

The benefits described in the three classes below are reimbursed subject to the limitations and limits stated in the Schedule of Benefits.

**Class I: Preventative**

- Oral exams, limit two per Policy Period
- Full mouth x-rays, limit one every 180 days
- Bitewing x-rays, limit one per Policy Period
- Cleaning and scaling of teeth (oral prophylaxis) limit one every 180 days
- Topical fluoride treatment limit one per Policy Period, children up to and including age 12
- Space maintainers
- Sealants, children up to and including age 12

**Class II: Basic Restoration, Endodontic, Periodontal, Oral Surgery, Diagnostic Benefit Dental Services**

- Fillings – amalgam, silicate, acrylic, synthetic porcelain or composite fillings
- X-rays
- Extractions
- Root canal treatment
- Treatment of periodontal disease and other disease of the gums and tissues of the mouth
- Oral surgery except procedures covered under any medical plan
- Administration of general anesthesia, when medically necessary in connection with oral surgery
- Emergency palliative treatment
- Injections of antibiotic drugs

**Class III: Crowns, Bridges, Dentures**

Include necessary supplies and services of a physician for installation or replacement of one or more natural teeth, which are lost for:

- Initial Installation of fixed bridgework
- Installation for the first time of: (a) a partial removable denture; or (b) a full removable denture
- Replacing an existing removable denture or fixed bridgework if: (a) it is needed because of loss of one or more natural teeth after the existing denture or bridgework was installed; or (b) it is needed because of the existing denture or bridgework can no longer be used and was installed at least 5 years prior to its replacement
- Replacing an existing immediate temporary full denture by a new permanent full denture when: (a) the existing denture cannot be made permanent; and (b) the permanent denture is installed within 364 days after the existing denture was installed
- Adding teeth to an existing partial removable denture or to bridgework when needed to replace one or more natural teeth removed after the existing denture or bridgework was installed
- Inlays and onlays
- Crowns and their replacements, but not more than one replacement per crown every five years
- Repair or re-cementing of: (a) crowns; or (b) inlays or onlays; or (c) dentures; or (d) bridgework

## Exclusions

- Class II and Class III expenses during the first 180 days from the effective date
- Cosmetic surgery or supplies
- Services and expenses that are payable under the certificate, to which this option is attached
- Replacement of lost, missing or stolen crowns, bridges or dentures
- All orthodontic related treatments and/or expenses
- Plaque control programs, oral hygiene or dietary instructions
- Services and expenses that are not specifically defined as covered
- Services or supplies which do not meet general accepted dental standards
- Experimental treatment
- Services and expenses excluded under the certificate's exclusion section, unless otherwise covered herein
- Missing teeth
- Personalization of dentures
- Implantology
- Treatment for temporomandibular joint disorders (TMJ) and complications therefrom
- Bleaching

## Pre-Notification and Alternate Treatment

If dental expenses are expected to exceed the amount of \$250, prior to commencing treatment, the insured person must notify Seven Corners for amounts to be covered or an approved alternate (which are customarily used, deemed by professions to be appropriate and less costly):

- Work to be done
- Cost of treatment

## Schedule of Benefits

	Policy Period 1	Policy Period 2	Policy Period 3 and After
<b>Class I:</b> Preventative for Children ages 8 through 17 (after 90 day waiting period)	Program pays up to 100% of Usual, Reasonable and Customary Charges	Program pays up to 100% of Usual, Reasonable and Customary Charges	Program pays up to 100% of Usual, Reasonable and Customary Charges
<b>Class II:</b> Standard Benefits (after 180 day waiting period)	Program pays up to 55% of Usual, Reasonable and Customary Charges	Program pays up to 70% of Usual, Reasonable and Customary Charges	Program pays up to 85% of Usual, Reasonable and Customary Charges
<b>Class III:</b> Significant Dental Benefits (after 180 day waiting period)	Program pays up to 30% of Usual, Reasonable and Customary Charges	Program pays up to 40% of Usual, Reasonable and Customary Charges	Program pays up to 50% of Usual, Reasonable and Customary Charges
Dental Benefit Deductible	\$100 per policy period per insured person	\$100 per policy period per insured person	\$100 per policy period per insured person
Dental Benefit Maximum	\$500 per policy period per insured person	\$750 per policy period per insured person	\$1000 per policy period per insured person

## Premiums

**For U.S. citizens:** \$359 per Policy Period per person

**For non-U.S. citizens:** \$508 per Policy Period per person

(if selected for one, then all family members must purchase the option)