

University of Pennsylvania

#300187

Type A Services	In-Network 100% PDP Fee Out-of-Network 100% R&C
<u>Procedure Description</u>	<u>Frequency</u>
Exams	2 times in 1 fiscal year
Consultations	No limit
Cleanings	2 times in 1 fiscal year
Flouride	1 time per fiscal year to max age 18
Bitewing X-ray	2 times in 1 fiscal year
Full Mouth X-ray	1 time in 3 fiscal years
Labs and Tests	No limit
Emergency Palliative Treatment	No limit
Sealants	2 times in 14 fiscal years to under age 14
Recement Inlays, Crowns, & Bridges	No limit
Relines (only ADA codes 5730-5741)	1 in 36 months
Simple Extractions	
Surgical Extractions	
Other Oral Surgery	
General Anesthesia	
Pins (ADA Code 2951)	When part of restoration used instead of crown

Type B Services	In-Network 90% PDP Fee Out-of-Network 90% R&C
<u>Procedure Description</u>	<u>Frequency</u>
Amalgam Fillings	No limit
Resin Composite Fillings	No limit
Type B Services	In-Network 80% PDP Fee Out-of-Network 80% R&C
Root Canal Treatment	No limit
Pulp Capping	No limit
Periodontal Cleaning	4 per fiscal year (combined with regular cleanings)
Periodontal Scaling & Root Planing	No limit
Periodontal Surgery	No limit
Simple Extractions	
Relines/Rebases of existing removable dentures	1 every 36 months
Grinding – Bruxism	No limit

Type C Services	In-Network 50% PDP Fee Out-of-Network 50% R&C
Space Maintainers	No limit max age 19
Crowns	1 per tooth every 5 fiscal years
Inlays/Onlays	1 per tooth every 5 fiscal years
Prefabricated Crowns	
Dentures	1 time in 5 fiscal years
Crown, denture, & bridge repair	
Bridges	1 time in 5 fiscal years
Harmful Habit Appliances	
Type D Services	In-Network 50% PDP Fee Out-of-Network 50% R&C
Orthodontia	<ul style="list-style-type: none"> • Ortho is paid repetitively with 25% considered initially for preparation and installation. • All dental procedures completed in connection with orthodontic treatment are payable as orthodontics • Maximum ortho age 19 (child only)

Maximums	\$1,500 per fiscal year A,B,C Services \$1,000 lifetime orthodontia
Exclusions	
Cosmetic Surgery	
Replacement of lost, missing, or stolen crown, bridge, or denture	
Repair or replacement of orthodontic appliance	
Adjustments of a denture or bridgework made within 6 months of initial placement	
Temporary or provisional restorations or appliances	
Instruction for oral care such as hygiene or diet	
Periodontal splinting	
Implants	
Initial installation of a denture or bridgework to replace one or more natural teeth lost before the dental expense benefits started for the person or as a replacement for congenitally missing natural teeth (missing tooth exclusion)	
Charges for broken appointments	
Services or supplies furnished by a family member	
Sterilization supplies	
Treatment of temporomandibular joint disorders	
Prescriptions	
Miscellaneous Plan Provisions	
No Deductible	
Expense Period is fiscal year beginning 7/1	
Regular Coordination of Benefits: Birthday Rule	

Pre-determination is not mandatory, but recommended for services over \$300	
Accidents are considered medical expenses	
Dependent maximum age is 19; Full Time Student 23	
Claim filing limit: 3 months following end of fiscal year	
Domestic Partners are covered	
31 day extension for bridges, dentures, crowns, and root canals upon termination of benefits	
Dental Expense Benefits will be based on the materials and method of treatment which cost the least and which, in our view, meet generally excepted dental standards. (alternate benefits provision)	