

# Indiana Small Group SilverStandard Dental Plan

This is a summary of coverage. For a more detailed description of coverage, benefits, limitations and exclusions, please refer to the applicable Certificate of Coverage. Should there be a conflict between this summary and the terms of your Certificate of Coverage, the terms of the Certificate of Coverage shall govern. The amounts listed below illustrate what UNICARE Life & Health Insurance Company (UNICARE) pays:

| Features  | Contracting Dentist                              | Noncontracting Dentist |
|---|--|------------------------|
| Annual Deductible per member                      | \$50 per member, three-deductible family maximum |                        |
| Annual Maximum Benefit                            | \$1,000  |                        |
| Annual Deductible for Preventive and Diagnostic   | \$25 per member, three-deductible family maximum |                        |
| <b>Preventive and Diagnostic Services</b>         |  |                        |
| <i>Teeth Cleaning (prophylaxis)</i>               |  |                        |
| Adult cleaning                                    | 80%  | 80%                    |
| Child cleaning                                    | 80%  | 80%                    |
| Child Fluoride Applications<br>Including cleaning | 80%  | 80%                    |
| Without cleaning                                  | 80%  | 80%                    |
| <i>Oral Exams</i>                                 |  |                        |
| Periodic oral exam                                | 80%  | 80%                    |
| Comprehensive oral exam                           | 80%  | 80%                    |
| <i>X-rays</i>                                     |  |                        |
| Intraoral - complete series                       | 80%  | 80%                    |
| Bitewing - single film                            | 80%  | 80%                    |
| <b>Minor Services</b>                             |  |                        |
| <i>Filling of Cavities</i>                        |  |                        |
| Amalgam - 2 surfaces                              | 80%  | 60%                    |
| Resin - 2 surfaces                                | 80%  | 60%                    |
| <b>Oral Surgery</b>                               |  |                        |
| <i>Extraction of Teeth</i>                        |  |                        |
| Simple extraction                                 | 50%  | 50%                    |
| Impacted tooth - soft tissue                      | 50%  | 50%                    |
| <i>(cont'd)</i>                                   |  |                        |

## Indiana Small Group SilverStandard Dental Plan (cont'd.)

| Features                                   | Contracting Dentist | Noncontracting Dentist |
|--|---------------------|------------------------|
| <b>Endodontic Services*</b>                |                     |                        |
| <i>Root canal therapy</i>                  |                     |                        |
| Molar                                      | 50%                 | 40%                    |
| <b>Periodontic Services*</b>               |                     |                        |
| Scaling (root planing)                     | 50%                 | 40%                    |
| <b>Removable Prosthodontics*</b>           |                     |                        |
| <i>Dentures</i>                            |                     |                        |
| Complete - maxillary                       | 50%                 | 40%                    |
| Partial - maxillary, cast metal with resin | 50%                 | 40%                    |
| <b>Fixed Prosthodontics*</b>               |                     |                        |
| <i>Crowns</i>                              |                     |                        |
| Porcelain - (high noble)                   | 50%                 | 40%                    |
| <i>Pontics</i>                             |                     |                        |
| Porcelain - (high noble)                   | 50%                 | 40%                    |
| <i>Inlays</i>                              |                     |                        |
| Porcelain (3 or more surfaces)             | 50%                 | 40%                    |
| <b>Orthodontics</b>                        |                     |                        |
|  | Not covered         |                        |

\* An insured person must be enrolled for one year under this certificate to be eligible for benefits for endodontic services, periodontic services, removable prosthodontics or fixed prosthodontics including inlays and crowns. No waiting periods for groups with 25 or more enrolling employees.

### Using Your Dental Plan

Early diagnosis and preventive care are vital in maintaining good dental hygiene, and regular dental care contributes to your overall health. UNICARE dental plans emphasize routine examination so that minor dental problems can be treated before more extensive problems develop. By taking advantage of your plan's benefits, you ensure your long-term dental health.