Dental for Adults	Your Cost of the Allowed Amount
\$25 individual/ \$75 family deductible per plan year (deductible shared with Pediatric Dental Services).	
Maximum benefit of \$1,500 per plan year.	
Class 1: Preventive and Diagnostic Services (includes routine exams, cleanings and x-rays)	0% coinsurance, deductible waived
Class 2: Minor Services (restorative, oral surgery, periodontics and endodontics such as fillings and extractions)	Deductible, then 20% coinsurance
Class 3: Major Services (major restorative and prosthodontics such as crowns and dentures)	Deductible, then 50% coinsurance

Pediatric Dental Services Limited to members under age 19.	Your Cost of the Allowed Amount
\$25 individual/ \$75 family deductible per plan year (deductible shared with Dental for Adults).	
Class 1: Preventive and Diagnostic Services (includes routine exams, cleanings and x-rays)	0% coinsurance, deductible waived
Class 2: Minor Services (restorative, oral surgery, periodontics and endodontics such as fillings and extractions)	Deductible, then 20% coinsurance
Class 3: Major Services (major restorative and prosthodontics such as crowns and dentures)	Deductible, then 50% coinsurance
Medically Necessary Orthodontia	Deductible, then 50% coinsurance

With the exception of preventive services, you must meet a \$25 individual deductible (\$75 family maximum deductible) each plan year before the plan pays benefits. Once you meet the deductible, the plan provides coverage as described in the Summary of Dental Benefits, up to \$1,500 each plan year. There is no annual limit applied to Pediatric Dental Services.

Under this plan you have the option of seeking care from any licensed dentist. You're not required to choose a dentist at enrollment, and you're free to select a different dentist each time you receive treatment. A dentist receives payment based on the lesser of the dentist's actual charge or the allowable charge (as defined in the Definition of Terms) where that dentist practices. The amount the plan pays depends on the services you receive.

Providers that are contracted with LifeWise may apply a discount to their billed charges. You can locate an in-network dental provider through the LifeWise website on the <u>Find A Doctor</u> page.

In addition to paying your percentage of plan costs, you're responsible for any amounts billed over the allowable charge expenses. After you receive treatment, you're also responsible for making sure your dentist files a claim with LifeWise. See Filing a Dental Claim for more information.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please see the <u>benefit booklet</u> or contact LifeWise Customer Service.

Effective Date: 10/01/2020