

Dental Benefit Summary: Magna Fab

NLB Dental 5

Deductible Deductible Waived for Preventive Annual Maximum Reimbursement Deductible Combined	In Network \$50 Yes \$2,000 Fee Schedule No	Out of Network \$50 Yes \$2,000 MAC* No
Type I - Preventive Services Preventive Exams, once per 6 months Teeth Cleaning, once per 6 months Fluoride Treament, 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	100%	100%
Type II - Basic ServicesCrowns (Stainless Steel) only if tooth cannot be restored by filling, once per 84 monthsEndodontic Services/Root Canal TherapyPeriodontal Surgical Services, once per 36 monthsMinor Oral Surgery, No LimitationProblem Focused ExamsOcclusal/Periapical X-raysSpace Maintainers: Dependent children under age 16Restorations/Fillings, once per 24 monthsSimple ExtractionsExtraoral X-rays, once per 6 monthsPeriodontal prophylaxis, twice in 12 months	80%	80%
Type III - Major Services 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	50%	50%
Child Orthodontic Benefit Child Orthodontic Lifetime Maximum Adult Orthodontic Benefit Adult Orthodontic Lifetime Maximum	No Not Available No Not Available	

*Maximum Allowable Charge (MAC) - For covered services provided by In-Network Providers, Nippon Life Benefits will reimburse the provider based on the contracted fee schedule. For covered services provided by Out-of-Network Providers, Nippon Life Benefits will reimburse based on policy provisions up to the maximum allowable charge (MAC). Out of Network Providers may bill incurse for