENSES INCURRED

An expense is incurred at the time the service is rendered or a supply is furnished; the impression is made for an appliance or change to an appliance; the tooth or teeth are prepared for a crown, bridge or gold restoration; or the pulp chamber is opened for root canal therapy.

INCENTIVE PROGRAM

In Plan A, Duke utilizes a special “Incentive Program” to motivate you and your family to establish and continue an ongoing program of preventive care. During the first calendar year of Plan A, all Basic procedures, subject to the application of the deductible, will be covered at 80% coinsurance of plan allowance (Level 1). If you have at least one procedure performed within the first calendar year, the reimbursement level will be INCREASED to 90% coinsurance of plan allowance in the second calendar year (Level 2). As long as you continue to visit the dentist each calendar year and have at least one procedure performed within the given calendar year, the reimbursement level will continue to increase to where in the third year of coverage all Preventive and Basic eligible covered expenses are reimbursed at 100% coinsurance of plan allowance (Level 3). Should you fail to visit the dentist in any calendar year, or should you fail to have at least one covered procedure performed within the given calendar year, the reimbursement percentage for Basic procedures will return to 80% and the incentive program will begin again the following calendar year.

COVERED PROCEDURES

(Major categories are shown for Plans A and B. See Page 7 for Late Entrant information.)

PREVENTIVE PROCEDURES

No deductibles

Oral Exams: Two treatments per calendar year.

Prophylaxis (cleaning): Two treatments per calendar year.

Fluoride Treatment: One treatment per year for children under 19.

X-rays: Entire denture series, Panoramic Survey (one in any three-year period), Bitewing films (two treatments per calendar year).

Pathology: Biopsy of oral tissue and Histopathologic examination.

Space Maintainers: Fixed and removable.

BASIC PROCEDURES

Deductibles: Plan A – \$100 Lifetime; Plan B – \$50 Calendar Year, Basic and Major Combined

Emergency Exams: Necessitated as the result of an accidental injury.

Sealants: Limited to treatment of permanent molars only once in any 36-month period for children under 17.

Oral Surgery: Extractions, Impacted teeth, Alveolar or Gingival Reconstruction, Cysts, and Neoplasms.

General Anesthesia: Not available without a cutting procedure.

Periodontics: Root planing, gingivectomy, subgingival curettage.

Restorative Dentistry: Amalgam restorations, Silicate restorations, Resin restorations, Recementations, full and partial denture repair.

Endodontics: Root canals

MAJOR PROCEDURES

Deductibles: Plan A – \$50 Calendar Year; Plan B – \$50 Calendar Year, Basic and Major Combined

Restorative: Inlays, Onlays, Crowns.

Prosthodontics - Fixed: bridge abutments, pontics, repair of crowns and bridges.

Prosthodontics - Removable: partial and complete upper and lower dentures, stress breaker, upper and lower stayplate, addition of teeth to partial denture.

ORTHODONTIC EXPENSE BENEFITS

(Two-year treatment program must begin before the child's 17th birthday and be completed by age 19. Coverage will be paid for the length of the treatment indicated, not to exceed 24 months. See Ineligible Expenses #19, #20 and #21.)

ORTHODONTIC TREATMENT

Orthodontic treatment means the movement of teeth by means of active appliances to correct the position of maloccluded or malpositioned teeth.

TREATMENT PROGRAM

Treatment program means an interdependent series of orthodontic services prescribed by a physician to correct a specific dental condition. **A program will start when the active appliances are inserted.** A program will end when the services are done, or after eight calendar quarters starting with the day the appliances were inserted, whichever is earlier.

EXPENSES INCURRED

An expense is incurred:

- a. at the end of every quarter (three month period) of a treatment for a person who pursues an orthodontic program, but not beyond the date the treatment ends, or
- b. at the time the service is rendered for a person who incurs covered expenses but does not pursue a treatment program.

BENEFIT CALCULATION

Benefits will be payable when a covered expense is incurred. The covered expenses are based on the estimated cost of the patient's treatment program. **Payments are pro-rated by quarter (three month periods) over the estimated length of the program, but not for more than eight quarters, and multiplied by the orthodontic benefit percentage (50%).** The last quarterly payment for a treatment may be changed if the estimated and actual cost of the treatment differs.

COORDINATION WITH DUKE REIMBURSEMENT ACCOUNTS

It is recommended that you contact Aon Consulting if you want to use both the Health Care Reimbursement Account and the Dental Plan to cover the orthodontia expenses for a dependent child. Aon Consulting administers the Reimbursement Account program and can be reached at 1-800-330-5714.

INELIGIBLE ORTHODONTIA EXPENSES

Covered expenses exclude and no benefits will be paid for expenses incurred:

1. for an orthodontic treatment program which began on or after an insured's 17th birthday.
2. for a treatment program which began before the insured became covered for Orthodontic Expense Benefits.
3. after the individual's insurance for orthodontic benefits terminates.

CLAIM PROCEDURE

Ameritas provides each employee with a Certificate of Insurance explaining the plan benefits and limitations in complete detail. For claim forms or answers to your questions, call toll free, **1-800-487-5553**.

COORDINATION OF BENEFITS

If you or any of your dependents incur charges which are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefits received are not greater than the charges incurred.

CONTINUATION OF BENEFITS

If you are covered by the Group Dental Insurance Plan at the time you leave Duke, you may continue coverage under the following circumstances:

- Upon retirement from Duke after satisfying the Rule of 75 which is described in the Faculty and Staff Benefits Guides and the Handbook for Employees Paid on the Biweekly Payroll.
- If you become totally disabled and are receiving benefits from Duke under the Long Term Disability Plan.
- If you take a paid or unpaid leave of absence which is approved in writing by Duke.
- Upon termination or change in eligibility, you may continue coverage under COBRA for you and your covered dependents.

ESTIMATE OF PAYMENT

If your dentist thinks charges for the proposed work will be \$200 or more, you and your dentist can complete a claim form for pre-statement of benefits. Your dentist shows the work to be done and what the charges will be. The claim form is then sent to Ameritas. Ameritas will estimate your benefits and send a report to your dentist.

HOW TO SUBMIT A CLAIM

1. Upon enrollment, a claim form is included with your Certificate of Insurance. Additional claim forms can be obtained from your Benefits/Human Resources office, Ameritas or the Duke internet website (www.HR.Duke.edu).
2. Take the claim form with you to the dentist performing your service.
3. You complete Parts 1 and 3 of the claim form. Part 1 is information about you and your employer. Part 3 allows you to have benefits paid directly to your dentist.
4. Your dentist completes Parts 2 and 4. Part 2 identifies the services that were performed. Part 4 certifies that the dentist performed the services.
5. You or your dentist can send the claim form to:

Ameritas Life Insurance Corp.
Group Dental Claims
P.O. Box 82520
Lincoln, NE 68501-2520

INELIGIBLE EXPENSES

Covered expenses exclude and no benefits will be paid for expenses incurred:

1. **by Late Entrants, during the first 6 months the Insured is covered, except for exams, cleanings and fluoride applications.**
A Late Entrant is every person:
 - a. **who did not enroll within 60 days from the date of employment or within 30 days from the date the person qualified for insurance; or**
 - b. **who has elected to become insured again after terminating coverage.**
2. for any treatment which is for **cosmetic purposes**. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
3. **to replace any crown, bridge, onlay, partial denture, or full denture which was originally placed less than 5 years ago**, regardless if the original prosthetic was covered under the plan. However, if the replacement is due to an accidental injury sustained while covered under this plan, it will be a Covered Expense.
4. for any bridge, partial denture, or complete denture needed because of an extraction of a natural tooth that occurred while the person was not insured under this plan. For the appliance or bridge to be eligible for coverage, the tooth must be extracted while the person is insured under this coverage and must include the replacement of the extracted tooth or teeth. The extraction of wisdom teeth (third molars) does not qualify for replacement.
5. for any procedure begun before a person becomes insured.
6. for any procedure begun after a person's insurance terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after a person's insurance terminates.
7. to replace lost or stolen appliances.
8. for appliances, restorations, or procedures to alter vertical dimension, restore or maintain **occlusion**, splint or replace tooth structure lost as a result of **abrasion or attrition**.
9. for any procedure which is not shown on the Table of Dental Procedures in your Certificate of Insurance.
10. for education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
11. for the completion of claim forms.
12. for **sealants** which are:
 - a. not applied to a permanent molar,
 - b. applied after attaining age 17,
 - c. reapplied to a molar within 3 years from the date of a previous sealant application.
13. subgingival curettage or **root planing** unless the presence of periodontal disease is confirmed by both X-rays and pocket depth summaries of each tooth involved.
14. because of an injury or sickness arising out of, or in the course of, work for wage or profit or that is eligible for benefits under any Worker's Compensation act or similar law.
15. for charges for which a person is not liable or which would not have been made had no insurance been in force.
16. for services which are not recommended by a dentist or which are not required for necessary care and treatment.
17. because of war or any act of war, declared or not.
18. by a person if payment is not legal where the person is living when expenses are incurred.
19. for an orthodontic treatment program which began on or after an insured's **17th birthday and which is not complete by age 19**.
20. for a treatment program which began **before the insured became covered** for Orthodontic Expense Benefits.
21. after the individual's insurance for orthodontic benefits terminates.
22. for operating rooms and other facility charges.
23. for general anesthesia, unless administered in a dental office and in conjunction with a cutting procedure.

SAMPLE COMPARISON OF PLAN A AND PLAN B COVERAGE

The hypothetical examples below summarize the benefit you can expect to receive, depending on the plan you choose. Each example highlights either Preventive, Basic or Major procedures. The examples include the benefit you will receive if you elect either Plan A or Plan B.

The rates and benefits for Plan B have been designed to provide a quality, basic benefit. Plan A provides a more comprehensive benefit. These two plans were chosen by Duke to give employees and dependents the choice of a benefit and/or price range that best suits their needs.

In these three examples it is assumed that the deductible, if applicable, has been satisfied.

EXAMPLE 1: Ellen visited the dentist for a periodic exam and cleaning. The dentist's charge for the periodic exam was \$25.00, the cleaning was \$50.00, making the total dentist's charge \$75.00. Both of these procedures are considered Type I Preventive procedures.

If Ellen elected **Plan A**, her reimbursement from Ameritas would be calculated like this:

Dentist Charge	\$75.00
Coinsurance Level	100%
Amount Paid by Plan	<u>75.00</u>
Amount Due Dentist	\$ 0.00

If Ellen elected **Plan B**, her reimbursement from Ameritas would be calculated like this:

Dentist Charge	\$75.00
Amount Allowed by Schedule	<u>50.00</u>
Amount Due Dentist	\$25.00

The procedures above can be found on page 9 or 10 of this brochure, listed under the following ADA code numbers: 0120 (exam) and 1110 (cleaning).

EXAMPLE 2: Joe visited the dentist to have a tooth filled. The dentist's charge for this two-surface procedure was \$74.00. This procedure is considered a Type I Basic procedure.

If Joe elected **Plan A**, his reimbursement from Ameritas would be calculated like this:

Dentist Charge	\$74.00
Coinsurance Level	90%
Amount Paid by Plan	<u>66.60</u>
Amount Due Dentist	\$ 7.40

If Joe elected **Plan B**, his reimbursement from Ameritas would be calculated like this:

Dentist Charge	\$74.00
Amount Allowed by Schedule	<u>33.15</u>
Amount Due Dentist	\$40.85

The procedure above can be found on page 9 or 10 of this brochure, listed under the following ADA code number: 2150.

EXAMPLE 3: Susan visited the dentist for a crown on her front tooth. The dentist recommended a porcelain/semi-precious crown. The dentist's charge was \$575.00. This procedure is considered a Type II Major procedure.

If Susan elected **Plan A**, her reimbursement from Ameritas would be calculated like this:

Dentist Charge	\$575.00
Coinsurance Level	50%
Amount Paid by Plan	<u>287.50</u>
Amount Due Dentist	\$287.50

If Susan elected **Plan B**, her reimbursement from Ameritas would be calculated like this:

Dentist Charge	\$575.00
Amount Allowed by Schedule	<u>160.00</u>
Amount Due Dentist	\$415.00

The procedure above can be found on page 9 or 10 of this brochure, listed under the following ADA code number: 2751.

PLAN A -- SAMPLE PROCEDURE LIST

The following is a sample list of dental procedures for which benefits are payable under Plan A. The amount that Ameritas pays per procedure is based on the usual fees in the ZIP code area where the procedure is performed. (This sample applies to dentists located in areas where the ZIP code begins with 277 and may not reflect the fees charged in other areas.) All services are subject to coinsurance, deductible and plan provisions.

PROC. NO.	PROCEDURE	MAXIMUM PAYMENT
0120	Periodic oral exam	\$25.00
0272	Bitewing X-rays	\$25.00
0330	Panoramic X-ray	\$65.00
1110	Cleaning	\$51.00
1120	Child Cleaning	\$37.00
2140	Restoration (one surface silver)	\$65.00
2330	Restoration (one surface silver)	\$77.00
3320	Root Canal (bicuspid)	\$465.00
4910	Periodontal Maintenance	\$78.00
7110	Simple Extraction	\$72.00
7210	Surgical Extraction	\$137.00
5214	Partial Denture	\$790.00
2751	Crown (Porcelain/Metal)	\$578.00

SCHEDULE FOR PLAN B

The following is a sample list of dental procedures for which benefits are payable under Plan B. Any dollar amount is a Maximum Covered Expense. B/R means By Report. Please read the section Ineligible Expenses for additional coverage information. Please refer to your certificate for the full list of covered procedures.

PREVENTIVE PROCEDURES

PROC. NO.	PROCEDURE	MAXIMUM PAYMENT
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VISITS AND EXAMINATIONS

0120	Periodic oral evaluation	\$15.00
0150	Comprehensive oral evaluation	\$17.50
	(0120-0150: Two evaluations will be allowed in a Calendar Year. These count toward the maximum allowance).	
1120	Prophylaxis for children under age 14. (limited to two treatments every 12 months)	\$25.00
1110	Prophylaxis for individuals age 14 and over, treatment to include scaling and polishing. (limited to two treatments every 12 months)	\$35.00
	(An 1110, 1120 or 1201 counts toward this maximum allowance. Periodontal maintenance may be substituted for a cleaning. Benefits will not be available if performed on the same date as periodontal services.)	
1201	Topical application of fluoride and prophylaxis	\$35.00
	(1201-1203: Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Calendar Year).	

RADIOGRAPHS AND PATHOLOGY

0220	Periapical radiograph - first film	\$10.00
0210	Intraoral - complete series (including bitewings)	\$50.00
0330	Panoramic film	\$45.00
	(0210, 0277 or 0330: Only one of these procedures will be allowed in any three year period.)	
0272	Bitewing - two films	\$15.00
0274	Bitewing - four films	\$20.00
	(0270- 0274: Bitewing films are limited to two allowances in a Calendar Year. An 0270, 0272 or 0274 count toward the maximum allowance).	
0277	Vertical bitewings - 7 to 8 films	\$30.00

SPACE MAINTAINERS

1510	Fixed space maintainer, unilateral	\$137.50
1520	Removable space maintainer, unilateral	\$100.00
	(1510-1525: Coverage is limited to space maintenance for unerupted teeth and following extraction of primary teeth. Allowance includes all adjustments within six months after installation).	

BASIC PROCEDURES

VISITS AND EXAMINATIONS

1351	Sealant - per tooth (Coverage is limited to treatment of occlusal surface of permanent molars only once in any 36 month period and only for children less than 16 years of age)	\$11.70
9110	Emergency palliative treatment - minor procedures, per visit (Not a covered procedure if other procedures are reported except diagnostic radiographs)	\$19.50
4910	Periodontal maintenance procedures. (This procedure is available in place of an eligible routine prophylaxis (1110, 1120 or 1201). Coverage is limited to two allowances in a Calendar Year. A 1110, 1120 or 1201 counts toward this maximum allowance.)	\$62.40

X-RAY AND PATHOLOGY

7285	Biopsy of oral tissue, hard	\$48.75
0501	Histopathologic examination	\$23.40
	(0472-0501: Coverage is limited to one examination per biopsy/excision.)	

RESTORATIVE DENTISTRY, excluding crowns and bridges.

Amalgam Restorations

2140	One surface, permanent	\$23.40
2150	Two surfaces, permanent	\$33.15
2160	Three surfaces, permanent	\$42.90
2161	Four or more surfaces, permanent	\$50.70

Resin Restorations Limited to non-molar teeth.

2330	Resin - one surface, anterior	\$25.35
2331	Resin - two surfaces, anterior	\$39.00
2332	Resin - three surfaces, anterior	\$48.75
2335	Resin four or more surfaces or involving incisal angle, anterior	\$48.75

Other Restorative Services

2930	Prefabricated stainless steel crown - primary teeth	\$48.75
2932	Prefabricated resin crown	\$48.75
	(2930-2932: Coverage is limited to persons age 18 and under).	

Recementation

2920	Crown	\$19.50
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Full and Partial Denture Repairs, Acrylic

Repair of Complete Dentures

5520	Replace missing or broken teeth - each tooth	\$19.50
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Repair of Partial Dentures

5620	Repair cast framework	\$27.30
5640	Replace broken tooth - per tooth	\$21.45

Relines more than six months after initial installation

5730	Reline complete maxillary denture (chairside)	\$68.25
5740	Reline partial maxillary denture (chairside)	\$58.50
5750	Reline complete maxillary denture (laboratory)	\$117.00
5760	Reline partial maxillary denture (laboratory)	\$87.75

PERIODONTICS

4210	Gingivectomy or gingivoplasty, per quadrant	\$97.50
4211	Gingivectomy, treatment per tooth (fewer than six teeth)	\$29.25
4220	Subgingival curettage, per quadrant, by report	\$23.40
4260	Osseous surgery (including flap entry and closure), per quadrant	\$263.25
4270	Pedicle soft tissue graft procedure (4210-4274: Each procedure is eligible for consideration once in a three year period)	\$117.00
4341	Periodontal scaling and root planing, limited, per quadrant (Each quadrant is eligible for consideration once in a two year period)	\$23.40
9951	Occlusal adjustment, per quadrant (9951-9952: Coverage is limited to adjustment performed in conjunction with treatment of periodontal disease).	\$29.25

ENDODONTICS

3220	Therapeutic pulpotomy (excluding final restoration), limited to treatment of primary teeth only	\$29.25
3310	Root canal, anterior	\$156.00
3320	Root canal, bicuspid	\$156.00
3330	Root canal, molar (3310-3333: Coverage is limited to permanent teeth. Allowances include intraoperative films and cultures but excludes final restoration).	\$195.00
3351	Apexification/recalcification - initial visit	\$23.40
3410	Apicoectomy/periradicular surgery - anterior	\$117.00
3426	Apicoectomy/periradicular surgery - each additional root	\$29.25
3430	Retrograde filling - per root	\$87.75
3450	Root amputation - per root	\$87.75
3920	Hemisection (including any root removal), not including root canal therapy	\$87.75

ORAL SURGERY

Extractions. Includes local anesthesia, suturing, if needed, and routine post operative visits.

7110	Extraction - single tooth	\$23.40
7130	Root removal - exposed roots	\$23.40

Surgical Extractions. Includes local anesthesia, suturing, if needed, and routine post operative visits.

7210	Surgical removal of erupted teeth	\$35.10
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Impacted Teeth. Includes local anesthesia, suturing, if needed, and routine post operative visits

7220	Surgical removal of tooth (soft tissue)	\$58.50
7230	Surgical removal of tooth (partially bony)	\$87.75
7240	Surgical removal of tooth (completely bony)	\$107.25
7241	Removal of tooth (completely bony, with unusual surgical complications, by report)	\$117.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$35.10

Alveolar or Gingival Reconstruction

7310	Alveolectomy (with extractions), per quadrant	\$39.00
7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$136.50

Cysts and Neoplasms

7510	Incision and drainage of abscess - intraoral soft tissue	\$25.35
7980	Sialolithotomy	\$117.00
7430	Excision of lesion or benign tumor, up to 1.25 cm	\$40.95
7440	Excision of malignant tumor, up to 1.25 cm	\$81.90
7272	Transplantation of tooth or tooth bud (includes reimplantation from one site to another and splinting and/or stabilization)	\$79.95
7540	Removal of foreign body from bone (independent procedure)	\$54.60
7260	Oral antral fistula closure	\$93.60
7550	Sequestrectomy for osteomyelitis	\$54.60

Miscellaneous

7960	Frenulctomy - separate procedure	\$72.15
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	\$79.95
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$89.70
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$89.70

ANESTHESIA

9220	Anesthesia, general, (first 30 minutes) when administered by the dentist in the dentist's office (not available without a cutting procedure)	\$48.75
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TYPE II (MAJOR) PROCEDURES

RESTORATIVE. Crowns are covered only when necessitated by decay or traumatic injury.

Onlays

2642	Onlay - porcelain/ceramic - two surfaces	\$152.00
2662	Onlay - composite/resin - two surfaces	\$152.00

Crowns

2752	Porcelain fused to noble metal	\$160.00
2792	Full cast noble metal	\$128.00
2931	Prefabricated stainless steel crown - permanent tooth (Coverage limited to adults 19 years of age and older) \$40.00	
2950	Core build-up, including any pins	\$25.60
2952	Cast post and core - when used in conjunction with crown	\$40.00

PROSTHODONTICS - FIXED

Fixed Partial Denture Abutments Porcelain limited to non-molar teeth.

6545	Retainer - cast metal for resin bonded fixed prosthesis	\$72.00
6751	Crown - porcelain fused to predominantly base metal	\$160.00
6752	Crown - porcelain fused to noble metal	\$160.00
6791	Crown - full cast predominantly base metal	\$128.00

Pontics

6241	Porcelain fused to predominantly base metal	\$152.00
6242	Porcelain fused to noble metal	\$152.00

Repairs, crowns and fixed partial dentures

6980	Fixed partial denture repair, by report	\$78.40
2980	Crown repair, by report	\$38.40

PROSTHODONTICS - REMOVABLE

Partials and Dentures (Fees for both partials and complete dentures and relining include adjustments within six months after installation. Precision attachments, overdentures, specialized techniques and characterizations are considered optional and the additional expense for these shall be borne by the patient). All partials include conventional clasps and rests.

5110	Complete denture - maxillary	\$208.00
5130	Immediate denture - maxillary	\$208.00
5211	Maxillary partial denture - resin base	\$224.00
5213	Maxillary partial denture - cast metal framework with resin denture	\$224.00
5281	Removable unilateral partial denture - one piece cast metal	\$128.00
5820	Interim partial denture - maxillary	\$64.00
5810	Interim complete denture - maxillary	\$96.00
5410	Adjust complete denture - maxillary	\$8.00
5421	Adjust partial denture - maxillary (5410-5422: Coverage is limited to an adjustment with a date of service more than six months after installation).	\$8.00

ORTHODONTIC PROCEDURES

Orthodontic treatment (2 year period of treatment to begin before 17th birthday and be completed by age 19)UCR

ABOUT THIS BROCHURE

This employee handout is a benefit highlight, not a Certificate of Insurance. The coverage outlined here highlights the dental benefits available through Ameritas Life Insurance Corp.

Ameritas Life Insurance Corp.
P.O. Box 81889
Lincoln, NE 68501-1889
For Claims information call:
1-800-487-5553

Mark III Brokerage, Inc.
211 Greenwich Rd.
Charlotte, NC 28211-2337
1-800-532-1044

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