

Dental Schedule of Benefits (for individuals & families)

THIS SCHEDULE IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



Highlights: Farm Bureau Health Plans uses UnitedHealthcare Managed Dental PPO Network. Please keep in mind that in-network payments are based on negotiated fees. If an out-of-network provider is used, the member's liability will increase significantly.

	Copayment	Benefits
Benefits available after 90 days	\$15 copayment per examination- 100% of maximum allowable charge	<ul style="list-style-type: none"> One routine periodic examination every 6 months. Bitewing X-rays once per Calendar Year. Full mouth X-rays once in any 36 month period. Topical fluoride application for dependent children under age 19, once per Calendar Year. Prophylaxis and periodontal maintenance, not to exceed two per Calendar year. Any combination of exams -- initial, periodic emergency or periodontal -- limited to three times in a Calendar year.
Benefits available after 12 months	\$15 copayment for each of the following services – 100% of the maximum allowable charge	<ul style="list-style-type: none"> Sealants, only for occlusal (biting) surface of first and second permanent molar teeth on members under 16 years of age. Only one sealant benefit will be allowed on each tooth per lifetime of coverage. The copayment applies per tooth for this service.
	\$25 copayment for each of the following services – 100% of the maximum allowable charge	<ul style="list-style-type: none"> Emergency treatment for relief of pain (palliative treatment). Restorative services: filling material such as amalgam, synthetic porcelain and composite restorations--limited to one restoration per surface per tooth per year. The copayment applies per tooth for this service. Oral surgery: provides for routine extractions (non-impacted), including pre- and post-operative care. The copayment applies per tooth for this service. Repair of full and partial dentures after 12 month initial placement. The copayment applies per procedure – upper and lower dentures are considered separate procedures. Stainless steel crowns. The copayment applies per tooth for this service. Bridge repair after six month initial placement. The copayment applies per procedure. Crown repair after 6 month initial placement. The copayment applies per procedure.
	\$75 copayment for each of the following services - 100% of the maximum allowable charge	<ul style="list-style-type: none"> Endodontics: root canal treatment. The copayment applies per tooth for this service. Periodontics: treatment for diseases of the gums and bones supporting teeth. The copayment applies per procedure. Surgical extractions (impactions). The copayment applies per tooth. Space maintainers for members up to age 14. The copayment applies per procedure. Relining and rebasing of full and partial dentures limited to one upper and one lower every three years. Separate copayments for upper and lower.

<p>Benefits available after 24 months</p>	<p>\$75 copayment for each of the following services - 50% of the maximum allowable charge</p>	<ul style="list-style-type: none"> • Full and partial upper and lower dentures. Separate copayments for upper and lower. • Benefits will be provided for any necessary adjustments for a six month period. • Initial placement of fixed and removable bridges by standard procedure. The copayment applies per tooth. • Cast crowns for treatment of severe carious lesions or severe fracture when the tooth cannot be restored with amalgam, synthetic porcelain or composite restorations. The copayment applies per tooth. • Cast inlays/onlays (copayment per tooth). • Laminate veneers (copayment per tooth).
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Annual maximum benefit	\$1,500 per member
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