

## Dental Benefit Summary: ISC Mfg

NLB Dental 5

	<u>In Network</u>	<u>Out of Network</u>
<b>Deductible</b>	\$50	\$50
<b>Deductible Waived for Preventive</b>	Yes	Yes
<b>Annual Maximum</b>	\$1,500	\$1,500
<b>Reimbursement</b>	Fee Schedule	90th percentile prevailing fee
<b>Deductible Combined</b>	No	No
<b><u>Type I - Preventive Services</u></b>	<b>100%</b>	<b>100%</b>
Preventive Exams, once per 6 months		
Teeth Cleaning, once per 6 months		
Fluoride Treatment, every 12 months under age 16		
Bitewing X-rays, once per 12 months. Panoramic/Full Mouth X-rays, one set per 60 months		
Oral Cancer Screenings, once per 24 months		
Sealants: Dependent children under age 16, once per 36 months		
<b><u>Type II - Basic Services</u></b>	<b>100%</b>	<b>100%</b>
Crowns (Stainless Steel) only if tooth cannot be restored by filling, once per 84 months		
Endodontic Services/Root Canal Therapy		
Periodontal Surgical Services, once per 36 months		
Minor Oral Surgery, No Limitation		
Problem Focused Exams		
Occlusal/Periapical X-rays		
Space Maintainers: Dependent children under age 16		
Restorations/Fillings, once per 24 months		
Simple Extractions		
Extraoral X-rays, once per 6 months		
Periodontal prophylaxis, twice in 12 months		
<b><u>Type III - Major Services</u></b>	<b>80%</b>	<b>80%</b>
Crowns (other than stainless steel), once per 84 months		
Dentures/Bridges/Repairs Fixed, once per 84 months. Removable, once per 60 months		
Inlays/Onlay, once per 84 months. Removable, once per 60 months		
Relining or rebasing of dentures (once in 36 months)		
Complex Oral Surgery		
General Anesthesia		
Implants		
<i>Child Orthodontic Benefit</i>	No	
<i>Child Orthodontic Lifetime Maximum</i>	Not Available	
<i>Adult Orthodontic Benefit</i>	No	
<i>Adult Orthodontic Lifetime Maximum</i>	Not Available	