



## Utah Essential Health Benefit – PLUS Family Plan with EHB PLUS (for Children)

This summary of benefits, along with the exclusions and limitations describe the benefits of the Essential Health Benefit – PLUS Family Plan with EHB PLUS (for Children). Please review closely to understand all benefits, exclusions and limitations.

Child-ONLY* Essential Health Benefit PLUS	In-Network	Out-of-Network**
<b>Class I/Preventive</b> - Cleanings, Exams, Fluoride, Sealants, Space Maintainers, Emergency Pain, and Radiographs-Bitewings	100%	100%
<b>Class II/Basic</b> - Radiographs (Full Mouth X-ray, Panoramic Film) Restorations (Amalgams and Anterior Resins), Simple Extractions and Anesthesia (General Anesthesia and Intravenous Sedation)	50%	50%
<b>Class III/Major</b> - Surgical Extractions, Oral Surgery, Endodontics, Periodontal Maintenance, Periodontics, Inlay, Onlays, Crowns, Crown Repair, Bridges, Bridge Repairs, Dentures, and Denture Repair	50%	50%
<b>Class II, III and IV/Orthodontia</b> (Only for pre-authorized Medically Necessary Orthodontia)	50% up to OOP for medically necessary orthodontics	
Deductible (applied to all services)(per person)	\$100	
Out of Pocket Maximum (OOP) (per person)	\$700	N/A
Out of Pocket Maximum*** (OOP) (per family - 2+ children)	\$1,400	N/A
Annual Maximum	N/A	
Ortho Lifetime Maximum	N/A	
Waiting Period	24 months for medically necessary orthodontics	

\* This plan is available for individuals up to age 19.

\*\*Benefits are based on the Usual and Customary charges of the majority of dentists in the same geographic area.

\*\*\*2 family members must each meet the out of pocket maximum in a plan year. Once fulfilled the family maximum has been met and will not be applied to additional family members.

Adult-ONLY* PLUS Plan	In-Network	Out-of-Network**
<b>Class I/Preventive</b> - Cleanings, Exams, Space Maintainers, Emergency Pain, and Radiographs-Bitewings, Radiographs (Full Mouth X-ray, Panoramic Film)	100%	100%
<b>Class II/Basic</b> - Fluoride, Sealants, Restorations (Amalgams &Anterior Resin), Simple Extractions, Surgical Extractions, Oral Surgery, Endodontics, Periodontal Maintenance, Periodontics, and Anesthesia	80%	80%
<b>Class III/Major</b> - Inlay, Onlays, Crowns, Crown Repair, Bridges, Bridge Repairs, Dentures, and Denture Repair.	50%	50%
<b>Class IV/Orthodontia</b>	N/A	
Deductible (waived for Class I)	\$50	
Out of Pocket Maximum (OOP) (per person)	N/A	
Out of Pocket Maximum (OOP) (per family - 2+ children)	N/A	
Annual Maximum	\$1,000	
Ortho Lifetime Maximum	N/A	
Waiting Period	N/A	

\* This plan is available for individuals ages 19 and over.

\*\*Out of Network benefits are based on covered fee schedule.



## Utah Essential Health Benefit – PLUS Family Plan with EHB PLUS (for Children)

### Benefits and Limitations

This section lists the dental benefits and services you are allowed to obtain through the Plan when the services are necessary for your dental health consistent with professionally recognized standards of practice, subject to the exceptions and limitations listed here and in the Exclusions section of this EOC.

### *Diagnostic and Preventive Benefits*

Benefit includes:

- Initial and periodic oral examinations
- Consultations, including specialist consultations
- Topical fluoride treatment
- Preventive dental education and oral hygiene instruction
- Radiographs (x-rays)
  - Bitewing x-rays in conjunction with periodic examinations are limited to one series of four films in any 6 consecutive month periods. Isolated bitewing or periapical films are allowed on an emergency or episodic basis
  - Full mouth x-rays in conjunction with periodic examinations are limited to once every 24 consecutive months
  - Panoramic film x-rays are limited to once every 24 consecutive months
- Prophylaxis services (cleanings) – two (2) per 12 months. Additional medically necessary cleanings are available.
- Dental sealant treatments - permanent first and second molars only.
- Space Maintainers, including removable acrylic and fixed band type.

### *Restorative Dentistry*

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Restorations include:

- Amalgam, composite resin, acrylic, synthetic or plastic restorations for the treatment of caries.
  - For the treatment of caries, if the tooth can be restored with amalgam, composite resin, acrylic, synthetic or plastic restorations; any other restoration such as a crown or jacket is considered optional.
  - Composite resin or acrylic restorations in posterior teeth are optional.
- Micro filled resin restorations which are non-cosmetic.
- Replacement of a restoration.
  - Replacement of a restoration is covered only when it is defective, as evidenced by conditions such as recurrent caries or fracture, and replacement is dentally necessary
- Use of pins and pin build-up in conjunction with a restoration
- Sedative base and sedative fillings

### *Oral Surgery*

Oral surgery includes:

- Extractions, including surgical extractions
- Removal of impacted teeth – only when pathology exists.
- Biopsy of oral tissues
- Alveolectomies
- Excision of cysts and neoplasms
- Treatment of palatal torus
- Treatment of mandibular torus



## Utah Essential Health Benefit – PLUS Family Plan with EHB PLUS (for Children)

- Frenectomy
- Incision and drainage of abscesses
- Post-operative services, including exams, suture removal and treatment of complications
- Root recovery (separate procedure)

### ***Endodontics***

Endodontic benefits include:

- Direct pulp capping
- Pulpotomy and vital pulpotomy
- Apexification filling with calcium hydroxide
- Root amputation
- Root canal therapy, including culture canal and limited retreatment of previous root canal therapy as specified below
  - Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present and/or the patient is experiencing symptoms.
  - Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered benefit.
- Apicoectomy
- Vitality tests

### ***Periodontics***

Periodontics benefits include:

- Emergency treatment, including treatment for periodontal abscess and acute periodontitis

- Periodontal scaling and root planing, and subgingival curettage - limited to five (5) quadrant treatments in any 12 consecutive months.
- Gingivectomy
- Osseous or muco-gingival surgery

### ***Crown and Fixed Bridge***

Crown and fixed bridge benefits include:

- Crowns, including those made of acrylic, acrylic with metal, porcelain, porcelain with metal, full metal, gold onlay or three quarter crown, and stainless steel
  - Replacement of each unit is limited to once every 36 consecutive months, except when the crown is no longer functional as determined by the Plan.
  - Only acrylic crowns and stainless steel crowns are a benefit for children under 12 years of age. If other types of crowns are chosen as an optional benefit for children under 12 years of age, the covered dental benefit level will be that of an acrylic crown.
  - Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. For example, if the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.
  - Veneers posterior to the second bicuspid are considered optional. An allowance will be made for a cast full crown.
- Related dowel pins and pin build-up
- Fixed bridges, which are cast, porcelain baked with metal, or plastic processed to gold



## Utah Essential Health Benefit – PLUS Family Plan with EHB PLUS (for Children)

- Fixed bridges will be used only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
- A fixed bridge is covered when it is necessary to replace a missing permanent anterior tooth in a person 16 years of age or older and the patient's oral health and general dental condition permits. For children under the age of 16, it is considered optional dental treatment. If performed on a member under the age of 16, the applicant must pay the difference in cost between the fixed bridge and a space maintainer.
- Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic.
- Fixed bridges are optional when provided in connection with a partial denture on the same arch.
- Replacement of an existing fixed bridge is covered only when it cannot be made satisfactory by repair.
- Recementation of crowns, bridges, inlays and onlays
  - The program allows up to five units of crown or bridgework per arch. Upon the sixth unit, the treatment is considered full mouth reconstruction, which is optional treatment.
- Cast post and core, including cast retention under crowns
- Repair or replacement of crowns, abutments or pontics
- Dentures, full maxillary, full mandibular, partial upper, partial lower, teeth, clasps and stress breakers
  - Partial dentures will not be replaced within 36 consecutive months, unless:
    1. It is necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible, or
    2. The denture is unsatisfactory and cannot be made satisfactory.
      - The covered dental benefit for partial dentures will be limited to the charges for a cast chrome or acrylic denture if this would satisfactorily restore an arch. If a more elaborate or precision appliance is chosen by the patient and the dentist, and is not necessary to satisfactorily restore an arch, the patient will be responsible for all additional charges.
      - A removable partial denture is considered an adequate restoration of a case when teeth are missing on both sides of the dental arch. Other treatments of such cases are considered optional.
      - Full upper and/or lower dentures are not to be replaced within 36 consecutive months unless the existing denture is unsatisfactory and cannot be made satisfactory by reline or repair.
      - The covered dental benefit for complete dentures will be limited to the benefit level

### **Removable Prosthetics**

The removable prosthetics benefit includes:



## Utah Essential Health Benefit – PLUS Family Plan with EHB PLUS (for Children)

for a standard procedure. If a more personalized or specialized treatment is chosen by the patient and the dentist, the patient will be responsible for all additional charges.

- Office or laboratory relines or rebases are limited to one (1) per arch in any 12 consecutive months.
- Tissue conditioning is limited to two per denture
- Implants are considered an optional benefit
- Stayplates are a benefit only when used as anterior space maintainers for children
- Office or laboratory relines or rebases
- Denture repair
- Denture adjustment
- Tissue conditioning
- Denture duplication
- Stayplates – limitations stated above.

### **Other Benefits**

Other dental benefits include:

- Local anesthetics
- Oral sedatives when dispensed in a dental office by a practitioner acting within the scope of their licensure
- Nitrous oxide when dispensed in a dental office by a practitioner acting within the scope of their licensure
- Emergency treatment, palliative treatment

- Coordination of benefits with member's health plan in the event hospitalization or outpatient surgery setting is medically appropriate for dental services

### **Orthodontic Benefits**

Orthodontic benefits are available when approved prior authorization for medically necessity and have a 24 month waiting period.

### **General Exclusions**

Covered Services and Supplies do not include:

- 1) Treatment which:
  - a. is not included in the list of Covered Services and Supplies;
  - b. is not Dentally Necessary; or
  - c. is Experimental in nature.
- 2) Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
- 3) Services, supplies and appliances related to the change of vertical dimension, restoration or maintenance of occlusion, splinting and stabilizing teeth for periodontic reasons, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for temporomandibular joint dysfunction (TMJ), unless a TMJ benefit rider was included in the Policy.
- 4) Replacement of a lost or stolen Appliance or Prosthesis.
- 5) Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
- 6) Completion of claim forms.
- 7) Missed dental appointments.
- 8) Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.



## Utah Essential Health Benefit – PLUS Family Plan with EHB PLUS (for Children)

- 9) Treatment for a jaw fracture.
- 10) Services or supplies provided by a Dentist, Dental Hygienist, denturist or doctor who is:
  - a. a Close Relative or a person who ordinarily resides with You or a Dependent;
  - b. an Employee of the Employer;
  - c. the Employer.
- 11) Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
- 12) Services and supplies obtained while outside the United States, except for Emergency Dental Care.
- 13) Services or supplies resulting from or in the course of Your or Your Dependent's regular occupation for pay or profit for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify Us of all such benefits.
- 14) Any Charges which are:
  - a. Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non- military service disability and treatment is provided by a governmental agency of the United States. However, We will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and Supplies.
  - b. Not imposed against the person or for which the person is not liable.
  - c. Reimbursable by Medicare Part A and Part B. If a person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her benefits under this Policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for persons insured under Employers who notify Us that they employ 20 or more Employees during the previous business year, this exclusion will not apply to an Actively at Work Employee and/or his or her spouse who is age 65 or older if the Employee elects coverage under this Policy instead of coverage under Medicare.
- 15) Crowns on third molars where adjacent first and second molars are present or where there is no occlusion with opposing.
- 16) Services and supplies provided primarily for cosmetic purposes.
- 17) Services and supplies which may not reasonably be expected to successfully correct the Covered Person's dental condition for a period of at least three years, as determined by Us.
- 18) Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling.
- 19) Orthodontic services, supplies, appliances and Orthodontic-related services for individuals over the age of 19.
- 20) Pathology free third molar extraction or removal.
- 21) Crown build-up is not covered as a separate service.
- 22) Therapeutic drug injection.
- 23) Correction of congenital conditions or replacement of congenitally missing permanent teeth not covered, regardless of the length of time the deciduous tooth is retained.
- 24) Temporary tooth stabilization, other than covered space maintainers, is not covered.
- 25) Oral sedation and nitrous oxide analgesia are not covered, except for Children through age 6.
- 26) Implants, and procedures and appliances associated with them, are not benefits of Premier programs.



## Utah Essential Health Benefit – PLUS Family Plan with EHB PLUS (for Children)

- 27) Restorative procedures, root canals and appliances which are provided because of attrition, abrasion, erosion, wear, or for cosmetic purposes.
- 28) Bridges to replace extracted roots when the majority of the natural crown is missing.
- 29) Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The Covered Charge for the Services is based on the single dental procedure code that accurately represents the treatment performed.
- 30) Diagnostic casts.
- 31) Laboratory-processed crowns on over-retained primary teeth.
- 32) Replacement of stayplates.
- 33) Replacement of missing teeth prior to coverage effective date.