

<u>Ultra-Dent Fully Funded Dental Plan</u> <u>Benefits-at-a-Glance</u>

Les Cheneaux Community Schools Administrators, Instructional, Custodians, Aides, Cooks, Secretaries and Bus Drivers

This plan will pay the Reasonable and Customary (R&C) amount to the dentist for the eligible services. You are responsible for the co-payment and/or deductible amount as identified in the benefit summary. Any remaining balance in excess of the R&C amount is your responsibility. This plan will pay the DenteMax approved amount to the dentist for the eligible services. You are responsible for the co-payment and/or deductible amount as identified in the benefit summary.

Benefit Year: January 1 – December 31

Covered Services	
Preventive Benefits	
Examination: includes initial and	Covered- 60% DenteMax price
periodic	
✓ 2 per member per benefit year	
Cleaning: adult and child	Covered- 60% DenteMax price
☑ 2 per member per benefit year	
Fluoride: to age 18	Covered- 60% DenteMax price
☑ 2 per member per benefit year	
Basic Benefits	
Restorative- Fillings	Covered- 60% DenteMax price
Oral Surgery	Covered- 60% DenteMax price
Endodontics	Covered- 60% DenteMax price
Periodontics	Covered- 60% DenteMax price
Lifetime Deductible	\$0.00
Major Benefits	
Inlays, Onlays, Crowns, Post/Cores	Covered- 60% DenteMax price
and Repairs	
Bridges and Repairs	Covered- 60% DenteMax price
Dentures	Covered- 60% DenteMax price
Annual Deductible (maximum two	\$0.00
per family)	
Annual Maximum	\$1,000.00 per person per benefit year for Basic and Major
	Services combined
Orthodontic Services	
Payment @	Covered- 60% DenteMax price
Annual Deductible	\$0.00
Lifetime Maximum	\$1,500.00
☑ To Age 19	

Your Plan Includes Options: A, B, F, M and Full Incentive

Option A	Covers bridge and/or denture work for new or existing insured if the missing
	teeth were extracted prior to the effective date of the service contract (only
	exception is congenitally missing teeth)
Option B	Waives the five-year replacement limitation on bridge, crown, or denture
	work
Option C	Crowns are covered at stainless steel crown allowance, and at the percentage
	specified under Basic Service
Option D	Inlays, onlays, and crowns (post/cores and repairs) move to the Basic
	Services and are covered accordingly
Option E	Covers exams, prophylaxis, and fluoride at 100%, with the other Basic
	Services covered at -%. X-rays not included in 100%, unless requested by
	group.
Option F	Covers eligible orthodontia started prior to the effective contract date
Option G	Covers orthodontia without regard to patient's age
Option H	Our contracts allow you 30 days to have work completed if start prior to the
	termination. With this option all work must be completed prior to the
	termination date. There is no grace period.
Option I	Permits external coordination of benefits only
Option M	Limits services involving Endodontics, Periodontics, and Oral Surgery to the
	base percentage (- %)
Option N	Covers single crowns, Endodontics, Periodontics, and Oral Surgery under
	Basic Services rate (-%) but does not allow for the incentive increase
Option R	Does not allow for the cut back of any charges for R&C
Option S	Covers sealants
Option T	Implants (to be listed under Major Services)
Option V	Composite restorations paid in full
Option D and N	Periodontics, Endodontics, and Oral Surgery at Basic -% but gives Crowns
	the incentive
Option D and M	Crowns, Endodontics, Periodontics, and Oral Surgery at Basic %
Full Incentive	10% each succeeding benefit year, not to exceed a Basic Benefit of 100%

Note: The material is presented as a matter of general information. The policy issued by Union Security Insurance Company to SET, Inc. is the controlling document.

Note: Your plan includes access to the DENTEMAX dental network. Dentists in this network provide discounted services and agree to accept DENTEMAX prices as full payment for services. You can find DENTEMAX dentists at www.dentemaxdental.com. Your benefit levels are the same regardless of whether you are in or out of network.">www.dentemaxdental.com.