

## Plan Design for North Central States Regional Council of Carpenters, MW008

	Dental Associates & Midwest Dental	Out of Network
<b>ANNUAL MAXIMUM</b>	<b>\$2,500</b>	<b>No Benefits</b>
<b>DEDUCTIBLE</b>	<b>\$0</b>	<b>N/A</b>
<b>DIAGNOSTIC**</b> Oral Exams, X-rays	<b>100%</b>	<b>N/A</b>
<b>PREVENTIVE**</b> Cleanings, Fluoride Treatments, Sealants, Space Maintainers	<b>100%</b>	<b>N/A</b>
<b>RESTORATIVE</b> Amalgam & Composite Fillings	<b>80%</b>	<b>N/A</b>
<b>CROWNS</b>	<b>80%</b>	<b>N/A</b>
<b>PROSTHODONTICS</b> Full and Partial Dentures, Denture Relines and Repair, Fixed Bridgework	<b>80%</b>	<b>N/A</b>
<b>ENDODONTICS</b> Root Canals/Therapy	<b>80%</b>	<b>N/A</b>
<b>PERIODONTICS*</b> Scaling and Root Planing, Gingivectomy	<b>80%</b>	<b>N/A</b>
<b>ORAL SURGERY*</b> Surgical Extractions	<b>80%</b>	<b>N/A</b>
<b>ORTHODONTICS</b> Lifetime Maximum Benefit To Age 19	<b>\$3,000</b> <b>50%</b>	<b>N/A</b> <b>N/A</b>

\*Does not duplicate medical coverage.

\*\*Cleanings and exams do apply towards the Annual Maximum.

**Evidence Based Dentistry Included - Allows additional cleanings and topical fluoride for members who are pregnant or have certain medical conditions.**

Missing Tooth Exclusion: None.

Waiting Period: None.

## Exclusions and Limitations

### Benefits shall not include:

- Dental services not specifically described in the master Contract as a benefit.
- Dental services with respect to congenital malformations or which are primarily for cosmetic or aesthetic purposes, except congenitally missing teeth.
- Any duplicate prosthetic device or any other duplicate appliance, except as otherwise provided.
- The replacement of lost or stolen prosthetic devices or appliances, except as otherwise provided.
- The replacement of an orthodontic appliance, except as otherwise provided.
- Treatment of temporomandibular joint (TMJ) dysfunction.
- Gold foil, gold or other precious metal restorations, except when used as a necessary functional material.
- Transplants, Implants.
- Dental Service or Emergency Service: (a) That would be furnished, without charge, to the Participant by any person or entity other than Care-Plus; (b) That the Participant would be entitled to have furnished or paid for, fully or partially, under any law, regulation or agency of any government; (c) That the Participant is entitled or would be entitled if he were enrolled, to have furnished or paid for under any voluntary medical or dental insurance plan established by any government if the master Contract were not in effect; (d) To the extent that Medicare is the Participant's primary payer, which it is, except where Medicare is secondary by law. Where Medicare is primary payer, no Benefits are available to the extent the Participant would have been entitled to Medicare benefits had the Participant enrolled in Medicare or complied with Medicare requirements; (e) For, or resulting from injuries, disease or conditions for which the Participant receives, or is the subject of, any award or settlement under a Worker's Compensation Act or any Employer Liability Law; (f) Rendered or furnished after the date the Participant ceases to be covered under this Contract, except for: (i) Procedures (other than prosthetic services) commenced prior to, and completed in one visit within thirty-one (31) days following termination of coverage; and (ii) Prosthetic devices that are ordered and fitted prior to, and completed within sixty (60) days following termination of coverage; or (g) Provided at a location other than the offices of the Primary Provider except for Emergency Service.
- Hospital or physician services of any kind whether or not related to covered Dental Services.
- Dental Service and Emergency Service resulting from diseases contracted or injuries sustained as a result of war, declared or undeclared, enemy action or action of the Armed Forces of the United States, or its allies, or while serving in the Armed Forces of any country; or any illness or injury occurring after the effective date of the master Contract and caused by atomic explosion whether or not the result of the war.
- Reimbursement to the Participant or any dental office for the cost of Dental Services provided by Dentists, other than the Primary Provider, unless expressly authorized in writing by the Primary Provider or due to an emergency.
- Out of Area Services, unless due to an Emergency and then covered only to the extent of the Emergency Service benefit.
- Dental Service and Emergency Service received from a dental or medical department maintained on behalf of an employer, a mutual benefit association, a labor union, academic institution, trustee or similar person or group.
- Replacement of an existing removable partial denture, full denture, crown or fixed bridge by a new removable partial denture, full denture, crown or a fixed bridge if the existing appliance was provided in the previous five years. The five-year period will be measured from the date on which the existing appliance was last supplied, whether under the master Contract or under any other dental coverage.
- If a satisfactory result can be achieved by a conventional removable partial denture in the case of bilateral edentulous areas, but the Participant selects a more complicated treatment (precision attachments or fixed bridgework), Benefits shall be limited to the appropriate procedures necessary to eliminate oral disease and restore missing teeth. The balance of the cost for the more elaborate selected procedure will be the responsibility of the Participant.
- Services or supplies for personalization or characterization of dentures or bridges.
- Crowns to restore diseased or broken teeth when the tooth can be restored by a conventional type filling.
- Any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which: (a) Benefits are provided or payable under any Workers' Compensation, Employer Liability Law or Occupational Disease Act or Law; or (b) the Participant would have been eligible for benefits under any Workers' Compensation, Employer Liability Law, or Occupational Disease Act or Law had such coverage been applied for.
- Any service related to: (a) Altering vertical dimension; (b) Restoration of occlusion; (c) Splinting teeth including multiple abutments or any service to stabilize periodontally weakened teeth; (d) Replacing tooth structures as a result of abrasions, attrition, or erosion; or (e) Bite registration or bite analysis.
- Missed appointment charges.
- Removal of asymptomatic third molars (wisdom teeth)
- Procedures done in conjunction with fixed complex implant retainer prosthetics.