



PLAN YEAR 2014-2015

DENTAL IV SCHEDULE OF DENTAL BENEFITS

Resource	Contact Information	Accessible Hours
TML MultiState Intergovernmental Employee Benefits Pool 1821 Rutherford Lane, Suite 300 Austin, Texas 78754		
Customer Care Helpline:	(800) 282-5385	8:30 AM - 5:00 PM Central
Secured Customer Care E-mail:	Visit www.tmlmultistateiebp.org click on the "Login" button click on "Online Customer Care" under the "My Tools" menu	8:30 AM - 5:00 PM Central
TML MultiState IEBP Internet Website:	www.tmlmultistateiebp.org	Twenty-four (24) hours
Spanish Line:	(800) 385-9952	

SCHEDULE OF DENTAL BENEFITS

Description of Services

Benefit Maximums

Preventive, Basic and Major Dental Expense Benefit ----- \$1,500 per calendar year

Preventive Dental Services

	<u>Deductible</u>	<u>Benefit Percentage</u>
1. Oral Examinations limited to two (2) exams per calendar year	None	100% of Usual & Reasonable
2. Prophylaxis limited to two (2) treatments per calendar year		
3. Fluoride Treatments limited to children under the age of eighteen (18) and two (2) treatments in a calendar year		
4. Sealants 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		

Basic Dental Services

	<u>Deductible</u>	<u>Benefit Percentage</u>
Subject to Deductible	\$50/ Calendar Year Combined	Basic 80% of Usual & Reasonable
1. Emergency oral exams, palliative treatments		
2. X-rays [Intraoral/Extraoral and Cephalometric (non-preventive)]		
3. Diagnostic casts		
4. Amalgam, silicate, acrylic, synthetic porcelain and 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 into the most appropriate procedure code as established by the American Dental Association (ADA))		
5. Stainless steel crowns – primary/permanent tooth		
6. Pin retention		
7. Extractions – uncomplicated (single); each additional tooth; surgical removal of erupted or impacted tooth (including tissue flap and bone removal); postoperative visit (sutures and complications) after multiple extractions of impactions		
8. Anesthesia – general, in conjunction with surgical procedures only; analgesia; non-intravenous and intravenous sedation		
9. Endodontics treatment – (root canal treatment and pulp capping when not provided on the same day as a permanent restorative service)		
10. 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		
c. Full mouth debridement		
11. Oral surgery		

12. Occlusal adjustment if in active periodontal treatment

Deductible

**Benefit
Percentage**

Major Dental Services

Late Entrant Provision (any person enrolling after the employer's initial enrollment, will be considered a Late Entrant)

\$50/
Calendar Year
Combined

Major 50% of
Usual &
Reasonable

Subject to Deductible

1. Space Maintainers – initial appliance only for children under age sixteen (16)
2. Removable mouthguards and all appliances used to alleviate thumb sucking, tongue thrashing and bruxism
3. Repair or recementing of crowns, inlays and onlays and bridges
4. Reline and adjustments of partial and complete dentures after six (6) months.
5. Onlays/Inlays
6. Crown Build-ups
7. Crowns – Necessary replacement of crowns or laboratory fabricated restorations, 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.
8. 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 this 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
9. Gold restorations
 10. 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.