

Graduate Teaching Fellows Federation

This dental care policy covers the following services when performed by a licensed dentist, dental hygienist or denturist to the extent that they are operating within the scope of their license as required under law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function.

Advantage Network dentists contract with PacificSource to furnish dental services and supplies for a set fee. That fee is called the contracted allowable fee. Participating providers agree not to collect more than the contracted allowable fee. When you use an Advantage Network dentist, you will pay only the participating provider amounts below. If you choose not to use a participating dentist, or don't have access to them, reimbursement is based on the contracted allowable fee. If charges exceed the allowable fee, the excess charges are your responsibility.

Annual Deductible	Per Person, Per Contract Year	Per Family, Per Contract Year
Participating Providers	None	None
Non-participating Providers	\$50	\$150
Annual Benefit Maximum		
\$1,000 per person per calendar year. Applies to all covered services		

The member is responsible for any amounts shown above, in addition to the following amounts.

Service	Participating Providers	Non-participating Providers
<b>Class I Services</b>		
Examinations	No charge*	No charge*
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	No charge*	No charge*
Dental cleaning (Prophylaxis and periodontal maintenance)	No charge*	No charge*
Topical fluoride	No charge*	No charge*
Fluoride varnish	No charge*	No charge*
Sealants	No charge*	No charge*
Space maintainers	No charge*	No charge*
Athletic mouth guards	No charge*	No charge*
Brush biopsies	No charge*	No charge*
<b>Class II Services</b>		
Fillings	20% co-insurance*	Deductible then 20% co-insurance
Simple extractions	20% co-insurance*	Deductible then 20% co-insurance
Periodontal scaling and root planing	20% co-insurance*	Deductible then 20% co-insurance
Full mouth debridement	20% co-insurance*	Deductible then 20% co-insurance

<b>Service</b>	<b>Participating Providers</b>	<b>Non-participating Providers</b>
Complicated oral surgery	20% co-insurance*	Deductible then 20% co-insurance
Pulp capping	20% co-insurance*	Deductible then 20% co-insurance
Pulpotomy	20% co-insurance*	Deductible then 20% co-insurance
Root canal therapy	20% co-insurance*	Deductible then 20% co-insurance
Periodontal surgery	20% co-insurance*	Deductible then 20% co-insurance
Tooth desensitization	20% co-insurance*	Deductible then 20% co-insurance
<b>Class III Services</b>		
Crowns	40% co-insurance*	Deductible then 40% co-insurance
Replacement of existing prosthetic device	40% co-insurance*	Deductible then 40% co-insurance
Dentures	40% co-insurance*	Deductible then 40% co-insurance
Bridges	40% co-insurance*	Deductible then 40% co-insurance
Implants	40% co-insurance*	Deductible then 40% co-insurance

This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.

\* Not subject to annual deductible.

## Additional Information

### What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that some services are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

Deductible expense applies only to non-participating providers. Deductible does not apply to Class I Services.

### What is the annual benefit maximum?

The Annual Benefit Maximum is the maximum amount payable by this policy for covered services received each calendar year.