Case Western Reserve University School of Dental Medicine (CASE) Dental Benefit Plan

SUMMARY OF DENTAL BENEFITS

A Covered Person must meet the eligibility requirements stated in the Case Western Reserve University School of Dental Medicine (CASE) Dental Benefit Plan.

All services and supplies provided to a Covered Person must be Dentally Necessary. Payment of benefits for all services is subject to the final approval by CASE Dental Benefit Plan. **Except for Emergency Care, benefits for services and supplies listed below are available ONLY when provided, arranged, authorized, or approved by an approved provider dentist and/or the CASE Dental Benefit Plan Administration.**

The **Maximum Annual Benefit is $1,500.** This is the total maximum dollar amount the CASE Dental Benefit plan will pay toward the cost of dental care incurred by a Covered Person in a Benefit Period for Diagnostic, Preventive, Basic, and Major Care subject to the applicable limitations, Co-payment, exclusions and other conditions set forth in the Certificate. A Covered Person is entitled to receive benefits for Covered Services as specified below. Benefits for Orthodontics is provided as specified below.

<table>
<thead>
<tr>
<th>Dental Features</th>
<th>Benefit Level</th>
<th>Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible:</td>
<td></td>
<td>Section # shown below are detailed on the following pages.</td>
</tr>
<tr>
<td>Individual</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$1,500 per person</td>
<td></td>
</tr>
<tr>
<td>Dependent Coverage</td>
<td>Unmarried to age 26 according to University definition.</td>
<td></td>
</tr>
<tr>
<td>Choice of Dentist</td>
<td>CASE Pre-and Post-Doctoral Students and Designated Faculty Practice dentists.</td>
<td></td>
</tr>
<tr>
<td>Choice of Facility</td>
<td>CASE School of Dental Medicine.</td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Care</td>
<td>100% of clinic fees</td>
<td>Diagnostic-(Section 1) Preventive (Section 2)</td>
</tr>
<tr>
<td>Basic Care</td>
<td>100% of clinic fees</td>
<td>Simple Restorative (Section 3) Simple Extractions (Section 4) Emergency Treatment (Section 5)</td>
</tr>
<tr>
<td>Major Care</td>
<td>60% of clinic fees</td>
<td>Major Restorative (Section 6) Fixed Prosthodontics (Section 7) Removable Prosthodontics (Section 8) Specialty Consultations (Section 9) Endodontics (Section 10) Periodontics (Section 11) Oral &amp; Maxillofacial Surgery (Section 12) Anesthesia (Section 13)</td>
</tr>
<tr>
<td>Orthodontic Care</td>
<td>$1,250 lifetime benefit</td>
<td>Orthodontic Care (Section 14) Children under age 19 only after one year of participation in a dental benefits program offered by Case Western Reserve University. The one year participation must be the year immediately preceding participation in Case Dental Benefit Plan. Adult Orthodontia is not covered.</td>
</tr>
<tr>
<td>Value Added Services</td>
<td>20% discount</td>
<td>Implant placement and related services, sinus lifts and/or bone grafts required for implant placement, tooth whitening, lab processed veneers, night guards, athletic mouth guards</td>
</tr>
</tbody>
</table>

Refer to the plan document for detailed coverage information

(09/12/13)
The CASE Dental Benefits Plan provides the following coverage:

1. **Diagnostic – Plan covers 100% of the Allowable Charge**
   a. **Oral exam** (periodic or comprehensive): two per Covered Person in any 12 consecutive months
   b. **X-rays:**
      1. Full mouth, complete series, including bitewings: once per Covered Person in any 36 consecutive months
      2. Bitewing series: two per Covered Person in any 12 consecutive months
      3. Periapicals, single tooth: as needed
      4. Use of panoramic film: once per Covered Person in any 36 consecutive months including bitewings
      5. Use of cephalometric film OR CT Scan: with orthodontic coverage only, for Covered Persons under age 19. Benefits are only available for the cephalometric film OR the CT scan. Benefits for the CT scan will be provided as an alternative benefit.

2. **Preventive – Plan covers 100% of the Allowable Charge**
   a. **Dental prophylaxis** (cleaning, polishing): as necessary
   b. **Topical fluoride treatment:** for Covered Persons under age 18, once per Covered Person in any 12 consecutive months
   c. **Sealant:** for Covered Persons under age 18, on the occlusal surface of a permanent molar tooth, once per tooth in any 60 consecutive months

3. **Simple Restorative – Plan covers 100% of the Allowable Charge**
   a. **Amalgam** (metal) fillings: once per tooth surface in any 12 consecutive months
   b. **Composite** (tooth-colored) fillings: once per tooth surface in any 12 consecutive months
   c. **Sedative** (temporary) fillings: once per tooth surface in a Covered Person’s lifetime

4. **Simple Extractions – Plan covers 100% of the Allowable Charge**
   Non-surgical removal of erupted tooth or exposed roots, includes local anesthesia, suturing, if needed, and routine post-operative care.

5. **Emergency Treatment – Plan covers 100% of the Allowable Charge for treatment provided by CASE School of Dental Medicine.**
   Emergency treatment obtained outside of CASE School of Dental Medicine is reviewed on a case-by-case basis and is limited to a maximum of $100.00.

6. **Major Restorative – Plan covers 60% of the Allowable Charge**
   a. **Large amalgam and composite restorations** (build-ups, post and core)
   b. **Inlays and onlays** (metallic) and **crowns**, when tooth cannot be restored with regular fillings due to excessive decay or fracture: once per tooth in any 60 consecutive months
   c. **Recementation of inlay, onlay, or crown:** once per tooth in any 12 consecutive months
   d. Prefabricated **stainless steel crown**: for Covered Persons under age 14, for primary teeth only, once per tooth in a Covered Person’s lifetime
   e. **Labial veneer:** once per tooth in any 60 consecutive months

7. **Fixed Prosthodontics – Plan covers 60% of the Allowable Charge**
   a. **Fixed partial denture** (single crowns, bridge crowns, pontics, inlays, and onlays): once per tooth in any 60 consecutive months
   b. Post and core procedures related to fixed partial denture: once per tooth in any 60 consecutive months
   c. **Recement fixed partial denture:** once per appliance in any 12 consecutive months.
8. **Removable Prosthodontics** – Plan covers 60% of the Allowable Charge
   a. Complete and/or partial upper and lower dentures, including 6 months of routine post-delivery care: once per tooth in any 60 consecutive months
   b. Adjustments to removable prosthesis, excluding 6 months of routine post-delivery care: two per appliance in any 12 consecutive months
   c. Denture rebase or reline procedures: once per appliance in any 36 consecutive months
   d. Tissue conditioning - once per arch in any consecutive 12 months
   e. Repairs to complete or partial dentures: once per appliance in any 12 consecutive months, adding or repairing tooth, clasp, base, cast framework

9. **Specialty Consultations** – Plan covers 60% of the Allowable Charge

10. **Endodontics** – Plan covers 60% of the Allowable Charge
    a. Complete root canal therapy, including retreatment of root canal therapy
    b. Pulpotomy (removal of dental pulp) deciduous tooth
    c. Pulpal therapy
    d. Apexification/recalcification
    e. Apicoectomy
    f. Retrograde filling
    g. Root amputation
    h. Hemisection

11. **Periodontics** – Plan covers 60% of the Allowable Charge
    a. Gingivectomy or gingivoplasty
    b. Flap surgery
    c. Crown lengthening
    d. Osseous surgery
    e. Bone graft
    f. Guided tissue regeneration
    g. Graft procedures: pedicle soft tissue, free soft tissue, or subepithelial connective tissue
    h. Distal or proximal wedge procedure
    i. Periodontal scaling and root planing
    j. Debridement
    k. Perio maintenance procedures

12. **Oral and Maxillofacial Surgery** – Plan covers 60% of the Allowable Charge
    a. Surgical extraction performed outside of a hospital only: once per tooth in a Covered Person’s lifetime
    b. Removal of impacted teeth
    c. Tooth reimplantation of accidentally avulsed or displaced tooth: once per tooth in a Covered Person’s lifetime
    d. Alveoplasty, surgical preparation of ridge for dentures, in conjunction with extraction: once per quadrant in a Covered Person’s lifetime
    e. Vestibuloplasty, ridge extension: once per arch in a Covered Person’s lifetime
    f. Surgical excision of reactive inflammatory lesions, for lesion diameter up to 1.25 cm
    g. Removal of benign tumors, cysts and neoplasms, for lesion diameter up to 1.25 cm
    h. Repair of small traumatic wounds: for wounds up to 5 cm
    i. Incision and drainage of an abscess, intraoral
    j. Hard and soft tissue biopsy (Just the biopsy surgery is covered. Interpretation of the biopsy is not covered by the dental plan, but may be covered under your medical plan.)
    k. Surgical exposure in preparation for orthodontic treatment

(09/12/13)
13. Anesthesia – Plan covers 60% of the Allowable Charge
   a. General anesthesia: out-patient only, in conjunction with covered surgical services
   b. Analgesia and intravenous sedation: only for covered persons who are severely handicapped. This must be predetermined by the CASE Dental Benefits Plan Administration.
   c. Intraoral drug therapy

14. Orthodontics – Life time maximum of $1,250 per covered dependent for covered dependent under age 19 after one year of plan participation in a dental benefits program offered by Case Western Reserve University. The one year participation must be the year immediately preceding participation in Case Dental Benefit Plan. Adult orthodontia is not covered.
   a. Limited Orthodontic Treatment of the Transitional Dentition: once in Covered Person’s lifetime
   b. Removable or Fixed Appliance Therapy: one appliance in a Covered Person’s lifetime
   c. Class I, II or II Malocclusion: comprehensive orthodontic treatment, one course of treatment in a Covered Person’s lifetime
   d. Orthodontic Retention: removal of appliances, construction and placement of retainers, once in a Covered Person’s lifetime, one appliance per Covered Person
   e. Space Maintenance: passive devices made for children to maintain the gap created by a missing tooth until the permanent tooth emerges, for children under age 14, once per tooth