# Summary of benefits.

DentaTrust
Underwritten by DCP, Inc.

GOOD FOR EFFECTIVE DATES OF JANUARY 1 - DECEMBER 31, 2022.

TEXAS

| | Pediatric Only Coverage Plans | | Family Coverage Plans | | |
|---|---|---|---|---|---|
| | **Pediatric High Option** | **Pediatric Low Option** | **Family High Option** | **Family Low Option** | **Family Basic Option** |
| **One Child** | $19.10 | $15.23 | | | |
| **Two or More Children** | $31.51 | $25.13 | | | |
| **Individual** | | | $17.36 | $13.85 | $10.80 |
| **Individual + Spouse** | | | $34.72 | $27.69 | $21.60 |
| **Individual + Child(ren)** | | | $44.09 | $35.17 | $32.12 |
| **Family** | | | $66.23 | $52.82 | $46.73 |
| | **Pediatric High Option** | **Pediatric Low Option** | **Family High Option** | **Family Low Option** | **Family Basic Option** |
| **Copay*** | N/A | $10 | N/A | $10 | N/A |
| **Deductible*** | $50 per covered individual<br>$150 maximum per policy | $50 per covered individual<br>$150 maximum per policy | $50 per covered individual<br>$150 maximum per policy | $50 per covered individual<br>$150 maximum per policy | $50 per covered individual<br>$150 maximum per policy |
| **Preventive Services*** | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| **Basic Services*** | Plan pays 80% after deductible | Plan pays 50% after deductible | Plan pays 80% after deductible | Plan pays 50% after deductible | Plan pays 50% after deductible |
| **Major Services*** | Plan pays 50% after deductible | Plan pays 50% after deductible | Plan pays 50% after deductible | Plan pays 50% after deductible | Under age 19: 50%<br>Over age 19: 0% |
| **Medically Necessary Orthodontia*** | Plan pays 50% | Plan pays 50% | Plan pays 50% | Plan pays 50% | Plan pays 50% |
| **Maximum Out-of-Pocket** | $350 one child<br>$700 two or more children | $350 one child<br>$700 two or more children | $350 one child<br>$700 two or more children | $350 one child<br>$700 two or more children | $350 one child<br>$700 two or more children |
| **Annual Benefit Max** (19 and over) | N/A | N/A | $1,000 | $1,000 | $1,000 |

## Contact Information

- Questions related to enrollment, billing or payment should be directed to DentaTrust Billing and Enrollment at **(855) 890-3243**.
- Questions related to member services (claims) should be directed to DentaQuest at **(888) 696-9598.**
- Search for participating providers by using our Find a Dentist tool at: **hixfadtx.dentalcareplus.com**.

Underwritten by Dental Care Plus, Inc., 100 Crowne Point Place, Cincinnati, Ohio 45241. NAIC number 96265.
*Note: Out-of-network providers are permitted to charge for the difference between the allowed amount and out-of-network provider's billed charges. You may be required to pay more for services obtained from an out-of-network provider than for the same services provided by an in-network provider.
This is a dental PPO policy, form number DQ TX 300 HIX IND FAMILY and DQ TX 300 HIX IND CHILD. Coverage is subject to policy terms, limitations and exclusions. Plan benefits provided and premium amounts will vary depending on the level of coverage selected. For costs and complete details of coverage, call (855) 890-3243. For age 19 and under there are no waiting periods for Restorative/Other Basic Services, Complex Dental Services or Orthodontic Services.

# Covered services.

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TEXAS

Please see the Summary of Benefits for more information on plan coverage.

## Diagnostic and Preventive Services

***No waiting period***

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most covered individuals receive during a routine preventive dental visit. Examples of these services include:

- Initial oral examination (including the initial dental history and charting of teeth) – once per dentist.
- Periodic exam – twice every year.
- X-rays of the entire mouth – once every 60 months.
- Bitewing x-rays (x-rays of the crowns of the teeth) – once twice every year when oral conditions indicate need.
- Single tooth x-rays as needed.
- Study models and casts used in planning treatment.
- Routine cleaning, scaling and polishing of teeth – twice every a year.
- Fluoride treatment, under age 19 –two every 12 months.
- Space maintainers required due to the premature loss of teeth –only for children under age 19 and not for the replacement of primary or permanent anterior teeth.
- Sealants on unrestored permanent molars, under age 19 – one sealant per tooth every 36 months.

## Restorative and Other Basic Services

***6 month waiting period, for covered individual over age 19***

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth; (b) repair dentures or bridges; (c) rebase or reline dentures; (d) repair or recement bridges, crowns and onlays; and (e) remove diseased or damaged natural teeth. Examples of these services include:

- Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge.
- Stainless steel crowns, under age 19
- Simple tooth extractions.
- General anesthesia only when necessary and appropriate for covered surgical services and only when provided by a licensed, practicing dentist.
- Repair of dentures or fixed bridges. Recementing of fixed bridges.
- Rebase or reline dentures – once every 36 months, six months after initial installation.
- Tissue conditioning.
- Repair or recement crowns and onlays.
- Adding teeth to existing partial or full dentures.
- Palliative (emergency) treatment of dental pain – minor procedures.

## Major (Complex) Dental Services

***12 month waiting period, for covered individual over age 19***

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; remove diseased or damaged natural teeth and restore severely decayed or fractured teeth. Examples of these services include:

- Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth.
- Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). Periodontal benefits are determined according to our administrative "Periodontal Guidelines."
- Periodontal maintenance – one every 3 months when preceded by active periodontal therapy.
- Endodontic services for root canal treatment of permanent teeth including the treatment of the nerve of a tooth, the removal of dental pulp, and pulpal therapy. Vital pulpotomy is limited to deciduous teeth.
- Dentures and bridges:
  - Complete or partial dentures and fixed bridges including services to measure, fit and adjust them – once each 60 months.
  - Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least 60 months before replacement.
- Crowns, onlays and inlays as follows, but only when the teeth cannot be restored with the fillings due to severe decay or fractures:
  - Initial placement of crowns, onlays and inlays.
  - Replacement of crowns, onlays and inlays – once each 60 months per tooth.
- Implants – only for dependents under age 19.
- Occlusal guards – only for dependents under age 19

*(Continued on next page)*

## Medically Necessary Orthodontics

***No waiting period***

Covered orthodontic services are limited to medically necessary orthodontic treatment for individuals under age 19. Medical necessity will be determined by the Plan after review of the orthodontic case records, which must be submitted for approval prior to the commencement of treatment.

## Exclusions

- Experimental care procedures that have not been sanctioned by the American Dental Association, or for which no procedure codes have been established.
- Services that are rendered due to the requirements of a third party, such as an employer or school.
- Travel time and related expenses.
- Tooth bleach.
- An illness or injury that we determine arose out of and in the course of your employment.
- A service for which you are not required to pay, or for which you would not be required to pay if you did not have coverage under this Policy.
- An illness, injury, or dental condition to the extent for which benefits are provided in one form or another through a government program other than Medicaid or Medicare.
- A method of treatment more costly than is customarily provided. Benefits will be based on the least costly method of treatment.
- A separate fee for services rendered by interns, residents, fellows or dentists who are salaried employees of a hospital or other facility.
- Any charges related to appointments with your dentist that you fail to keep.
- Dietary advice and instructions in dental hygiene including proper methods of tooth brushing, the use of dental floss, plaque control programs and caries susceptibility tests.
- A service rendered by someone other than a licensed dentist or a hygienist who is employed by a licensed dentist.
- Prescription drugs.
- A service to treat disorders of the joints of the jaw (temporomandibular joints), except for covered occlusal orthotic device as provided under Major Dental Services.
- A service, supply or procedure to increase the height of teeth (increase vertical dimension) or restore occlusion.
- Services that are meant primarily to change or to improve your appearance.
- Repair or reline of an occlusal guard.
- Implants, for persons age 19 and over.
- Computerized tomography (CT) scans, surgical stents, surgical guides for implants.
- Transplants.
- Replacement of dentures, bridges, space maintainers or periodontic appliances due to theft or loss.
- Services, supplies or appliances to stabilize teeth when required due to periodontal disease such as periodontal splinting.
- Lab exams.
- Laminate veneers.
- Duplicate dentures and bridges.
- Temporary, complete dentures and temporary fixed bridges or crowns, except temporary crowns for fractured teeth.
- Stainless steel crowns on permanent teeth.
- Services related to congenital anomalies. However, this exclusion does not apply to any covered orthodontic services.
- Occlusal adjustment.

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