

# Dental Outline

Through your employer, ARM, Ltd. is a leading third-party administrator that offers you comprehensive dental coverage. The Connection Dental PPO Network is the dental plan's Dental PPO Network. While you may go to the provider of your choice, you will maximize your benefits by using Network Providers.

## Plan Guidelines

- Dependents are eligible to remain on the dental plan until age 26, regardless of status.
- Preventative services are covered at no cost to the member, and the deductible does not have to be met to utilize this benefit.

<b>Deductible, Per Calendar Year</b>	\$100 per person, \$300 per family
<b>Maximum Benefit Amount, Class A, B and C</b>	\$2,000 max benefit per person per calendar year
<b>Maximum Benefit Amount, Class D Orthodontia</b>	\$1,000 max benefit per person per calendar year. \$2,000 Lifetime max per covered person.
<b>12-month waiting period</b>	<i>All Class C services</i>
<b>Dental Percentages Payable</b>	<i>Class A Services - Preventive 100%</i> <i>Class B Services - Basic 80%</i> <i>Class C Services - Major 50%</i> <i>Class D Services - Orthodontia 50%</i>

Class A Services	Description
<p><b>Preventive Care- Routine Oral Exams</b></p> <p><b>Percentage Payable 100%</b></p>	<p>This includes the cleaning and scaling of teeth. Limit of 2 exams each Calendar Year. One bitewing x-ray series, one fluoride treatment for dependent children (under age 19), each Calendar Year. One full mouth x-ray every five (5) Calendar Years. Space maintainers for covered Dependent children (under age 19) to replace primary teeth. Sealants on the occlusal surface of a permanent posterior tooth for Dependent (under age 14) once per tooth in any 36 consecutive month period. Emergency palliative treatment for pain. *Some exclusions apply.</p>
Class B Services	Description
<p><b>Basic Services</b></p> <p><b>Percentage Payable 80%</b></p>	<p><i>Dental X-rays are not included in Class A. Oral surgery is limited to the removal of teeth, the preparation of the mouth for dentures, and the removal of tooth-generated cysts of less than 1/4 inch. Periodontics (gum treatments); endodontics (root canals); extractions (includes local anesthesia and routine post-operative care); recementing bridges, crowns, or inlays; fillings (other than gold); general anesthetics, upon demonstration of Medical Necessity; antibiotic drugs. *Some exclusions apply.</i></p>
Class C Services	Description
<p><b>Major Services</b></p> <p><b>Percentage Payable 50%</b></p>	<p><i>Restorations, including inlays, on-lays, and foil fillings. The cost of amalgam, synthetic porcelain, or plastic materials will be included. Installation of crowns; installing precision attachments for removable dentures; installing partial, full, or removable dentures to replace one or more natural teeth (including all adjustments made during six (6) months following the installation). Addition of clasp or</i></p>

*rest to existing partial removable dentures; initial installation of fixed bridgework to replace one or more natural teeth; repair of crowns, bridgework, and removable dentures; rebasing or relining of removable dentures; dental implants. Replacing an existing removable partial or full denture or fixed bridgework; adding teeth to an existing removable partial denture or existing bridgework (to replace newly extracted natural teeth) – Applies if either 1) the existing denture or bridgework was installed at least five (5) years prior to its replacement and cannot currently be made serviceable, or 2) the existing denture is of an immediate temporary nature. Further, replacement by permanent dentures is required and must take place within twelve (12) months from the date the temporary denture was installed. \*Some exclusions apply.*

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## Network Providers

Your PPO Network is: [www.connectiondental.com/provider/search](http://www.connectiondental.com/provider/search)