

IU Dental Plan Distinguishing Features

One Plan - Three Levels of Dental Benefits

	Dental Point-of-Service		Dental HMO "DHMO" Benefits
	Out-of-Network	In-Network PPO Benefits	
Benefit Type	Traditional benefits – use any non-PPO dentist and submit claims for reimbursement. Enrollee is responsible for any charges that the plan does not pay.	When you use a PPO dentist, the dental office will submit claims and will not "balance bill"*** for amounts other than the applicable percentage copays.	Enrollee selects a primary dentist for routine care and uses DHMO specialists. Enrollee responsible only for a fixed copayment schedule. No coverage for care received from non-DHMO dentists.
Provider Network	Any Licensed Dentist	CompDent PPO Network	DHMO Network
Annual Maximum Calendar Year	\$800 (combined in- and out-of-network)	\$800 (combined in- and out-of-network)	None
Type I Care Diagnostic/Preventive	1 Exam & Routine Cleaning Per Calendar Year* at 100% of Usual & Customary (U&C)	2 Exams & Routine Cleanings Per Calendar Year* at 100% No "Balance Bill"***	2 Exams, Routine Cleanings & X-Rays (subject to \$5 visit copay) Per Calendar Year* No "Balance Bill"***
Type II Care Basic Services (for example, fillings)	50% of Usual & Customary	50% No "Balance Bill"***	Per Copayment Schedule (plus 25% discount on non-covered services)
Type III Care Major Services (for example, crowns)	50% of Usual & Customary	50% No "Balance Bill"***	Per Copayment Schedule (plus 25% discount on non-covered services)
Type IV Care Orthodontics	50% to \$500 Lifetime per enrolled dependent child(ren) to age 19.	50% to \$500 Lifetime per enrolled dependent child(ren) to age 19.	Per Copayment Schedule (adult and children covered)
Exclusions	Some services are not covered, for example: cosmetic services, implants, and any service not listed as a covered benefit.		

If enrolled in the DHMO option:

- Participant must use their selected DHMO general dentist or DHMO specialist in order to receive benefits.
- Participants may switch from DHMO to "Point-of-Service" option if their DHMO dentist leaves the network.
- Participants may switch from DHMO to "Point-of-Service" option up to once every 6 months for any reason.

If enrolled in the "Point of Service" option:

- Participant may use a Non-PPO dentist or a PPO dentist at any time and receive corresponding benefits.
- Participant may switch to the DHMO option at anytime during the year.

To switch to or from of the DHMO option, contact CompDent: 877-556-5600.

* Combined "Point of Service" and DHMO benefit is two cleanings and exams per calendar year.

***"Balance Billing" refers to charging for amounts above the maximum covered charge (for example, billing the patient for amounts above Usual & Customary charges or a negotiated fee schedule).

Dental benefits are optional and may only be elected in conjunction with Medical benefits. If you do not elect dental benefits at the time of initial eligibility you cannot enroll until the Open Enrollment following a 12-month waiting period.

This summary describes essential features of the benefit plan and is not intended to be a full description of benefits.



Schedule of Benefits and Subscriber Copayments

DHMO

ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS		
9430	Office visit (normal hours)	\$5.00
9430	Emergency visit (regular hours)	\$20.00
9440	Emergency visit (after hours)	\$35.00
0999	Broken appointments (without 24 hr notice, per 15 min)	\$10.00
	Maximum \$40 per broken appointment.	
	No charge will be made due to emergencies.	
DIAGNOSTIC		
0140/0150/0160	Oral evaluation	NO CHARGE
0120	Periodic oral evaluation	NO CHARGE
0470	Diagnostic casts (study models)	NO CHARGE
0999	Diagnosis and treatment plan presentation	NO CHARGE
9310	Consultation (second opinion) as provided by participating dentist	\$20.00
0460	Pulp vitality tests	NO CHARGE
RADIOGRAPHS (X-rays)		
0210	Intraoral - complete series	NO CHARGE
0220	Intraoral - periapical - first film	NO CHARGE
0230	Intraoral - periapical - each additional film	NO CHARGE
0270	Bitewings - single film	NO CHARGE
0272	Bitewings - two films	NO CHARGE
0274	Bitewings - four films	NO CHARGE
0330	Panoramic	NO CHARGE
PREVENTIVE		
1110/1120	Prophylaxis (routine, once every 6 months)	NO CHARGE
1110/1120	Additional prophylaxis	\$20.00
1201/1203	Topical application of fluoride (up to 16 years of age)	NO CHARGE
1351	Sealant - per tooth	\$10.00
1330	Oral hygiene instruction	NO CHARGE
SPACE MAINTAINERS		
1510	Fixed, unilateral	\$60.00 *
1515	Fixed, bilateral	\$60.00 *
1520	Removable, unilateral	\$90.00 *
1525	Removable, bilateral	\$90.00 *
1550	Recementation of space maintainer	\$12.00
RESTORATIVE (Fillings)		
2999	Sedative base (under fillings)	NO CHARGE
Amalgam (Silver)		
2110/2140	One surface	\$17.00
2120/2150	Two surfaces	\$23.00
2130/2160	Three surfaces	\$28.00
2131/2161	Four or more surfaces	\$45.00
Resin restoration (Including acid etch, glass ionomer liner)		
2330	Anterior one surface	\$45.00
2331	Anterior two surfaces	\$50.00
2332	Anterior three surfaces	\$57.00
2510	Inlay - metallic - one surface	\$90.00
2520	Inlay - metallic - two surfaces	\$120.00
2530	Inlay - metallic - three surfaces	\$150.00
2940	Sedative filling	\$15.00
CROWN & BRIDGE		
2930	Prefabricated stainless steel - primary tooth	\$55.00
2790/2791/2792/6790/6791/6792	Full cast crown	\$265.00
2750/2751/2752/6750/6751/6752	Porcelain fused to metal crown	\$275.00
2810	Three quarter cast crown	\$265.00
Pontics		
6210/6211/6212	Full cast pontic	\$265.00
6240/6241/6242	Porcelain fused to metal pontic	\$275.00
2950	Core build up	\$50.00
2951	Pin Retention - Per Tooth	\$15.00
2952	Cast post and core	\$95.00
2954	Prefabricated post and core	\$85.00
2910/2920/6930	Recement inlay/onlay/crown/bridge (per unit)	\$15.00
ENDODONTICS		
3220	Therapeutic pulpotomy	\$35.00
Root Canals		
3310	Anterior	\$140.00
3320	Bicuspid	\$215.00
3330	Molar	\$265.00
3410	Apicoectomy (anterior only)	\$125.00
PERIODONTICS (Gum treatment)		
4210	Gingivectomy/gingivoplasty - per quadrant	\$140.00
4211	Gingivectomy/gingivoplasty - per tooth	\$43.00
4220	Gingival curettage, surgical - per quadrant	\$85.00
4260	Osseous surgery - per quadrant	\$300.00
4271	Free soft tissue graft	\$215.00
4341	Periodontal scaling and root planing - per quadrant	\$50.00
4355	Full mouth debridement	\$40.00
4381	Localized delivery of chemotherapeutic agents (2 teeth)	\$50.00
4910	Periodontal maintenance procedures	\$50.00
PROSTHODONTICS		
Standard complete dentures (includes adjustments within 30 days)		
5110	Complete maxillary (upper)	\$300.00
5120	Complete mandibular (lower)	\$300.00

ADA CODE	PROCEDURE	PATIENT PAYS
5130	Immediate maxillary (upper)	\$320.00
5140	Immediate mandibular (lower)	\$320.00
Partial dentures (includes adjustments within 30 days)		
5211/5212	Maxillary/mandibular partial - resin base (with 2 clasps)	\$320.00
5213/5214	Maxillary/mandibular partial - cast metal with resin base (with 2 clasps)	\$425.00
5410/5411	Adjust complete - maxillary/mandibular	\$15.00
5421/5422	Adjust partial denture - maxillary/mandibular	\$15.00
5999	Additional clasps	\$35.00
REPAIRS TO PROSTHETICS		
5510/5610	Repair broken resin denture base	\$20.00 *
5520/5640	Replace missing or broken teeth (each tooth)	\$15.00 *
5520/5640	Each additional tooth	\$15.00 *
5630	Repair or replace broken clasp	\$20.00 *
5650	Add tooth to existing partial denture	\$30.00 *
5850/5851	Tissue conditioning	\$30.00
5730/5731/5740/5741	Refining (chairside)	\$50.00
5750/5751/5760/5761	Refining (laboratory)	\$45.00 *
EXTRACTIONS/ORAL SURGERY		
7110	Single tooth	\$20.00
7120	Each additional tooth (per visit)	\$20.00
7130	Root removal - exposed roots	\$25.00
7210	Surgical extraction of erupted tooth	\$45.00
7220	Soft tissue impaction	\$50.00
7230	Partially bony impaction	\$70.00
7240	Completely bony impaction	\$100.00
7250	Surgical removal of residual tooth roots	\$30.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$30.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$70.00
7510	Incision and drainage (intraoral)	\$20.00
ANESTHESIA		
9215	Local anesthesia	NO CHARGE
9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00
ADJUNCTIVE SERVICES		
9951	Occlusal adjustment - limited	\$25.00
9952	Occlusal adjustment - complete	\$150.00
ORTHODONTICS		
8070/8080/8090	Children up to 19 years of age	
	Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	NO CHARGE
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$1,850.00
8090	Adults 19 years of age and over	
	Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	NO CHARGE
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$2,050.00
8680	Retention	Additional

THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.

All procedures listed may not be performed by the Participating General Dentist you select. The copayments shown apply to those Company Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual fee less 25%.

SPECIALISTS: Should you need a specialist (i.e., Endodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Copayment amounts are applicable when treatment is performed by selected Participating General Dentist or by Participating Specialists. Benefits for treatment performed by Participating Specialists must have prior approval from Company. Benefits for procedures not listed on the schedule of benefits, that are performed by a Participating Specialist are available at the Participating Specialist's usual fee less 25%.

NOTE: When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.

* Plus laboratory fees when applicable.