

THE DENTAL ALTERNATIVE INSURANCE PLAN

THE LIBERTY WORKSITE ADVANTAGE

Your employer and Liberty National Life Insurance Company are pleased to extend to you an opportunity to enroll in your company sponsored "Cafeteria Plan" or payroll deduction plan. It gives you an opportunity to save money (through tax-savings) on insurance products you or members of your family may need, in most cases, increasing your take-home pay.



DENTAL INSURANCE PLAN

WHO IS AN ELIGIBLE DEPENDENT

- An insured's lawful spouse
- An insured's unmarried dependent children (including step-children, adopted children and foster children) who are less than age 19 or less than age 25, if enrolled as a full-time student in an accredited school, college or university.

HOW THE PLAN WORKS

The plan provides benefits for diagnostic and preventive care, as well as almost every form of speciality dental treatment.

Upon enrolling in the plan, you will receive a certificate of coverage listing all those dental procedures covered under the plan. This schedule of benefits will identify the maximum allowable benefit you or your dependents can receive when a procedure is performed. The dollar amount assigned to each procedure is the maximum you can receive, not to exceed actual charges. The dentist files a standard claim form and payment is made either directly to the dentist, if authorized on the claim form, or to the insured.

WHAT ARE THE DEDUCTIBLES

Under Innovative Health Resources' The Dental Alternative Insurance Plan, Preventive services are not subject to any deductible. For all other services, an annual deductible of \$50.00 per person (\$150.00 family maximum) is required. The deductible is applied against Insurance Allowance payments, not billed charges.

WHAT ARE THE ANNUAL MAXIMUMS

In any calendar year period, you and each dependent are entitled to receive up to \$1,000.00 in Insurance Allowance payments for procedures other than orthodontic procedures.

WAITING PERIOD

Preventive, Diagnostic, Restorative, Endodontics, Oral Surgery and Adjunctive Services are provided immediately. **All other benefits and services have a 12 month waiting period.** Once you have been enrolled under the plan for 12 consecutive months you are eligible for benefits under Restorative—Major, Periodontics, Prosthetics-Removable, Fixed Bridge, and Orthodontics (if purchased).

THIS IS ONLY AN OUTLINE

This outline provides a very brief description of some of the important features of your contract. This is not the insurance contract and only the actual contract provisions will control. The contract and certificate sets forth in detail the rights and obligations of both you and the Company. It is, therefore, important you **READ YOUR CERTIFICATE CAREFULLY.**

ELIGIBLE EXPENSES

We will pay you for Eligible Expenses you incur by or on behalf of you or any insured Dependent. Expenses

must be incurred while the Policy is in force and the person is covered by the Policy. Any Deductible and Maximum Calendar year limit is shown in the Coverage Schedule.

To be an Eligible Expense, the dental service must be performed by:

1. a licensed Dentist acting within the scope of his/her license;
2. a licensed physician performing dental services within the scope of his/her license; or
3. a licensed dental hygienist acting within the scope of his/her license.

EXPENSES INCURRED

An Eligible Expense is considered incurred on the following dates:

1. For full and partial dentures—on the date the final impression is taken.
2. For fixed bridges, crowns, inlays and onlays—on the date the teeth are first prepared.
3. For root canal therapy—on the date the pulp chamber is opened.
4. For periodontal surgery—on the date surgery is performed.
5. For orthodontic services—on the date the appliance or bands are inserted or on the date a one step orthodontic procedure is performed.
6. For all other services—on the date the service is performed.

EXPENSES NOT COVERED

No benefits will be paid for expenses incurred:

1. For any portion of charge for any service in excess of the Scheduled Benefit.
2. For any procedure not listed as a Scheduled Benefit.
3. For overdentures and associated procedures.
4. For cosmetic procedures.
5. For the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
6. For implants; and for (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouthguards; (d) precision or semi-precision attachments; (e) denture duplication.
7. For oral hygiene instructions; and for (a) plaque control; (b) the completion of a claim form; (c) acid etch; (d) broken appointments; (e) prescription or take-home fluoride; or for (f) diagnostic photographs.
8. For services not completed by the end of the month in which coverage terminates.
9. For procedures that are begun, but not completed.
10. For those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge.
11. For services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.

12. For care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar law.

13. That are applied toward satisfaction of a Deductible, if any.

COORDINATION OF BENEFITS

This dental insurance plan has a Coordination of Benefits Provision. If an insured or dependent is covered under this plan and any other plan, the benefits payable under this plan will be coordinated with those of the other plan so that the aggregate amount payable under all of the plans does not exceed the total of the eligible expenses.

RENEWABILITY, CANCELLABILITY AND TERMINATION

This dental insurance plan will end automatically on the last day of the month in which you cease to be eligible for coverage. Coverage for your dependents will end automatically on the last day of the month in which your dependent is no longer a dependent as defined in the certificate of coverage. This dental insurance plan will end, subject to the Grace Period provision stated in the certificate of coverage, on the last day of the month for which the required premium has been paid. This dental insurance plan may be terminated by the Policyholder on any premium due date and by the insurance carrier on any premium due date after giving written notice to the Policyholder at least 31 days prior to such premium due date.

For General
Information, Claims &
Eligibility, Please Call:
1-800-765-4224

The Dental Alternative Program
is offered to you through Liberty
National Life Insurance Company.

Liberty National
Life Insurance Company

In the event of any dispute, claim question, or disagreement arising out of or relating to this policy, the parties shall use their best efforts to settle such disputes. To this effect, they shall negotiate with each other in good faith to reach a just solution.

If the parties do not reach a solution by negotiation as described above within sixty (60) days, then upon written notice by either party to the other, all disputes, claims, questions and controversies of any kind or nature arising out of, or relating in any way to, this policy, its subject matter, its negotiation, issuance or termination shall be submitted to binding arbitration pursuant to the provisions of the Federal Arbitration Act and according to the Arbitration Rules of the American Arbitration Association then in effect.

SCHEDULE OF COVERED BENEFITS

Benefit Code	Scheduled Benefit	Benefit Code	Scheduled Benefit
I. PREVENTIVE			
0120	Periodic Oral Examination - six month interval	5422	Adjust partial denture - mandibular
0140	Limited Oral Examination - problem focused	5510	Repair broken complete denture base
1110	Prophylaxis (Adult) (once in a six (6) month interval)	5520	Replace missing / broken tooth - complete denture (each tooth)
1120	Prophylaxis (Child) (once in a six (6) month interval)	5610	Repair resin denture base
1203	Topical application of fluoride excluding prophylaxis treatment at twelve (12) month intervals to Age 19	5620	Repair cast framework
1351	Sealants per tooth - first and second molars within two (2) years of eruption	5630	Repair or replace broken clasp on denture
9110	Palliative - emergency - treatment of pain - minor procedures	5640	Replace broken teeth - per tooth - on denture
II. DIAGNOSTIC			
0210	X-ray - complete series (including bitewings: thirty-six (36) month interval)	5650	Add tooth to existing partial denture
0220	X-ray - periapical - first film	5660	Adding clasp to existing partial denture
0230	X-ray - periapical - each additional film	5710	Rebase complete maxillary denture
0240	X-ray - occlusal film	5711	Rebase complete mandibular denture
0270	X-ray - bitewing - One film: six (6) month interval	5720	Rebase maxillary partial denture
0272	X-ray - bitewing - two films: six (6) month interval	5721	Rebase mandibular partial denture
0274	X-ray - bitewing - four films: six (6) month interval	5730	Reline complete maxillary denture (chairside)
0330	X-ray - Panoramic-maxilla and mandible film	5731	Reline complete mandibular denture (chairside)
0340	X-ray - (cephalometric film with ortho coverage only)	5740	Reline maxillary partial denture (chairside)
III. RESTORATIVE			
2140	Amalgam - one surface, primary or permanent	5741	Reline mandibular partial denture (chairside)
2150	Amalgam - two surfaces, primary or permanent	5750	Reline complete maxillary denture (laboratory)
2160	Amalgam - three surfaces, primary or permanent	5751	Reline complete mandibular denture (laboratory)
2161	Amalgam - four or more surfaces, primary or permanent	5760	Reline maxillary partial denture (laboratory)
2330	Resin - Class I, III and V restorations (excludes occlusal surface of posterior teeth and buccal or lingual surfaces of molars)	5761	Reline mandibular partial denture (laboratory)
2331	Resin - two surfaces, anterior teeth only	5850	Tissue conditioning - maxillary
2332	Resin - three surfaces, anterior teeth only	5851	Tissue conditioning - mandibular
2335	Resin - four or more surfaces or incisal angle, anterior teeth only	VIII. FIXED BRIDGE	
IV. RESTORATIVE - MAJOR			
2710	Crown - resin based composite (indirect)	1510	Space maintainer - fixed - unilateral type
2720	Crown - resin with high noble metal	1515	Space maintainer - fixed - bilateral type
2721	Crown - resin with predominantly base metal	6210	Pontic - cast high noble metal
2722	Crown - resin with noble metal	6211	Pontic - cast predominantly base metal
2740	Crown - porcelain / ceramic substrate	6212	Pontic - cast noble metal
2750	Crown - porcelain with high noble metal	6240	Pontic - porcelain fused to high noble metal
2751	Crown - porcelain with predominantly base metal	6241	Pontic - porcelain fused to predominantly base metal
2752	Crown - porcelain fused to noble metal	6242	Pontic - porcelain fused to noble metal
2790	Crown - high noble metal - full cast	6250	Pontic - resin with high noble metal
2791	Crown - predominantly base metal - full cast	6251	Pontic - resin with predominantly base metal
2792	Crown - noble metal - full cast	6252	Pontic - resin with noble metal
2910	Recement inlay, onlay or partial coverage restoration	6545	Retainer - cast metal for resin bonded fixed prosthesis
2920	Recement crown	6720	Crown - resin with high noble metal
2930	Crown - stainless steel - prefabricated - primary tooth	6721	Crown - resin with predominantly base metal
2950	Crown build up - includes dowel / pin / post retention	6722	Crown - resin with noble metal
2951	Pin retention - per tooth, in addition to restoration	6750	Crown - porcelain fused to high noble metal
2952	Cast post and core in addition to crown	6751	Crown - porcelain fused to predominantly base metal
V. ENDODONTICS			
3220	Vital pulpotomy (primary teeth)	6752	Crown - porcelain fused to noble metal
3310	Root canal - anterior (excluding final restoration)	6780	Crown - 3/4 cast high noble metal
3320	Root canal - bicuspid (excluding final restoration)	6790	Crown - full cast high noble metal
3330	Root canal - molar (excluding final restoration)	6791	Crown - full cast predominantly base metal
3351	Apexification / recalcification - initial visit	6792	Crown - full cast noble metal
3410	Apicoectomy / periradicular surgery - anterior	6930	Recement fixed partial denture
3450	Root amputation - per tooth includes required restoration	IX. ORAL SURGERY	
3920	Hemisection (or other root resection) not including root canal therapy	7111	Extraction, coronal remnants - deciduous tooth
3950	Canal preparation and fitting of preformed dowel or post	7140	Extraction, erupted tooth or exposed root
VI. PERIODONTICS			
4210	Gingivectomy or gingivoplasty per quadrant (four or more teeth)	7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
4211	Gingivectomy or gingivoplasty per tooth (one to three teeth)	7220	Removal of impacted tooth - soft tissue
4240	Gingival flap procedure including root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	7230	Removal of impacted tooth - partial bony
4249	Clinical crown lengthening - hard tissue	7240	Removal of impacted tooth - completely bony
4260	Osseous surgery (including flap entry and closure) four or more contiguous teeth or bonded teeth spaces per quadrant	7241	Removal of impacted tooth - completely bony - unusual complications
4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	7250	Surgical removal of residual tooth roots (cutting procedure)
4270	Pedicle soft tissue graft	7285	Biopsy of oral tissue - hard (bone, tooth)
4271	Free soft tissue grafts (includes donor site)	7286	Biopsy of oral tissue - soft
4341	Periodontal scaling and root planning - four or more teeth per quadrant	7320	Alveoloplasty per quadrant not in conjunction with extractions
4910	Periodontal maintenance - following active surgery (once in a six (6) month interval)	7440	Excision of malignant tumor - lesion diameter to 1.25 cm
VII. PROSTHETICS—REMOVABLE			
1520	Space maintainer - removable - unilateral type	7441	Excision of malignant tumor - lesion diameter over 1.25cm
1525	Space maintainer - removable - bilateral type	7450	Removal of benign odontogenic cyst/tumor - diameter to 1.25cm
5110	Complete upper denture - maxillary	7451	Removal of benign odontogenic cyst/tumor - diameter over 1.25cm
5120	Complete lower denture - mandibular	7460	Removal of benign nonodontogenic cyst/tumor - diameter to 1.25cm
5211	Maxillary partial denture - resin base (including clasps, rests, teeth)	7461	Removal of benign nonodontogenic cyst/tumor - diameter over 1.25cm
5212	Mandibular partial denture (including clasps, rests, teeth)	7465	Destruction/lesions by physical methods - chemotherapy, by report
5213	Maxillary partial denture - cast metal with resin denture bases (including clasps, rests, teeth)	7510	Incision and drainage of abscess - intraoral soft tissue
5214	Mandibular partial denture - cast metal with resin denture bases (including clasps, rests, teeth)	7960	Frenulectomy (frenectomy or frenotomy) separate procedure
5410	Adjust complete denture - maxillary	7970	Excision on hyperplastic tissue - per arch
5411	Adjust complete denture - mandibular	X. ADJUNCTIVE SERVICES	
5421	Adjust partial denture - maxillary	9220	General anesthesia (per session) for listed oral surgery procedures (excludes procedure codes 7110, 7120, and 7130)
VIII. FIXED BRIDGE			
1510	Space maintainer - fixed - unilateral type	9310	Consultation (per session) - non-treating Dentist
1515	Space maintainer - fixed - bilateral type	XI. ORTHODONTIC PROCEDURES	
6210	Pontic - cast high noble metal	Charges not to exceed the contracted Maximum Benefit Amount shown in the Coverage Schedule at 50% of the Reasonable and Customary charge for procedures 8560, 8580 and 8570.	
6211	Pontic - cast predominantly base metal	Reasonable and Customary means:	
6212	Pontic - cast noble metal	a) the provider's usual charge for the service or procedure;	
6240	Pontic - porcelain fused to high noble metal	b) the customary charge made for the same service in the area by other providers; and	
6241	Pontic - porcelain fused to predominantly base metal	c) the regular charge for a service or procedure in the area where rendered.	
6242	Pontic - porcelain fused to noble metal		
6250	Pontic - resin with high noble metal		
6251	Pontic - resin with predominantly base metal		
6252	Pontic - resin with noble metal		
6545	Retainer - cast metal for resin bonded fixed prosthesis		
6720	Crown - resin with high noble metal		
6721	Crown - resin with predominantly base metal		
6722	Crown - resin with noble metal		
6750	Crown - porcelain fused to high noble metal		
6751	Crown - porcelain fused to predominantly base metal		
6752	Crown - porcelain fused to noble metal		
6780	Crown - 3/4 cast high noble metal		
6790	Crown - full cast high noble metal		
6791	Crown - full cast predominantly base metal		
6792	Crown - full cast noble metal		
6930	Recement fixed partial denture		