

Addendum

Benefit Requirements for TECRO Group Dental Insurance Contract

	<u>Active PPO MAX With PPOII Network</u>	
	<u>Participating</u>	<u>Non-participating</u>
Annual Deductible*		
Individual	\$25	\$100
Family	\$50	\$200
Preventive Services	100%	70%
Basic Services	80%	50%
Major Services	50%	30%
Annual Benefit Maximum	\$1,400	\$1,400
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$1,000	\$1,000
*The deductible applies to: Basic & Major services only		
**Orthodontia is covered only for children (appliance must be placed prior to age 20).		

Partial List of Services	<u>Active PPO MAX With PPOII Network</u>	
	<u>Participating</u>	<u>Non-participating</u>
Preventive		
Oral examinations (a) Cleanings	100%	70%
(a) Adult/Child Fluoride (a)	100%	70%
Sealants (permanent molars only) (a)	100%	70%
Bitewing Images (a)	100%	70%
Full mouth series Images (a)	100%	70%
Space Maintainers	100%	70%
Basic		
Root canal therapy		
Anterior teeth / Bicuspid teeth	80%	50%
Root canal therapy, molar teeth	80%	50%
Scaling and root planing (a)	80%	50%
Gingivectomy (a)*	80%	50%
Amalgam (silver) fillings	80%	50%
Composite fillings	80%	50%
Stainless steel crowns	80%	50%
Incision and drainage of abscess*	80%	50%
Uncomplicated extractions	80%	50%
Surgical removal of erupted tooth*	80%	50%
Surgical removal of impacted tooth (soft tissue)*	80%	50%
Osseous surgery (a)*	80%	50%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%	50%
General anesthesia/intravenous sedation*	80%	50%
Crown Lengthening	80%	50%
Major		
Inlays	50%	30%
Onlays	50%	30%
Crowns	50%	30%
Full & partial dentures	50%	30%
Pontics	50%	30%
Denture repairs	50%	30%
Crown Build-Ups	50%	30%