

# Summary of Benefit Changes Dental 3 and 4 Plans



1. Your plan offers a Dental PPO through Dental Network of America (DNoA). Your dental deductible and co-insurance remains the same whether you choose to use an in-network or out-of-network provider. However, by using a DNoA provider you will not be balance billed for any covered services in excess of the DNoA contracted rate.
2. Coverage for Anesthesia will include nitrous oxide for children through age seven (7).

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# Dental 4 Plan

Plan Year: 2019-2020



Your plan offers a dental PPO through Dental Network of America (DNoA). Your dental deductible and co-insurance will remain the same whether you choose to use an in-network or out-of-network provider. However, by using a DNoA provider, you will not be balance billed for any covered services more than the DNoA contracted rate.

This Plan Highlights addresses only particular aspects of the benefits available under the Plan. Various other expenses, limits, exclusions and other rules also apply. For more details about your benefits, please refer to the individual summary plan descriptions (SPDs), plan document, certificate of coverage, or (where applicable) insurance contracts for each plan. In the case of any discrepancy, these more complete descriptions will govern. TML Health reserves the right to amend or terminate the plan at any time, which may affect the information provided in this Plan Highlights.

BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
<b>Deductible</b> <i>(per individual per Calendar Year)</i>		
Tier 1	\$0	\$0
Tiers 2 & 3 (combined)	\$50	\$50
<b>Benefit Maximum</b> <i>(per individual per Calendar Year)</i>		
Tier 1, 2 & 3 (combined)	\$1,500	\$1,500
<b>Tier 1</b>		
Oral exams	No Charge	No Charge after Reasonable and Customary Charges
Prophylaxis treatments		
Fluoride treatments		
Sealants		
Bitewings X-rays		
Full mouth X-rays		
Periapical / Intraoral X-rays		
Space Maintainers		
<b>Tier 2</b>		
Emergency oral exams	20% after deductible	20% of Reasonable and Customary Charges after deductible
X-rays (non-preventive)		
Fillings		
Crowns		
Extractions		
Anesthesia		
Endodontics		
Periodontics		
Oral Surgery		
<b>Tier 3</b>		
Mouth guards / appliances	50% after deductible	50% of Reasonable and Customary Charges after deductible
Inlays/Onlays – repair/replacements		
Crowns – repair / replacement		
Dentures / Partial dentures		