Benefit Summary

XENIA COMMUNITY SCHOOLS
PPO Plan

Benefit Plan Number: C586
Benefit Year: The 12 month period beginning January 1st and ending December 31st (calendar year)
Annual Maximum Benefit: $1500 per Member
Orthodontic Lifetime Maximum Benefit: $1000 per Eligible Member
Limited to eligible dependent children under age 19
Deductible: $25 per Member, per Benefit Year
$50 per Family, per Benefit Year
The deductible applies to Basic and Major Benefits only

<table>
<thead>
<tr>
<th>Covered Dental Services</th>
<th>Deductible Applied</th>
<th>In Network</th>
<th>Out-of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Percentage of Allowable Expense Paid by the Plan</td>
<td>Member Copayment</td>
</tr>
<tr>
<td>Preventive Benefits</td>
<td>No</td>
<td>100%</td>
<td>None</td>
</tr>
<tr>
<td>Basic Benefits</td>
<td>Yes</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Major Benefits</td>
<td>Yes</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Benefits</td>
<td>No</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Out of network claims are reimbursed at the Advantage 900 level.
Endodontic Services are covered as Basic Benefits.
Periodontic Services are covered as Basic Benefits.
Sealants are covered as Preventive Benefits.
Implants are covered as Major Benefits.

Dependent children are eligible for coverage until age 26.

A complete description of covered services, limitations and exclusions is available in the Certificate of Insurance. Members who receive services from a non-participating provider are subject to balance billing.
Covered Services

STANDARD GROUP CONTRACT

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

Preventive Benefits

PREVENTIVE AND DIAGNOSTIC SERVICES

Routine oral examinations: limited to two visits each year
Prophylaxis (cleaning): limited to two each year
Topical application of fluoride: limited to four treatments each year to children under age 18
Bitewing X-Rays: limited to one set each year
Vertical bitewing X-Rays: limited to one every three years (7-8 films)
Periapical X-Rays: limited to two films each year
Full-mouth X-Rays (complete series or panoramic): limited to one every three years

Basic Benefits

DIAGNOSTIC SERVICES

Emergency/limited oral examinations
Office visit after hours: for emergencies only
Referral consultations and examinations performed by a specialist
Extraoral X-Rays
Emergency palliative treatment

SEALANTS

Permanent molar teeth: limited to children under 15 years of age and once every five years per tooth.

SPACE MAINTAINERS

Fixed band type: only with prior authorization, limited to children under age 19

ORAL SURGERY

Includes local anesthesia and routine postoperative care
Extractions
  • Simple single-tooth extractions
  • Root removal – exposed roots
Surgical extractions
  • Removal of an erupted tooth (uncomplicated)
Incision and drainage of abscess
Biopsy and examination
General anesthesia or intravenous sedation: only when necessary and provided in connection with oral surgery

PERIODONTIC SERVICES

Includes local anesthesia and routine postoperative care
Emergency treatment (periodontal abscess, acute periodontitis, etc.)
Periodontal scaling and root planing: limited to four quadrants each year as definitive treatment when pocket depths of at least 4mm are demonstrated
Surgical periodontics (including post-surgical visits): limited to two additional recalls in the first year following complex surgery
Gingivectomy, osseous and muco-gingival surgery, gingival grafting
Guided tissue regeneration
Periodontal maintenance procedures: limited to two each year following a history of periodontal disease

ENDODONTIC SERVICES

Includes local anesthesia and routine postoperative care
Root canal therapy, traditional
Retreatment of previous root canal: must be at least three years following previous root canal on same tooth
Recalcification and apexification

RESTORATIVE SERVICES

Includes local anesthesia. Multiple restorations on single surface considered as a single restoration
Restorations (amalgam, composite and sedative fillings): limited to once every two years per tooth (same surfaces only)
Pins: pin retention as part of restoration when used instead of gold or crown restoration
Stainless-steel crowns: when tooth cannot be adequately restored with filling material
Recementation of inlays, onlays, crowns, bridges, and space maintainers
Repairs to crowns and bridges

FULL AND PARTIAL DENTURE REPAIRS

Repair broken complete or partial dentures
Replacement of broken teeth on complete or partial denture
Additions to partial denture to replace extracted natural teeth

Major Benefits

RESTORATIVE SERVICES

Limited to once in five years on the same tooth
Gold restorations and crowns are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge
Inlays, Onlays, Crowns, Post and Core

ORAL SURGERY

Includes local anesthesia and routine postoperative care
Surgical extractions
  • Removal of impacted tooth – soft tissue
  • Removal of impacted tooth – partially bone
  • Removal of impacted tooth – completely bone
  • Removal of impacted tooth – completely bone, with complications
  • Surgical removal of residual roots
Pre-prosthetic oral surgery
  • Alveoplasty and vestibuloplasty

PROSTHODONTIC SERVICES

Fixed bridge: limited to one original or replacement prosthesis every five years
Complete upper or lower denture: limited to one original or replacement prosthesis every five years
Partial upper or lower denture: limited to one original or replacement prosthesis every five years
Relining and rebasing: limited to once every three years

Orthodontic Services*

Orthodontic benefits refer to plan design for individual lifetime maximum
Comprehensive orthodontic treatment
Other orthodontic treatment: limited to one appliance per individual
Appliance for tooth guidance
Orthodontic retention appliance
All benefits paid toward orthodontic services by your current employer’s previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontics maximum

Call us at (800) 367-9466 or visit our website at DentalCarePlus.com with any questions you have about service or coverage.

*May or may not apply to your specific plan. Please refer to your benefit summary in your packet or your benefits administrator for details.

Dental insurance plans are issued by Dental Care Plus, Inc. located at 100Crowne Point Plaza, Cincinnati, OH 45241. Domicile: Ohio NAC No. 96265

DCPS-EBRS1-Covered Services

REV 09-16
ADDITIONAL COVERED SERVICES

Additional Covered Dental Services and Limitations:

*Implant Services* are covered as *Major Benefits* as follows:

- **Implants** limited to one original or replacement implant every five years (per tooth)
- **Implant abutments** limited to one original or replacement implant abutment every five years (per tooth)
- **Implant and abutment**, **Supported crowns**, **Bridges and dentures** limited to one original or replacement prosthesis every five years (per tooth)

Implants in replacement of natural teeth which were extracted while the individual was not covered under the Plan are excluded from coverage.
Online Member Tools

Member Services Portal

Sign up for The Dental Care Plus Group’s (DCPG) member portal to check up-to-date claims and benefit information, order new ID cards, access the dental cost estimator and browse the dental education content in our Oral Health Center. Visit DentalCarePlus.com, select GROUP MEMBER in the top right corner, then click on LOGIN to get started.

Find a Dentist

Locate an in-network general dentist or specialist practicing near your work or home with our easy-to-use online provider search. Plus, you can download a map and driving directions, right then and there.

Visit fad.dentalcareplus.com or click on the Find a Dentist tab at the top of DCPG’s home page, choose your plan type (found on your member ID card), then decide if you want to search by ZIP code, county or the dentist’s last name. You can refine your search even further by the dentist’s specialty.

If you don’t see your dentist listed in our online directory, you can submit a nomination form and we will invite them to start the process of joining our network.

Member E-letter

In our Member Checkup e-letter, we update you on the latest oral health news and research as well as provide tips on how to get the most value out of your benefits.

Visit DentalCarePlus.com/members and click on the link in the right column to sign up for the Member Checkup e-letter. You can unsubscribe at any time.

For more information, call (800) 367-9466 or visit DentalCarePlus.com.

Frequently Asked Questions About the Member Portal

Q. Where do I find my member ID number and group number?
A. The member ID number is located in the upper right-hand corner of your member ID card, while the group number is in the upper left-hand corner. All member numbers contain the prefix HPL.

Q. How do I change my contact information?
A. To change your contact information through the member portal, click on GROUP MEMBER in the top right corner of the DCPG website. Then login to the portal and click change address. Or you can call our customer service representatives at (513) 554-1100 or toll free at (800) 367-9466 and they will be happy to assist you.

Q. Who do I contact if I'm having trouble registering for the member portal?
A. Contact our customer service representatives at (800) 367-9466, Monday – Friday from 8 am – 4:30 pm Eastern Standard Time.

Q. Who do I contact for help with my password/login information?
A. Contact our customer service representatives at (800) 367-9466.