



**Kinetic Personnel Group  
Schedule of Dental Benefits  
Option ID: E01AA5T**

Group ID: E01AA

**You may use any Dental Provider. By choosing a participating PPO provider you receive discounts and providers can't balance bill over the allowed amount.**

<b>Claims Address</b> PO Box 1807 Draper, UT 84020 <b>Customer Service 877-453-4201</b> <b>EDI Payor ID: 88067</b> Coverage begins the first day of the month following 30 days. Coverage ends the day of termination. Minimum weekly hours for full time: 30 hours	<b>Dental Network: DenteMax</b>  <b>Premiums (includes both dental and vision):</b> Employee only - \$32.25 Employee + Spouse - \$64.25 Employee + Child(ren) - \$64.25 Family - \$102.75
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Coverage Information	In-Network	Out-of-Network	Benefit Limits January 1st-December 31st	
	Discounted PPO Rates	Allowed Amount: U & C		
<b>Annual Maximum</b>	\$1,000 per person for Class I, II, and III Services		<b>Per Calendar Year</b>	
<b>Deductible</b>	\$50.00 Individual, \$100.00 Family			
<b>Class I Services: Preventive</b>	100%	100%	Deductible Waived.	
<b>Class II Services: Basic</b>	Deductible then 80%	Deductible then 80%		
<b>Class III Services: Major</b>	Deductible then 50%	Deductible then 50%	6 months waiting period	
<b>Class IV Services: Orthodontics</b>	50%	50%	12 month waiting period	
<b>Lifetime Orthodontic Maximum</b>	\$1,500 per person		Covered for dependent children through age 19	
Class I Services: Preventive	In-Network	Out-of-Network	Benefit Limits January 1st-December 31st	
	Discounted PPO Rates	Allowed Amount: U & C		
Fluoride Treatment	Covered - 100%	Covered - 100%	Through age 14	
Oral Exams (Routine Evaluations)	Covered - 100%	Covered - 100%	Twice per Calendar year	
Palliative Emergency Treatment	Covered - 100%	Covered - 100%	Limited to pain relief only	
Prophylaxis (Teeth Cleaning)	Covered - 100%	Covered - 100%	Twice per Calendar year	
Sealants	Covered - 100%	Covered - 100%	Once every 36 months and only on permanent molars, through age 14	
Space Maintainers	Covered - 100%	Covered - 100%		
X-Rays Bitewings	Covered - 100%	Covered - 100%	Twice per Calendar year	
X-Rays Periapicals	Covered - 100%	Covered - 100%		
X-rays Full-mouth and Panoramic	Covered - 100%	Covered - 100%	Once every 36 months	
Class II Services: Basic	In-Network	Out-of-Network	Benefit Limits January 1st-December 31st	
	Discounted PPO Rates	Allowed Amount: U & C		
Anesthesia (General) or IV Sedation	Covered - 80%	Covered - 80%	When medically necessary and performed with oral or dental surgery (Outpatient only)	
Endodontics	Covered - 80%	Covered - 80%		
Fillings - Composite or Amalgam	Covered - 80%	Covered - 80%		
Habit Breaking Appliances/Mouth Guards	Covered - 80%	Covered - 80%		
Medication	Covered - 80%	Covered - 80%		
Nitrous Oxide or other Analgesia Inhalant	Covered - 80%	Covered - 80%		
Occlusal Adjustment	Covered - 80%	Covered - 80%		
Oral Exam/Consultation (Problem focused)	Covered - 80%	Covered - 80%		
Oral Surgery including Extractions	Covered - 80%	Covered - 80%		Including wisdom teeth
Periodontics	Covered - 80%	Covered - 80%		
Perio Maintenance	Covered - 80%	Covered - 80%		
Periodontal Scaling and Planing	Covered - 80%	Covered - 80%		
Recementing of Crowns, Inlays, Onlays and Bridges	Covered - 80%	Covered - 80%		
Relining or Rebasing of Partial or Dentures	Covered - 80%	Covered - 80%		
Repair to Existing Dentures, Crowns or Bridges	Covered - 80%	Covered - 80%		
Root Canal Therapy	Covered - 80%	Covered - 80%		
Tissue Conditioning	Covered - 80%	Covered - 80%		
X-rays (Diagnostic)	Covered - 80%	Covered - 80%		
Class III Services: Major	In-Network	Out-of-Network	Benefit Limits January 1st-December 31st	
	Discounted PPO Rates	Allowed Amount: U & C		
Crowns, Inlays and Onlays	Covered - 50%	Covered - 50%		
Dentures - Removable or Replacement, Complete and Partial	Covered - 50%	Covered - 50%		
Fixed Bridges	Covered - 50%	Covered - 50%		
Implants	Covered - 50%	Covered - 50%		
Veneers	Covered - 50%	Covered - 50%		
Class IV Services: Orthodontic	In-Network	Out-of-Network	Benefit Limits January 1st-December 31st	
	Discounted PPO Rates	Allowed Amount: U & C		
Full - Banding Treatment	Covered - 50%	Covered - 50%	25% of the total charge is allowed for the initial placement, payable the first month of treatment. Plan requires monthly billings as the difference between the down payment and the number of months left in the treatment plan.	
Minor Tooth Guidance Appliances	Covered - 50%	Covered - 50%		
Monthly, Active Treatment Visits	Covered - 50%	Covered - 50%		

Effective: 1/1/2018

There is no Missing Tooth Clause.  
 Dependents Covered to Age 26 regardless of student or marital status  
 Timely Filing - 12 months from the date service was incurred  
 Coordination of Benefits - Supplemental up to 100% of eligible expense  
 This plan does not require Pre-Determination  
 Usual & Customary charges refer to allowed amounts  
 Refer to plan document for details

Visit [www.talltreehealth.com](http://www.talltreehealth.com) to view benefits, claims history, link to the PPO network and more.

All claims are subject to Plan provisions at the time of service. Any benefits quoted over the phone or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.