

Case Western Reserve University School of Dental Medicine (CASE) Dental Benefit Plan

SUMMARY OF DENTAL BENEFITS

A Covered Person must meet the eligibility requirements stated in the Case Western Reserve University School of Dental Medicine (CASE) Dental Benefit Plan.

All services and supplies provided to a Covered Person must be Dentally Necessary. Payment of benefits for all services is subject to the final approval by CASE Dental Benefit Plan. **Except for Emergency Care, benefits for services and supplies listed below are available ONLY when provided, arranged, authorized, or approved by an approved provider dentist and/or the CASE Dental Benefit Plan Administration.**

The **Maximum Annual Benefit is \$1,500**. This is the total maximum dollar amount the CASE Dental Benefit plan will pay toward the cost of dental care incurred by a Covered Person in a Benefit Period for Diagnostic, Preventive, Basic, and Major Care subject to the applicable limitations, Co-payment, exclusions and other conditions set forth in the Certificate. A Covered Person is entitled to receive benefits for Covered Services as specified below. Benefits for Orthodontics is provided as specified below.

| Dental Features | Benefit Level | Covered Services Section # shown below are detailed on the following pages. |
|---|---|--|
| Annual Deductible: Individual Family | None None | |
| Annual Maximum Benefit | \$1,500 per person | |
| Dependent Coverage | Unmarried to age 26 according to University definition. | |
| Choice of Dentist | CASE Pre-and Post-Doctoral Students and Designated Faculty Practice dentists. | |
| Choice of Facility | CASE School of Dental Medicine. | |
| Diagnostic and Preventive Care | 100% of clinic fees | Diagnostic- (Section 1) Preventive (Section 2) |
| Basic Care | 100% of clinic fees | Simple Restorative (Section 3) Simple Extractions (Section 4) Emergency Treatment (Section 5) |
| Major Care | 60% of clinic fees | Major Restorative (Section 6) Fixed Prosthodontics (Section 7) Removable Prosthodontics (Section 8) Specialty Consultations (Section 9) Endodontics (Section 10) Periodontics (Section 11) Oral & Maxillofacial Surgery (Section 12) Anesthesia (Section 13) |
| Orthodontic Care | \$1,250 lifetime benefit | Orthodontic Care (Section 14) Children under age 19 only after one year of participation in a dental benefits program offered by Case Western Reserve University. The one year participation must be the year immediately preceding participation in Case Dental Benefit Plan. Adult Orthodontia is not covered. |
| Value Added Services | 20% discount | Implant placement and related services, sinus lifts and/or bone grafts required for implant placement, tooth whitening, lab processed veneers, night guards, athletic mouth guards |
| Refer to the plan document for detailed coverage information | | |

The CASE Dental Benefits Plan provides the following coverage:

1. Diagnostic – Plan covers 100% of the Allowable Charge

- a. Oral exam (periodic or comprehensive): two per Covered Person in any 12 consecutive months
- b. X-rays:
 1. Full mouth, complete series, including bitewings: once per Covered Person in any 36 consecutive months
 2. Bitewing series: two per Covered Person in any 12 consecutive months
 3. Periapicals, single tooth: as needed
 4. Use of panoramic film: once per Covered Person in any 36 consecutive months including bitewings
 5. Use of cephalometric film **OR** CT Scan : with orthodontic coverage only, for Covered Persons under age 19. Benefits are only available for the cephalometric film **OR** the CT scan. Benefits for the CT scan will be provided as an alternative benefit.

2. Preventive – Plan covers 100% of the Allowable Charge

- a. Dental prophylaxis (cleaning, polishing): as necessary
- b. Topical fluoride treatment: for Covered Persons under age 18, once per Covered Person in any 12 consecutive months
- c. Sealant: for Covered Persons under age 18, on the occlusal surface of a permanent molar tooth, once per tooth in any 60 consecutive months

3. Simple Restorative – Plan covers 100% of the Allowable Charge

- a. Amalgam (metal) fillings: once per tooth surface in any 12 consecutive months
- b. Composite (tooth-colored) fillings: once per tooth surface in any 12 consecutive months
- c. Sedative (temporary) fillings: once per tooth surface in a Covered Person's lifetime

4. Simple Extractions – Plan covers 100% of the Allowable Charge

Non-surgical removal of erupted tooth or exposed roots, includes local anesthesia, suturing, if needed, and routine post-operative care.

5. Emergency Treatment – Plan covers 100% of the Allowable Charge for treatment provided by CASE School of Dental Medicine.

Emergency treatment obtained outside of CASE School of Dental Medicine is reviewed on a case-by-case basis and is limited to a maximum of \$100.00.

6. Major Restorative – Plan covers 60% of the Allowable Charge

- a. Large amalgam and composite restorations (build-ups, post and core)
- b. Inlays and onlays (metallic) and crowns, when tooth cannot be restored with regular fillings due to excessive decay or fracture: once per tooth in any 60 consecutive months
- c. Recementation of inlay, onlay, or crown: once per tooth in any 12 consecutive months
- d. Prefabricated stainless steel crown: for Covered Persons under age 14, for primary teeth only, once per tooth in a Covered Person's lifetime
- e. Labial veneer: once per tooth in any 60 consecutive months

7. Fixed Prosthodontics – Plan covers 60% of the Allowable Charge

- a. Fixed partial denture (single crowns, bridge crowns, pontics, inlays, and onlays): once per tooth in any 60 consecutive months
- b. Post and core procedures related to fixed partial denture: once per tooth in any 60 consecutive months
- c. Recement fixed partial denture: once per appliance in any 12 consecutive months.

8. Removable Prosthodontics – Plan covers 60 % of the Allowable Charge

- a. Complete and/or partial upper and lower dentures, including 6 months of routine post-delivery care: once per tooth in any 60 consecutive months
- b. Adjustments to removable prosthesis, excluding 6 months of routine post-delivery care: two per appliance in any 12 consecutive months
- c. Denture rebase or reline procedures: once per appliance in any 36 consecutive months
- d. Tissue conditioning - once per arch in any consecutive 12 months
- e. Repairs to complete or partial dentures: once per appliance in any 12 consecutive months, adding or repairing tooth, clasp, base, cast framework

9. Specialty Consultations – Plan covers 60% of the Allowable Charge

10. Endodontics – Plan covers 60% of the Allowable Charge

- a. Complete root canal therapy, including retreatment of root canal therapy
- b. Pulpotomy (removal of dental pulp) deciduous tooth
- c. Pulpal therapy
- d. Apexification/recalcification
- e. Apicoectomy
- f. Retrograde filling
- g. Root amputation
- h. Hemisection

11. Periodontics– Plan covers 60% of the Allowable Charge

- a. Gingivectomy or gingivoplasty
- b. Flap surgery
- c. Crown lengthening
- d. Osseous surgery
- e. Bone graft
- f. Guided tissue regeneration
- g. Graft procedures: pedicle soft tissue, free soft tissue, or subepithelial connective tissue
- h. Distal or proximal wedge procedure
- i. Periodontal scaling and root planing
- j. Debridement
- k. Perio maintenance procedures

12. Oral and Maxillofacial Surgery – Plan covers 60% of the Allowable Charge

- a. Surgical extraction performed outside of a hospital only: once per tooth in a Covered Person's lifetime
- b. Removal of impacted teeth
- c. Tooth reimplantation of accidentally avulsed or displaced tooth: once per tooth in a Covered Person's lifetime
- d. Alveoplasty, surgical preparation of ridge for dentures, in conjunction with extraction: once per quadrant in a Covered Person's lifetime
- e. Vestibuloplasty, ridge extension: once per arch in a Covered Person's lifetime
- f. Surgical excision of reactive inflammatory lesions, for lesion diameter up to 1.25 cm
- g. Removal of benign tumors, cysts and neoplasms, for lesion diameter up to 1.25 cm
- h. Repair of small traumatic wounds: for wounds up to 5 cm
- i. Incision and drainage of an abscess, intraoral
- j. Hard and soft tissue biopsy (Just the biopsy surgery is covered. Interpretation of the biopsy is not covered by the dental plan, but may be covered under your medical plan.)
- k. Surgical exposure in preparation for orthodontic treatment.

13. Anesthesia – Plan covers 60% of the Allowable Charge

- a. General anesthesia: out-patient only, in conjunction with covered surgical services
- b. Analgesia and intravenous sedation: only for covered persons who are severely handicapped. This must be predetermined by the CASE Dental Benefits Plan Administration.
- c. Intraoral drug therapy

14. Orthodontics – Life time maximum of \$1,250 per covered dependent for covered dependent under age 19 after one year of plan participation in a dental benefits program offered by Case Western Reserve University. The one year participation must be the year immediately preceding participation in Case Dental Benefit Plan. Adult orthodontia is not covered.

- a. Limited Orthodontic Treatment of the Transitional Dentition: once in Covered Person's lifetime
- b. Removable or Fixed Appliance Therapy: one appliance in a Covered Person's lifetime
- c. Class I, II or II Malocclusion: comprehensive orthodontic treatment, one course of treatment in a Covered Person's lifetime
- d. Orthodontic Retention: removal of appliances, construction and placement of retainers, once in a Covered Person's lifetime, one appliance per Covered Person
- e. Space Maintenance: passive devices made for children to maintain the gap created by a missing tooth until the permanent tooth emerges, for children under age 14, once per tooth