

**Benefit Summary**

**BMW STORE, THE**

**Product:** DHMO

**Network:** Dental Care Plus

**Benefit Year:** The 12 month period beginning January 1st and ending December 31st (calendar year)

**Annual Maximum Benefit:** \$2500 per Member

**Orthodontic Lifetime Maximum Benefit:** \$2000 per Eligible Member  
Limited to eligible dependent children under age 19

**Deductible:** \$50 per Member, per Benefit Year  
\$150 per Family, per Benefit Year

The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None
Basic Benefits	Yes	80%	20%
Major Benefits	Yes	50%	50%
Orthodontic Benefits	No	50% Limited to eligible dependent children under age 19	50%

**Endodontic Services are covered as Basic Benefits.**

**Periodontic Services are covered as Basic Benefits.**

**Sealants are covered as Preventive Benefits.**

**Implants are covered as Major Benefits.**

**Dependent children are eligible for coverage until age 26.**

**A complete description of benefits, limitations and exclusions are available in the Member Handbook. Members must receive services from a Dental Care Plus dentist.**

# Covered Services

## STANDARD GROUP CONTRACT

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

### Preventive Benefits

#### PREVENTIVE AND DIAGNOSTIC SERVICES

- Routine oral examinations:** limited to two visits each year
- Prophylaxis (cleaning):** limited to two each year
- Topical application of fluoride:** limited to two treatments each year to children under age 18
- Bitewing X-Rays:** limited to one set each year
- Vertical bitewing X-Rays:** limited to once every three years (7-8 films)
- Periapical X-Rays:** limited to five films each year
- Full-mouth X-Rays (complete series or panoramic):** limited to once every three years

### Basic Benefits

#### DIAGNOSTIC SERVICES

- Emergency/limited oral examinations**
- Office visit after hours:** for emergencies only
- Referral consultations and examinations performed by a specialist**
- Extraoral X-Rays**
- Emergency palliative treatment**

#### SEALANTS & PREVENTIVE RESIN RESTORATIONS

- Permanent molar teeth:** limited to children under 15 years of age and once every five years per tooth

#### SPACE MAINTAINERS

- Space maintainer – fixed, unilateral:** limited to children under 19 years of age
- Distal shoe space maintainer – fixed, unilateral:** limited to children under 8 years of age

#### ORAL SURGERY

*Includes local anesthesia and routine postoperative care.*

##### Extractions

- Simple single-tooth extractions
- Root removal – exposed roots

##### Surgical extractions

- Removal of an erupted tooth (uncomplicated)

##### Incision and drainage of abscess

##### Biopsy and examination

**General anesthesia or intravenous sedation:** only when necessary and provided in connection with oral surgery

#### PERIODONTIC SERVICES

*Includes local anesthesia and routine postoperative care.*

##### Emergency treatment (periodontal abscess, acute periodontitis, etc.)

**Periodontal scaling and root planing:** limited to four quadrants once per 12 months as definitive treatment when pocket depths of at least 4mm are demonstrated

##### Scaling in presence of generalized moderate or severe gingival inflammation:

limited to once in a 24 month period when clinical documentation demonstrates that 30% or more of teeth are involved.

**Surgical periodontics (including post-surgical visits):** limited to two additional recalls in the first year following complex surgery

##### Gingivectomy, osseous and muco-gingival surgery, gingival grafting

##### Guided tissue regeneration

**Periodontal maintenance procedure:** limited to two each year following a history of periodontal disease

#### ENDODONTIC SERVICES

*Includes local anesthesia and routine postoperative care.*

##### Root canal therapy, traditional

**Retreatment of previous root canal:** must be at least three years following previous root canal on same tooth

##### Recalcification and apexification

#### RESTORATIVE SERVICES

*Includes local anesthesia. Multiple restorations on single surface considered as a single restoration.*

**Restorations (amalgam, composite and sedative fillings):** limited to once every two years per tooth (same surfaces only)

**Pins:** pin retention as part of restoration when used instead of gold or crown restoration

**Stainless-steel crowns** when tooth cannot be adequately restored with filling material

**Recementation** of inlays, onlays, crowns, bridges, and space maintainers

**Repairs** to crowns and bridges

#### FULL AND PARTIAL DENTURE REPAIRS

**Repair broken complete or partial dentures**

**Replacement of broken teeth on complete or partial denture**

**Additions to partial dentures to replace extracted natural teeth**

### Major Benefits

#### RESTORATIVE SERVICES

##### Inlays, Onlays, Crowns, Post and Core

*Limited to once in five years on the same tooth.*

**Gold restorations and crowns** are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.

#### ORAL SURGERY

*Includes local anesthesia and routine postoperative care.*

##### Surgical extractions

- Removal of impacted tooth – soft tissue
- Removal of impacted tooth – partially bony
- Removal of impacted tooth – completely bony
- Removal of impacted tooth – completely bony, with complications
- Surgical removal of residual roots

##### Pre-prosthetic oral surgery

- Alveoloplasty and vestibuloplasty

#### PROSTHODONTIC SERVICES

**Fixed bridge:** limited to one original or replacement prosthesis every five years

**Complete upper or lower denture:** limited to one original or replacement prosthesis every five years

**Partial upper or lower denture:** limited to one original or replacement prosthesis every five years

**Relining and rebasing:** limited to once every three years

### Orthodontic Services\*

*Orthodontic benefits refer to plan design for individual lifetime maximum.*

##### Comprehensive orthodontic treatment

**Other orthodontic treatment:** limited to one appliance per individual

##### Appliance for tooth guidance

##### Orthodontic retention appliance

All benefits paid toward orthodontia services by your current employer's previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontia maximum.

**Call us at (800) 367-9466 or visit our website at [DentalCarePlus.com](http://DentalCarePlus.com)  
with any questions you have about service or coverage.**

\*May or may not apply to your specific plan. Please refer to your benefit summary in your packet or your benefits administrator for details.

Dental insurance plans are issued by Dental Care Plus, Inc., located at 100 Crowne Point Place, Cincinnati, OH 45241. Domicile: Ohio. NAIC No. 96265.

DCPG-E&PBASIC-Covered Services

# Covered Services

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

## Implant Services\*

### **IMPLANT SERVICES ARE COVERED AS MAJOR BENEFITS AS FOLLOWS:**

**Implants:** limited to one original or replacement implant every five years (per tooth)

**Implant abutments:** limited to one original or replacement implant abutment every five years (per tooth)

**Implant and abutment supported crowns, bridges and dentures:** limited to one original or replacement prosthesis every five years (per tooth)

**Scaling and debridement in the presence of inflammation of an implant:** limited to once in a 24 month period

Implants in replacement of natural teeth which were extracted while the individual was not covered under the Plan are excluded from coverage.

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**Benefit Summary**

**BMW STORE, THE**

**Product:** Indemnity

**Network:** None

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**Sealants are covered as Preventive Benefits.**

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**A complete description of benefits, limitations and exclusions are available in the Certificate of Insurance. Members who receive services under the Indemnity plan may be subject to balance billing.**

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