

SUMMARY OF BENEFITS

Delta Dental of Arizona, Inc. Employer Group Dental Contract

Group : 04504

Group Name : Aeven Industries, LLC

Summary

Effective Date : 09/01/2016

This is the date which this document is effective.

Contract Year : September 1st through August 31st

This is the twelve (12) month period for which these Contract benefits apply

Benefit Year : January 1st through December 31st

Benefit Year means the annual period specified in the Employer Group Dental Contract for calculation of benefits, co-payment, and deductibles under This Contract.

Age Limits : Child: 26 Student: 26

Deductible : \$50.00 per person, \$150.00 per family

Annual Benefit Year Maximum : \$1500.00

Benefit dollars used for Diagnostic and Preventive services will not apply to the annual maximum.

REFER TO THE COVERED DENTAL SERVICES SECTION OF THIS BENEFIT BOOKLET FOR A MORE DETAILED DESCRIPTION OF BENEFITS, LIMITATIONS AND EXCLUSIONS.

Predetermination recommended for services over \$250.

Routine (Deductible does apply to these services) **100%**
(No waiting period)

Diagnostic

- Exams, evaluations or consultations (Twice in a Benefit Year)
- X-rays: Full Mouth/Panorex, or vertical bitewings (Once in a three (3) year period) Bitewings (Twice in a Benefit Year)

Preventive

- Topical Application of Fluoride (children to the age of eighteen (18) - twice in a benefit year)
- Routine Cleanings (limited to twice in a benefit year), or one (1) difficult cleaning may be exchanged for one (1) routine cleaning, however, the difficult cleaning is limited to not more than once in a five (5) year period.
- Space Maintainers (For missing posterior primary (baby) teeth) up to age fourteen (14).

Basic

(Deductible does apply to these services)
(No waiting period)

80%

Restorative

- Fillings consisting of silver amalgam; and in the case of front teeth only, composite tooth color fillings - Once per tooth surface in a two (2) year period.
- Sealants for children - Once in a three (3) year period for permanent molars & bicuspids up to age nineteen (19).
- Stainless Steel Crowns

Oral Surgery

- Simple extractions
- General Anesthesia and Intravenous Sedation/Analgesia - As stated in the Covered Dental Services section of this benefit booklet.

Endodontics

- Additional endodontic procedures, such as retreatment, limited to once in a three (3) year period.
- Root Canal Treatment (Permanent Teeth);Pulpotomy (Primary (baby) Teeth) Once per tooth per lifetime.

Emergency (Palliative Treatment)

- Emergency treatment for the relief of pain

Major

(Deductible does apply to these services)
(No waiting period)

50%

Restorative

- Cast Crowns - Onlays (five (5) year waiting period for replacement last performed).

Oral Surgery

- Surgical extractions and Surgical Procedures including pre and post treatment care

Periodontics

- Treatment of Gum Disease (Non-surgical-once every two (2) years/Surgical once every three (3) years).

Prosthodontics

- Bridges -Does not provide for lost, misplaced or stolen bridges or dentures. Five (5) year waiting period for replacement last performed.
- Complete Dentures - Does not provide for lost, misplaced or stolen bridges or dentures. Five (5) year waiting period for replacement last performed.
- Implant- Implants are only a benefit to replace a single missing tooth once in a five (5) year interval from the date the procedure was last performed.
- Partial Dentures - Does not provide for lost, misplaced or stolen bridges or dentures. Five (5) year waiting period for replacement last performed.

Bridge and Denture Repair

- Repair of such appliances to their original condition including relining of dentures.