Group Benefit Page

Name of Group: Superior Officers Council - Buy Up

Group Number: 1730343 (64096)

Plan Effective Date: January 1, 2027

Benefit Period: Calendar Year

Plan Description – Covered services can be rendered by any licensed dentist. To use the plan, members should be treated by the dentist of their choice and submit claims to Healthplex. Using one of our In-Network PPO Providers may eliminate or reduce the member's Out-of-Pocket expense. Additional information can be found on the reverse. Please contact Healthplex Member Services at **877-591-1789** for additional plan assistance.

Payments by the plan are subject to the following terms

Category I	Diagnostic Services Preventive Services	100 % of the maximum allowable amount.
Category II	Basic Restorative Services Endodontic Services Periodontal Services Oral Surgery Services Prosthetic Repair/Reline Services	100 % of the maximum allowable amount.
Category III	Major Restorative Services Prosthetic Services	100 % of the maximum allowable amount.
Category IV	Orthodontic Services	80 % of the maximum allowable amount.

Individual/Family Deductible: N/A

Individual Maximum (Category I, II, III): $3,000.00* per benefit period

Family Maximum (Category I, II, III): N/A

Orthodontic Maximum (Category IV): $2,050.00 per lifetime

**Individual annual maximum does not apply to dependent children up to their 19th birthday.*

Dependent Eligibility – Dependent children are covered through the end of the month of their 23rd birthday.

Orthodontics – Coverage includes initial banding and up to 24 monthly adjustments for dependent children through age 19. Member copayments will apply and may vary based on the provider seen at the time of care.

Note: **Due to certain Exclusions and/or Limitations, all member copayments may not be applicable**. Prior to receiving any treatment, please obtain the Certificate of Insurance from your benefit administrator for an explanation of these Exclusions and Limitations. A copy of your Certificate of Insurance may also be obtained from our website at yourdentalplan.com/healthplex. All benefits are governed by the provisions of your group's contract.

The *Schedule of Benefits* on the reverse side contains a partial listing of the most frequently utilized services covered under this plan. Frequencies and limitations apply.

Schedule of Benefits

Superior Officers Council - Buy Up - 1730343 (64096)

Services	In-Network PPO Copayments	Out-of-Network Reimbursement
Diagnostic & Preventive		
Periodic Oral Examination	No Charge	$22.00
X-Rays, Complete Series	No Charge	56.00
Periapical, First Film	No Charge	10.00
Bitewings, Four Films	No Charge	21.00
Prophylaxis, Adult/Child	No Charge	44.00/30.00
Fluoride Treatment	No Charge	31.00
Sealants, Per Tooth	No Charge	30.00
Basic Restorative		
Amalgam, 1/2/3/4+ Surfaces	No Charge	$45.00/60.00/75.00/85.00
Composite, 1 Surface - Anterior/Posterior	No Charge	50.00/75.00
Composite, 2 Surfaces - Anterior/Posterior	No Charge	70.00/110.00
Composite, 3 Surfaces - Anterior/Posterior	No Charge	88.00/148.00
Composite, 4+ Surfaces - Anterior/Posterior	No Charge	95.00/155.00
Labial Veneer (Resin Laminate) Direct/Indirect	No Charge	125.00
Veneer Repair - Material Failure	No Charge	135.00
Provisional Splint Intra/Extra coronal	No Charge	252.60/195.00
Enamel Microabrasion	No Charge	75.00
Odontoplasty, Per tooth	No Charge	60.00
External Bleaching, Per arch - performed in office	No Charge	330.00
Endodontics		
Root Canal Therapy, Anterior/Bicuspid/ Molar	No Charge	$350.00/425.00/500.00
Apicoectomy, Anterior	No Charge	210.00
Periodontics		
Gingivectomy, Per Quad	No Charge	$180.00
Osseous Surgery, Per Quad	No Charge	460.00
Scaling & Root Planing, Per Quad	No Charge	90.00
Periodontal Maintenance	No Charge	72.50
Oral Surgery		
Routine/Surgical Extraction	No Charge	$66.00/110.00
Soft Tissue Impaction	No Charge	155.00
Partial/Full Bony Impaction	No Charge	188.00/240.00
Major Restorative		
Porcelain with High Noble Metal Crown	No Charge	$595.00
Full Cast High Noble Metal Crown	No Charge	525.00
Re-cement Crown	No Charge	38.00
Post and Core, Cast/Prefabricated	No Charge	165.00/105.00
Prosthetics- Removable/Fixed Bridges		
Complete Upper/Lower Denture	No Charge	$1,400.00
Partial Upper/Lower Denture, Cast Base	No Charge	550.00/650.00
Porcelain with High Noble Metal Pontic/Abutment	No Charge	1,000.00
Full Cast High Noble Metal Abutment	No Charge	1,200.00
Re-cement Bridge	No Charge	300.00
Implants**		
Endosteal Implant	No Charge	$1,400.00
Custom Fabricated Abutment	No Charge	650.00
Abutment Supported Porcelain High Noble Metal Crown	No Charge	1,000.00
Implant Supported Porcelain/Ceramic Crown	No Charge	1,200.00
Bone Graft at Time of Implant Placement	No Charge	300.00
Prosthetic Repairs/Relines		
Repair Complete Denture Broken Base	No Charge	$65.00
Repair Partial Denture Base/Framework	No Charge	65.00/100.00
Replace Broken Tooth	No Charge	55.00
Add Tooth to Existing Partial Denture	No Charge	55.00
Reline Complete Upper/Lower Denture - Direct	No Charge	135.00
Reline Complete Upper/Lower Denture - Indirect	No Charge	150.00/200.00
Orthodontics		
Initial Banding and up to 24 Periodic Visits	20%	$2,050.00

In-Network PPO Copayments

You may select any dentist from the PPO20 Directory of Participating Providers. Some services are rendered without any cost while others may have a minimal copayment you pay directly to the dentist.

Member copayments will vary based on the location of the provider seen at the time of care.

Out-of-Network Reimbursement

When services are rendered by a non-participating provider, you will be reimbursed up to the Out-of-Network Reimbursement allowance indicated in the *Schedule of Benefits*. You will be responsible for all costs exceeding that amount.

Treatment Options/Materials

Due to the element of choice involved in the utilization of many dental services, situations arise where two or more methods of treatment for a particular dental condition could be used, each of which may produce a desirable, professional result. Please speak with your dentist regarding the options covered under your dental plan.

***Services are included in the $3,000 annual maximum for implants.*

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877-591-1789

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