

Pediatric Dental Rider for EPO Plans

Rider effective date: January 1, 2022

This pediatric dental care rider is added to your booklet-certificate. This rider is subject to all of the requirements described in your booklet-certificate. This rider describes your pediatric dental care benefit, subject to the following requirements:

Eligible health services include dental services and supplies provided by a **dental provider**. The **eligible health services** are those listed in the pediatric dental care section of the schedule of benefits. We have grouped them as Type A, B and C, and orthodontic treatment services in the schedule of benefits.

Eligible health services also include dental services provided for a dental emergency. Services and supplies provided for a dental emergency will be covered even if services and supplies are provided by a non-contracting dental provider. A dental emergency is any dental condition which:

- Occurs unexpectedly
- Requires immediate diagnosis and treatment in order to stabilize the condition
- Is characterized by symptoms such as severe pain and bleeding

The plan pays a benefit up to the dental emergency maximum shown in the schedule of benefits. If you have a dental emergency, you may get treatment from any dentist. You should consider calling your contracting dental provider who may be more familiar with your dental needs. If you cannot reach your contracting dental provider or are away from home, you may get treatment from any dentist. You may also call the number on your ID card for help in finding a dentist. Services given for other than the temporary relief of the dental emergency by a non-contracting dental provider can cost you more. To get the maximum level of benefits, services should be provided by your contracting dental provider.

What rules and limits apply to dental care? Several rules apply to the dental benefits. Following these rules will help you use the plan to your advantage by avoiding expenses that are not covered by the plan. In-network and Out-of Network services are available to Members.

When does your plan cover orthodontic treatment? Orthodontic treatment is covered for a severe, dysfunctional, disabling condition such as:

- Cleft lip and palate, cleft palate, or cleft lip with alveolar process involvement
- The following craniofacial anomalies:
 - Hemifacial microsomia
 - Craniosynostosis syndromes
 - Cleidocranial dental dysplasia
 - Arthrogryposis
 - Marfan syndrome

If you suffer from one of these conditions, the orthodontic services that are eligible for coverage include:

- Pre-orthodontic treatment visit
- Comprehensive orthodontic treatment
- Orthodontic retention (removal of appliances, construction and placement of retainers(s))

When does your plan cover replacements?

The plan's "replacement rule" applies to:

- Crowns
- Inlays
- Onlays
- Veneers
- Complete dentures
- Removable partial dentures
- Fixed partial dentures (bridges)
- Other prosthetic services

The "replacement rule" means that replacements of, or additions to, these dental services are covered only when:

- You had a tooth (or teeth) extracted after the existing denture or bridge was installed. As a result, you need to replace or add teeth to your denture or bridge.
- The present crown, inlay, onlay and veneer, complete denture, removable partial denture, fixed partial denture (bridge) or other prosthetic service was installed at least 5 years before its replacement and cannot be fixed.
- You had a tooth (or teeth) extracted. Your present denture is an immediate temporary one that replaces that tooth (or teeth). A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed

When does your plan cover missing teeth that are not replaced?

The installation of complete dentures, removable partial dentures, fixed partial dentures (bridges) and other prosthetic services if:

- The dentures, bridges or other prosthetic items are needed to replace one or more natural teeth. (The extraction of a third molar tooth does not qualify.)
- The tooth that was removed was not an abutment to a removable or fixed partial denture installed during the prior 5 years.

Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

What is a course of dental treatment?

A course of dental treatment is a planned program of one or more services or supplies. The services or supplies are provided by one or more dental providers to treat a dental condition. The dental condition is diagnosed by your dental provider after they have examined you. A course of treatment begins on the date your dental provider starts to correct or treat the dental condition.

Teledentistry.

Teledentistry is covered by this rider. Teledentistry dental service means a health care service delivered by a dentist, or a health professional acting under the delegation and supervision of a dentist, acting within the scope of the dentist's or health professional's license or certification to a patient at a different physical location than the dentist or health professional using telecommunications or information technology.

Teledentistry is covered on the same basis and to the same extent that the plan coverage for the

service or procedure in an in-person setting.

Pediatric dental care schedule of benefits

Dental Care Services	Member Cost or Discount	Out of Network Allowance
CLASS A-Diagnostic and Treatment Services	\$75 copay	\$75 copay
CLASS A-Preventative Services	\$75 copay	\$75 copay
CLASS A-Palliative treatment of dental pain – minor procedure	\$75 copay	\$75 copay
CLASS B-Minor Restorative Services	\$75 copay	\$75 copay
CLASS B-Endodontic Services	\$75 copay	\$75 copay
CLASS B-Periodontal Services	\$75 copay	\$75 copay
CLASS B-Prosthodontic Services	\$75 copay	\$75 copay
CLASS B-Oral Surgery	\$75 copay	\$75 copay
CLASS C-Major Restorative Services	\$75 copay	\$75 copay
CLASS C-Endodontic Services	\$75 copay	\$75 copay
CLASS C-Periodontal Services	\$75 copay	\$75 copay
CLASS C-Prosthodontic Services	\$75 copay	\$75 copay
CLASS D _Orthodontics	\$75 copay	\$75 copay
GENERAL-Anesthesia Services	\$75 copay	\$75 copay
GENERAL-Intravenous Sedation	\$75 copay	\$75 copay
GENERAL-Consultations	\$75 copay	\$75 copay
GENERAL-Medications	\$75 copay	\$75 copay
GENERAL-Post Surgical Services	\$75 copay	\$75 copay

Dental benefits are subject to the plan’s deductible and maximum out-of-pocket limit as explained in this schedule of benefits.

Diagnostic and preventive care (type A services) Visits and images

- Office visit during regular office hours for oral examination - limited to 2 visits every 12 months
- Routine comprehensive or recall examination - limited to 2 visits every 12 months
- Comprehensive periodontal evaluation - limited to 2 visits every 12 months
- Problem focused examination - limited to 2 visits every 12 months
- Detailed and extensive oral evaluation - problem focused, by report
- Prophylaxis (cleaning)- limited to 2 treatments per year
- Topical application of fluoride- limited to 2 courses of treatments per year
- Topical application of fluoride varnish- limited to 2 treatments every 12 months
- Sealants, per tooth- limited to 1 application every 3 years, for permanent molars only
- Preventive resin restoration - limited to 1 application every 3 years for permanent molars only
- Bitewing images - limited to 2 sets per year

- Complete image series including bitewings if medically necessary - limited to 1 set every 3 years
- Panoramic images- limited to 1 set every 3 years
- Vertical bitewing images - limited to 2 sets per year
- Periapical images
- Cephalometric radiographic image
- Oral/facial photographic images
- Interpretation of diagnostic image
- Intra-oral, occlusal view, maxillary or mandibular
- Diagnostic models
- Emergency palliative treatment per visit

Space maintainers

- Fixed (unilateral or bilateral)
- Removable (unilateral or bilateral)
- Re-cementation of space maintainer
- Removal of space maintainer

Basic restorative care (type B services) Visits and images

- Professional visit after hours (payment will be made on the basis of services rendered or visit, whichever is greater)
- Consultation by other than the treating provider

Images and pathology

- Upper or lower jaw, extra-oral
- Therapeutic drug injection, by repo

Oral surgery

- Extractions
 - Erupted tooth or exposed root
 - Coronal remnants
 - Removal of residual tooth roots
 - Surgical removal of erupted tooth/root tip
 - Surgical access of an unerupted tooth
- Impacted teeth
 - Removal of tooth (soft tissue)
- Surgical removal of impacted teeth
 - Removal of partially bony tooth
 - Removal of completely bony tooth
 - Removal of tooth (completely bony with unusual surgical complications)
- Odontogenic cysts and neoplasms
- Other surgical procedures
 - Alveoplasty in conjunction with extractions - per quadrant
 - Alveoplasty in conjunction with extractions, 1 to 3 teeth or tooth spaces - per quadrant
 - Alveoplasty not in conjunction with extraction - per quadrant

- Alveoplasty not in conjunction with extractions, 1 to 3 teeth or tooth spaces – per quadrant
 - Excision of hyperplastic tissue - Excision of periocoronal gingiva
 - Removal of exostosis
 - Tooth reimplantation
 - Transplantation of tooth or tooth bud
 - Crown exposure to aid eruption
 - Frenectomy - Suture of small wound, less than 5 cm
- Collection and application of autologous blood product - limited to 1 every 3 years

Periodontics

- Occlusal adjustment other than with an appliance or by restoration
- Root planing and scaling per quadrant - limited to 4 separate quadrants every 2 years
- Root planing and scaling (1 to 3 teeth per quadrant) - limited to once per site every 2 years
- Periodontal maintenance procedures following active therapy - limited to 4 in 12 months combined with adult prophylaxis after completion of active periodontal therapy
- Localized delivery of antimicrobial agents

Endodontics

- Pulp capping
- Pulpotomy
- Pulpal therapy
- Pulpal regeneration (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp; does not include final restoration)

Restorative

- Excludes inlays, crowns (other than prefabricated stainless steel or resin) and bridges - Multiple restorations in 1 surface will be considered as a single restoration
 - Amalgam restorations
 - Protective restoration
 - Resin-based composite restorations other than for molars
 - Pin retention per tooth in addition to amalgam or resin restoration
- Crowns when tooth cannot be restored with a filling material
 - Prefabricated stainless steel
 - Prefabricated resin crown excluding temporary crowns
- Recementation
 - Inlay
 - Crown
 - Fixed partial bridge Prosthodontics
- Dentures and partials
 - Office relines
 - Laboratory relines
 - Special tissue conditioning per denture
 - Rebase, per denture

- Adjustment to denture more than 6 months after installation
- Full and partial denture repairs
 - Broken dentures, no teeth involved
 - Repair cast framework
 - Replacing missing or broken teeth, each tooth
 - Adding teeth to existing partial denture
 - o Each tooth
 - o Each clasp
- Repairs to bridges, partial dentures

General anesthesia and intravenous sedation

- Only when medically necessary and only when provided in conjunction with a covered dental surgical procedure Major restorative care (type C services) Periodontics
- Osseous surgery including flap and closure, 1 to 3 teeth per quadrant - limited to 1 per site every 3 years
- Osseous surgery including flap and closure per quadrant - limited to 1 per quadrant every 3 years
- Soft tissue graft procedures
- Bone replacement graft, first site in quadrant - limited to 1 per quadrant every 3 years
- Gingivectomy per quadrant - limited to 1 per quadrant every 3 years
- Gingivectomy- 1 to 3 teeth per quadrant - limited to 1 per quadrant every 3 years
- Gingival flap procedure per quadrant - limited to 1 per quadrant every 3 years
- Gingival flap procedure , 1 to 3 teeth per quadrant - limited to 1 per site every 3 years
- Clinical crown lengthening • Subepithelial connective tissue graft procedures including donor site surgery
- Full mouth debridement- limited to 1 treatment per lifetime

Endodontics

- Apexification/recalcification
- Apicoectomy
- Root canal therapy including medically necessary images:
 - Anterior - Bicuspid - Molar
- Retreatment of previous root canal therapy:
 - Anterior - Bicuspid - Molar
- Root amputation
- Hemisection including any root removal

Restorative

- Inlays, onlays, labial veneers and crowns are covered only as a treatment for decay or acute traumatic injury and only when the teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge
- Inlays/onlays - limited to 1 per tooth every 5 years
- Non-cosmetic veneers - limited to 1 per tooth every 5 years
- Crowns - limited to 1 per tooth every 5 years
 - Resin
 - Resin with noble metal

- Resin with base metal
- Porcelain/ceramic substrate
- Porcelain with noble metal
- Porcelain with base metal
- Base metal (full cast)
- Noble metal (full cast)
- 3/4 cast metallic or porcelain/ceramic
- Titanium

- Post and core
- Core build-up
- Repair Crowns, inlays, onlays, veneers
- Replace all teeth and acrylic on cast metal framework - maxillary/mandibular

Prosthodontics

- Installation of dentures and bridges is covered only if needed to replace teeth that were not abutments to a denture or bridge less than 5 years old
- Replacement of existing bridges or dentures - limited to 1 every 5 years
- Bridge abutments (See inlays and crowns) per tooth - limited to 1 per tooth every 5 years

- Pontics - limited to 1 per tooth every 5 years
 - Base metal (full cast)
 - Noble metal (full cast)
 - Porcelain with noble metal
 - Porcelain with base metal
 - Resin with noble metal
 - Resin with base metal
 - Titanium
 - Removal bridge unilateral

- One piece casting, chrome cobalt alloy clasp attachment (all types) per unit including pontics -limited to 1 every 5 years
- Retainer: cast metal for resin bonded fixed prosthesis - limited to 1 every 5 years
- Retainer: porcelain/ceramic for resin bonded fixed prosthesis - limited to 1 every 5 years
- Dentures and partials (Fees for dentures and partial dentures include relines, rebases and adjustments within 6 months after installation. Fees for relines and rebases include adjustments within 6 months after installation. Specialized techniques and characterizations are not eligible.)
- Complete upper denture - limited to 1 every 5 years
- Complete lower denture - limited to 1 every 5 years
- Immediate upper denture - limited to 1 every 5 years
- Immediate lower denture - limited to 1 every 5 years
- Partial upper or lower resin base including any conventional clasps, rests and teeth - limited to 1 every 5 years
- Partial upper or lower cast metal base with resin saddles including any conventional clasps, rests and teeth - limited to 1 every 5 years
- Implants only if determined as a dental necessity - limited to 1 per tooth every 5 years

- Implant supported complete denture, partial denture - limited to 1 every 5 years
- Surgical placement of interim implant body
- Surgical placement of transosteal implant
- Implant maintenance procedures
- Implant supported complete denture, partial denture
- Custom abutment - limited to 1 every 5 years
- Abutment supported retainer
- Bone graft at time of implant placement - limited to 1 every 5 years
- Repair implant prosthesis - limited to 1 every 5 years
- Repair implant abutment - limited to 1 every 5 years
- Replacement of semi-precision or precision attachment - limited to 1 every 5 years
- Debridement/osseous contouring of a peri-implant defect - limited to 1 every 5 years
- Implant removal - limited to 1 every 5 years
- Implant index - limited to 1 every 5 years
- Connecting bar
- Stress breakers
- Removable appliance therapy
- Fixed appliance therapy
- Interim partial denture (stayplate), anterior only
- Occlusal guard

Orthodontic services

- Medically necessary orthodontic treatment including removal of appliances, construction and placement of retainer
- Limited orthodontic treatment of the primary, transitional and adolescent dentition
- Interceptive orthodontic treatment of the primary, transitional dentition
- Comprehensive orthodontic treatment of the transitional and adolescent dentition
- Periodic orthodontic treatment visit as part of contract
- Pre-orthodontic treatment visit

Exceptions and exclusions

The following are not eligible health services under your plan except as described in the Eligible health services under your plan section of this certificate or by a rider or amendment included with this certificate:

Pediatric dental care

In addition to the exclusions that apply to health coverage:

- Any instruction for diet, plaque control and oral hygiene
- Cosmetic services and supplies including:
 - plastic surgery
 - reconstructive surgery
 - cosmetic surgery
 - personalization or characterization of dentures or other services and supplies which improve alter or enhance appearance
 - augmentation and vestibuloplasty, and other substances to protect, clean, whiten bleach or alter the appearance of teeth; whether or not for psychological or emotional reasons; except to the extent coverage is specifically provided in the Eligible health services under your plan section

- Facings on molar crowns and pontics will always be considered cosmetic
- Crown, inlays, onlays, and veneers unless:
 - It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material
 - The tooth is an abutment to a covered partial denture or fixed bridge
- Dental implants and braces (that are determined not to be medically necessary), mouth guards and other devices to protect, replace or reposition teeth
- Dentures, crowns, inlays, onlays, bridges, or other appliances or services used:
 - For splinting
 - To alter vertical dimension
 - To restore occlusion
 - For correcting attrition, abrasion, abfraction or erosion
- Treatment of any jaw joint disorder and treatments to alter bite or the alignment or operation of the jaw, including temporomandibular joint disorder (TMJ) treatment, orthognathic surgery, and treatment of malocclusion or devices to alter bite or alignment, except as covered in the Eligible health services under your plan – Specific conditions section
- General anesthesia and intravenous sedation, unless specifically covered and only when done in connection with another eligible health service
- Orthodontic treatment except as covered in this rider
- Pontics, crowns, cast or processed restorations made with high noble metals (gold)
- Prescribed drugs, pre-medication or analgesia (nitrous oxide)
- Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures
- Replacement of teeth beyond the normal complement of 32
- Routine dental exams and other preventive services and supplies, except as specifically described in this rider
- Services and supplies:
 - Done where there is no evidence of pathology, dysfunction or disease other than covered preventive services
 - Provided for your personal comfort or convenience or the convenience of another person, including a provider
 - Provided in connection with treatment or care that is not covered under your policy
- Surgical removal of impacted wisdom teeth only for orthodontic reasons
- Treatment by other than a dentist or dental provider that is legally qualified to furnish dental services or supplies

What exceptions are there for dental work completed after your coverage ends?

Your dental coverage may end while you or your dependents are in the middle of treatment. The plan does not cover dental services that are given after your coverage terminates. There is an exception. The plan will cover the following eligible health services if they are ordered while you were covered by the plan, and installed within 30 days after your coverage ends:

- Inlays
- Onlays
- Crowns
- Removable bridges

- Cast or processed restorations
- Dentures
- Fixed partial dentures (bridges)
- Root canals

Ordered means:

- For a denture: the impressions from which the denture will be made were taken
- For a root canal: the pulp chamber was opened
- For any other item: the teeth which will serve as retainers or supports, or the teeth which are being restored:
 - Must have been fully prepared to receive the item
 - Impressions have been taken from which the item will be prepared