



\$12.46 per adult; \$9.51 for 1 child; \$19.44 for children

 <b>INDIANA</b> <b>Dental Benefits</b> 		
Benefits	Network	Non-Network
Benefit Period	January 1 <sup>st</sup> through December 31st	
Dependent Age Limit	24 Dependent, 24 Student; Removal upon End of the Month	
Annual Maximum (per member)	\$1,000 per benefit period	
Benefit Period Deductible	\$50 per individual	\$100 per individual
Preventive Services		
Oral Exams – 2 per benefit period	100%	80%
Bite Wing X-rays – 2 per benefit period	100%	80%
Prophylaxis (cleaning) – 2 per benefit period	100%	80%
Fluoride Treatment – 1 treatment per benefit period, limited to age 19	100%	80%
Space Maintainers- limited to age 19	100%	80%
Emergency Palliative Treatment – includes emergency oral exam	100%	80%
Essential Services		
Fillings	80% after deductible	60% after deductible

**Benefit Exclusions and Limitations**

**Personal Health Plans dental benefits does not provide benefits for services, supplies or charges for the following:**

- Diagnostic X-Rays
- Minor Restorative Services
- Endodontics/Pulp Services
- Apicoectomy
- Periodontal Services
- Repairs, Relines & Adjustments of Prosthetics
- Simple Extractions
- Impactions
- Alveoplasty
- Minor Oral Surgery Services
- General Anesthesia
- Gold Foil Restoration
- Inlays, Onlays
- Crowns
- Bridgework (Pontics & Abutments)
- Partial and Complete Dentures
- Orthodontic Diagnostic Services
- Minor Treatment for Tooth Guidance
- Minor Treatment for Harmful Habits
- Interceptive Orthodontic Treatment
- Comprehensive Orthodontic Treatment

NOTE: Benefit will be determined based on Consumer Life Insurance Company's medical and administrative policies and procedures. The plan design remains the same for all providers, whether DenteMax or non DenteMax. This document is only a partial listing of dental benefits. This is not a contract of insurance. Your certificate of insurance provides a complete listing of covered services.