

Benefits Overview for the JFTHW Fund's Dental Plan

Preventive & Diagnostic Services -- Paid at 100% of Benefit Schedule

- **oral examination**—limited to 2 per calendar year
- **bitewing x-rays**—limited to 2 such sets of x-rays in any calendar year with a maximum of 4 films per occurrence
- **prophylaxis (routine cleaning) and periodontal maintenance**—limited to 2 per calendar year; periodontal procedure payable only if at least 6 months have passed since completion of active periodontal therapy
- **debridement**—1 per lifetime
- **fluoride treatment**—1 time in any 12 consecutive month period
- **full mouth x-rays and panoramic x-ray**—limited to 1 of either in any 48 consecutive month period
- **space maintainer**—only for patients under age 16—includes all adjustments made within 6 months of installation
- **sealants**—allowed 1 time in any 36 month period for **unrestored premolar & molar teeth**; limited to patients under age 16
- **harmful habit appliance**—only for patients under age 16 and only 1 per lifetime
- **periapical x-rays**—4 allowed in any 12 consecutive month period
- **extraoral and intraoral occlusal x-rays**—2 of either in any 12 consecutive month period

Basic Services -- Paid at 80% of Benefit Schedule (subject to review and/or Alternate Benefits)

- **simple extractions**--includes allowance for local anesthesia and routine post-operative care
- **fillings**—replaced only if 12 months have passed since previous placement
- **palliative treatment (emergency treatment)**—payable separately, only if no other service rendered, except x-rays
- **periodontal surgery**—1 procedure per quadrant of the mouth in any 36 consecutive month period
- **periodontal scaling and root planing**—1 time per quadrant of the mouth in any 24 consecutive month period (not covered if same day as prophylaxis and/or perio maintenance)
- **periodontal appliance**—1 appliance in any 24 consecutive month period
- **root canal therapy**--includes all pre-operative, operative and post-operative x-rays
- **occlusal adjustment**—1 full mouth treatment in any 24 consecutive month period (covered only when performed with periodontal surgery)
- **repair and recement of crown and repair to bridges and dentures**—must be after 6 months of initial insertion

Special Services -- Paid at 50% of Benefit Schedule (subject to review and/or Alternate Benefits)

- **full denture, partial denture, endosseous implant or fixed bridge, including a Maryland bridge**—allow initial placement if it includes the replacement of a functioning natural tooth extracted while insured under the Plan and work is completed within 12 months following the date of the extraction
- **bridges**—allow replacement 5 years after initial installation (**must be in plan for 2 years**)
- **partial dentures and complete dentures**—replacement 5 years after initial installation (**must be in plan for 2 years**)
- **denture adjustment, relining and rebasing**—allowed only if 6 months after initial insertion
- **crowns**—allow replacement 5 years after initial installation (stainless steel crowns limited to children under age 16-- replacement is limited to 1 time in any 36 consecutive month period)
- **inlays and onlays**—covered only when tooth cannot be restored by an amalgam and only if more than 5 years after initial installation
- **endosseous implants**—replacement 7 years after initial installation (**must be in plan for 2 years**)

Orthodontic Services -- Paid at 50% of Charges

- No Deductible--\$1000 Lifetime Benefit
- Not eligible if treatment plan started prior to orthodontic effective date
- Benefits payable for any 1 course of orthodontic treatment
- Payable quarterly (and automatically)

Maximum Benefits

- Annual: \$1500 -- \$50 deductible
- Lifetime Dental: Unlimited
- Orthodontics: \$1000 Lifetime
- Full-time students: Up to age 24