



PLAN YEAR 2017-2018

DENTAL IV
SCHEDULE OF DENTAL BENEFITS

*Dedicated to Services Measuring the Patient Healthcare Experience by
Managing the Integrity of the Healthcare Dollar Optimized by Performance Based Outcome*

Helpful Resources

Resource	Contact Information and Accessible Hours
TML MultiState Intergovernmental Employee Benefits Pool (IEBP) Customer Care Helpline-----	Physical: 1821 Rutherford Lane, Suite 300 Austin, Texas 78754 Mailing: PO Box 149190 Austin, Texas 78714-9190 (800) 282-5385 7:00 AM - 6:00 PM Central
Secured Customer Care E-mail-----	Visit www.iebp.org ▶ click on the "Login" button ▶ click on "Contact Us" ▶ click on "I have a general question"
Provider Benefit Information Portal: Provider information can be found under the Provider Services menu. Member specific information such as Eligibility, Claims, Summary of Benefits and Coverage, Provider Coding Guidelines, Medication Therapy Management Guide, Member Rights and Responsibilities, Provider/Member Appeal Rights and IEBP Quality Improvement Plan information is also available.	Visit www.iebp.org ▶ to register/login, click on the "Login" button at the top right hand side of the screen
TML MultiState IEBP Internet Website-----	www.iebp.org Twenty-four (24) hrs
MyIEBP Mobile Access -----	iPhone–App Store, Droid–Google Play, All other Phones– www.iebp.org Twenty-four (24) hrs
Information on how IEBP evaluates new technology for inclusion as a covered benefit	Visit www.iebp.org ▶ click on "About Us" ▶ click on "Technology"
Translation Line-----	(800) 385-9952 translation_ccemail@iebp.org <i>(There is an underscore between translation and cc.)</i>

Schedule of Dental Benefits

Description of Services

Benefit Maximums

Tier One, Two and Three Dental Expense Benefit\$1,500 per calendar year

Tier One Dental Services

	<u>Deductible</u>	<u>Benefit Percentage</u>
1. Oral Examinations limited to two (2) exams per calendar year	None	100% of
2. Prophylaxis limited to two (2) treatments per calendar year		Usual & Reasonable
3. Fluoride Treatments limited to children under the age of eighteen (18) and two (2) treatments in a calendar year		
4. Sealants and interim caries arresting medicament application for children under the age of thirteen (13) not to exceed \$200 per calendar year		
5. Bitewings X-Rays limited to once in a calendar year		
6. Full mouth X-Ray limited to one (1) series in a sixty (60) consecutive month period, or Panoramic X-Ray limited to one (1) series in a sixty (60) consecutive month period		
7. Periapical and Intraoral X-rays		
8. Space Maintainers – initial appliance for non-orthodontic treatment of prematurely lost teeth for children under age sixteen (16)		

Tier Two Dental Services

Subject to Deductible

	<u>Deductible</u>	<u>Benefit Percentage</u>
1. Emergency oral exams, palliative treatments	\$50/Calendar Year	Tier Two
2. X-rays [Intraoral and Extraoral (non-preventive)]	Combined	80% of
3. Amalgam and direct placement resin-based composite filling restoration for decayed teeth. (Multiple restorations on the same tooth on the same day, which are billed independently of each other, will be recoded)	Tier Two and Tier Three Services	Usual & Reasonable
4. Stainless steel crowns – primary/permanent tooth		
5. Pin retention		
6. Extractions– non-surgical and surgical; treatment of post-surgical complications -unusual circumstances, by report		
7. Anesthesia – general, intravenous moderate sedation and non-intravenous moderate sedation in conjunction with complex surgical procedures		
8. Endodontics (root canal treatment: pulp capping when not provided on the same day as a permanent restorative service)		
9. Periodontics – treatment of periodontal and other disease of the gums and supporting structures of the mouth including but not limited to the following:		
a. Periodontal maintenance procedure limited to two (2) treatments per calendar year following active periodontal therapy		
b. Periodontal scaling and root planing – limited to no more than four (4) quadrants in twenty four (24) months		

	<u>Deductible</u>	<u>Benefit Percentage</u>
c. Full mouth debridement – limited to one treatment per lifetime	\$50/Calendar Year Combined Tier Two and Tier Three Services	Tier Two
10. Oral surgery		80% of
11. Occlusal adjustment if in active periodontal treatment		Usual & Reasonable

Tier Three Dental Services

Subject to Deductible

	<u>Deductible</u>	<u>Benefit Percentage</u>	
1. Removable mouthguards and all appliances used to alleviate thumb sucking, tongue thrusting and bruxism	\$50/Calendar Year Combined Tier Two and Tier Three Services	Tier Three	
2. Repair or recementing of crowns, inlays and onlays and bridges		50% of	
3. Reline and adjustments of partial and complete dentures performed more than six (6) months after placement		Usual & Reasonable	
4. Onlays/Inlays – Necessary replacement of onlays/inlays only when the onlay/inlay is over five (5) years old			
5. Crown Build-ups			
6. Crowns – Necessary replacement of crowns only when the crown or laboratory fabricated restoration is over five (5) years old			
The following information must be provided if it is a replacement:			
a. Date of prior placement; and			
b. Reason for replacing crown.			
7. Bridges-Partial Dentures – Full Dentures – Initial installation of fixed bridgework (including wing attachments, inlays and crowns as abutments) to replace teeth which were extracted while covered under the Plan			
Replacement of an existing partial or full removable denture or fixed bridge; the addition of teeth to an existing partial or removable denture; or bridgework to replace teeth which were extracted if satisfactory evidence is presented to the Plan that:			
a. The replacement or addition of teeth is necessary to replace teeth extracted after the existing denture or bridgework was installed and while covered under the Plan; or			
b. The existing denture or bridgework cannot be made serviceable and was installed at least five (5) years prior to the replacement date.			
The following information must be provided:			
a. Initial placement – provide which teeth are being replaced and the Date of each extraction			
b. Replacements – provide which teeth are being replaced and the Date of the prior placement and reason for this replacement			
8. Dental implants – benefits are available when the tooth is extracted while covered by the Plan and there is no alternate form of therapy to treat the dental condition. Replacement implants are covered if the existing implant cannot be made serviceable and was installed at least five (5) years prior to the replacement date.			