

MEDICA DENTALCHOICE™
SUMMARY OF BENEFITS

Partial Listing of Covered Services	In-Network Benefits These benefits apply when services are provided by network providers.	Out-of-Network Benefits These benefits apply when services are provided by non-network providers.
Annual Maximum Benefit	\$1250 per member, per calendar year.	\$750 per member, per calendar year.
Deductible	None	\$50 per member, per calendar year. Maximum of \$150 per family, per calendar year.
	When you receive covered services, Medica DentalChoice PAYS:	When you receive covered services after deductible has been satisfied, Medica DentalChoice PAYS:
Preventive/Diagnostic Care <ul style="list-style-type: none"> • X-rays • Prophylaxis (cleaning) • Topical fluoride (to age 14) • Sealants (to age 14) • Diagnostic models • Examinations 	100% 100% 100% 100% 100% 100%	80% 80% 80% 80% 80% 80%
Basic Restorative <ul style="list-style-type: none"> • Amalgam (silver) fillings • Composite (tooth colored) fillings <ul style="list-style-type: none"> Anterior (front) tooth Posterior (back) tooth 	100% 100% 80%	70% 70% 40%
Special Restorative <ul style="list-style-type: none"> • Crowns as a single service • Post and core (single crown) • Crown build-up (single crown) 	70% 70% 70%	40% 40% 40%
Endodontics (root canal treatment) <ul style="list-style-type: none"> • Single root • Multiple root 	80% 50%	70% 40%
Periodontics (treatment of gums) <ul style="list-style-type: none"> • Surgical treatment of gum disease • Periodontal scaling and root planing • Periodontal prophylaxis (cleaning) 	50% 80% 80%	40% 50% 50%

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	When you receive covered services, Medica DentalChoice PAYS:	When you receive covered services after deductible has been satisfied, Medica DentalChoice PAYS:
Oral Surgery <ul style="list-style-type: none"> • Routine extraction • Surgical extraction • General anesthesia (within guidelines) 	100% 80% 80%	70% 50% 70%
Prosthetics <ul style="list-style-type: none"> • Fixed bridges • Full dentures • Removable partials 	50% 50% 50%	40% 40% 40%
Miscellaneous <ul style="list-style-type: none"> • Night guards and athletic mouth guards • Space maintainers 	80% 80%	50% 70%
Out-of-Area Emergency Care	Not applicable.	80%

Exclusions and Limitations to Coverage

This is a general overview of the Medica DentalChoice program. This summary is not a legal contract between you and Medica. It simply provides you with a general description of the types of services covered under the Medica DentalChoice programs. Please refer to your Certificate of Coverage for specific information about excluded services or supplies.

- Charges for infection control procedures billed by non-participating providers.
- A pre-estimate of benefits is encouraged if dental treatment is expected to exceed \$300.

- Services performed solely for cosmetic reasons, to include bonding, veneers and any procedure that is not necessary to treat a disease condition.
- Replacement of prostheses (bridges, removable partials, dentures) that have been misplaced, stolen or lost.
- Repair or replacement of lost or broken orthodontic appliances.
- Any dental services that are covered by workers' compensation.
- Treatment to increase vertical dimension and/or ridge augmentation (artificial replacement of lost bone) or to maintain occlusion.
- Dental implants of any kind.
- General anesthesia for routine extractions.

- Charges for cancelled, failed or broken dental appointments.
- Expenses for athletic mouthguards more than once per year.
- Periodontic (treatment of the gums) surgery in excess of one incident per quadrant or in a given area in a three-year period.
- Gold foil restorations.
- Orthognathic (functional relationship of the upper and lower jaw) surgery.
- Experimental or unproven procedures.
- Charges for the duplication of dental records.
- The replacement of an existing dental prosthesis which, in the opinion of Delta Dental, can be made satisfactorily.

- Full-cast restorations (crowns, bridges) where alternative restorations are deemed adequate by Delta Dental.
- Charges for treatment begun prior to the member's effective date of coverage.
- Benefits for dentures, partial dentures, crowns or bridges are limited to once in any five-year period from the date of placement.
- Pit and fissure sealants on permanent posterior (back) teeth are limited to children to age 14, once per lifetime.
- Accidental dental services.
- Services where alternative treatment is deemed adequate by Delta Dental.
- Expenses for full or partial dentures and bridges within the first six months of coverage.

WHERE TO FIND MORE DETAILS: This is a general overview only, and does not outline all of your benefits. When you enroll in the Medica DentalChoice program, you will receive a Dental Benefit Plan Certificate. If there is a discrepancy between information in this summary and your Dental Benefit Plan Certificate, the Dental Benefit Plan Certificate will take precedence in determining your benefits. Contact Dental Customer Service at 651-406-5914 (Mpls./St. Paul metro), 651-406-5923 (Mpls./St. Paul metro members with hearing impairments), 800-981-8125 (outside Mpls./St. Paul metro), or 888-853-7570 (outside Mpls./St. Paul metro members with hearing impairments) for more information or answers to specific questions.

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