



Region: 950  
 MAC PPO Plan Design - Modified Essent

State: Illinois

### The Staffing Exchange Temp - 100/80/50

*This program uses DenteMax contracted providers as a Preferred Provider Network. The MAC Plan's maximum allowable charges (MAC) for all covered dental procedures are the DenteMax discounted fees, which are paid to both in- and out-of-network providers. If a patient sees an in-network DenteMax dentist for a covered procedure, the patient is responsible only for the applicable coinsurance and deductible. There is no balance billing. If a patient sees a non-network dentist, Companion Life will reimburse based upon the DenteMax/MAC fee, and the dentist may charge the patient the difference between his/her own fee and the DenteMax/MAC fee.*

<b>Program Deductible</b> Per Individual Family Limit Waived for Type I service?	\$50 Contract Year 3 Yes
<b>Type I Preventive Services</b>	100% oral exams, cleanings, (2 per 12 months), bitewing x-rays (1 per 12 months)
<b>Type II Basic Services</b>  <b>Benefit Waiting Period</b>	80% space maintainers, fillings, pain treatment, sealants, full mouth x-rays  None
<b>Type III Major Services</b>  <b>Benefit Waiting Period</b>	50% anesthesia, endodontics simple&surgical extractions, oral surgery, periodontics crowns,inlays,onlays dentures, bridges implants 12 months
<b>Contract Year Maximum Increasing Maximum</b>	\$ 750 / 0 Incr Max
<b>Type IV Orthodontia Child(ren) Only</b> Lifetime Maximum Annual Maximum Deductible <b>Benefit Waiting Period</b>	N/A N/A N/A N/A None None
<b>Takeover Benefit</b>	Preferred

*Preferred Takeover - The waiting period(s) for existing employees, including those who weren't on the prior plan will be waived. The prior group dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. All waiting periods will apply to future new employees.*

*Disclaimer: This is a summary of benefits only. Please refer to the policy for comprehensive benefit details. Payment is based upon allowable charges in the area in which the service is rendered. Any dentist charge above the allowable charge is not a covered expense.*

*Monthly Cost*

Rates are guaranteed for 12 months

The rates above **INCLUDE THE ACA HEALTH INDUSTRY FEE (does not apply for 2017)**. Please refer to the Group Information page for details.

## LIMITATIONS

### I. COVERED EXPENSES WILL NOT INCLUDE, AND NO BENEFITS WILL BE PAYABLE:

1. For Class III and Class IV Procedures in the first 12 months that a person is insured, except as may be provided in the Takeover Benefits provision. This exclusion does not apply to Incentive Plans.
2. For any treatment which is for cosmetic purposes, or to correct congenital malformations other than medically necessary treatment of congenital cleft in the lip or palate, or both.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. Replacement of an existing implant supported prosthetic device is covered only once every ten (10) years from the placement date of such device and only then if it is unserviceable and cannot be made serviceable. However if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this policy, it will be a covered expense.
4. For initial placement of any prosthetic appliance, implants or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this policy. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
5. For any procedure begun before coverage begins or after the Insured's coverage terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's coverage terminates.
6. To replace lost or stolen appliances.
7. For appliances, restorations, or procedures to:
  - a. alter vertical dimension;
  - b. restore or maintain occlusion;
  - c. splint or replace tooth structure lost as a result of abrasion or attrition
  - d. treat disturbances of the temporomandibular joint.
8. Charges for a missed appointment, consultations or for completion of claim forms.
9. If applicable, orthodontia covered charges will not include charges for services:
  - a. payable under any other provisions or policy
  - b. rendered in the first 12 months the insured person is covered under the policy
  - c. incurred by employee or spouse, or incurred by dependent children after reaching the age of 19 (unless adult and child(ren) orthodontia option is selected)
10. For sealants which are:
  - a. not applied to a permanent molar
  - b. applied after attaining age 16
  - c. reapplied to a molar within three years from the date of a previous sealant application
11. For application of fluoride after attaining age 19.
12. Because of an injury arising out of, or in the course of, work for wage or profit or eligible for benefits under Worker's Compensation.
13. For services which are not recommended by a dentist or which are not required for necessary care and treatment.
14. For services related to equilibration, bite registration or bite analysis.
15. Crowns for the purpose of periodontal splinting.
16. Charges for any precision or semi-precision attachments, and any endodontic treatment associated with it, or other customized attachments.
17. For procedures not identified on the List of Dental Procedures in the Master Policy.
18. No benefit will be provided for implants or implant services where loss of the tooth was prior to the Insured's effective date of coverage under this dental plan.

### II. PAYMENT FOR SERVICES SHALL BE LIMITED AS FOLLOWS:

If this plan replaces another plan of similar benefits and as a result offers takeover benefits, we limit what we pay to the lesser of;

- a. what the prior plan would have paid, or
- b. what this plan would usually pay.

We will deduct any benefits actually paid by the prior plan under any extension provision.