

Grimmway Enterprises, Inc.

BENEFITS HIGHLIGHT SHEET



LIBERTY Dental Plan Corporation
 PO Box 26110, Santa Ana, CA 92799-6110
 Member Services: 888.902.0346

		DENTAL PPO PLAN BENEFITS	
ANNUAL MAXIMUM		\$2,000 per person	
DEDUCTIBLES Applies to Basic and Major Services received in or out-of-network.		In Network - \$25 per person/\$75 per family Out of Network - \$50 per person/\$150 per family	
COVERED SERVICES		IN-NETWORK PLAN PAYS *	OUT-OF-NETWORK PLAN PAYS *
TYPE I, DIAGNOSTIC & PREVENTIVE SERVICES Oral Exams, Cleanings, Fluoride, X-rays, Sealants, Space Maintainers, Harmful Habit Appliance, Office Visit		100%	80%
TYPE II, BASIC BENEFITS Fillings, Prefabricated Stainless Steel Crowns, Endodontic Services, Non-Surgical Periodontal Services, Oral and Maxillofacial Surgery, Anesthesia, Palliative Treatment, Consultation		90%	80%
TYPE III, MAJOR BENEFITS Single Crowns, Inlays, Onlays, Crown Related Services, Surgical Periodontal Services, Bridges, Dentures, Denture Related Services		60%	50%
TYPE IV, ORTHODONTIA – Coverage for Adults and Children		50% \$1,500 Lifetime	50% \$1,500 Lifetime

Advantages of Using an In-Network Dentist	
<p>You have the freedom to choose any dentist, or to take advantage of out-of-pocket savings when you use an <i>In-Network Dentist</i>.</p> <p>Why You Save with an In-Network Dentist In-Network Dentists have agreed to accept a set of reduced fees, plus your coinsurance payment, as payment in full and cannot charge you more.</p>	<p>Avoid Balance Billing Out-of-Network dentists are not contracted with us and can “balance bill” you the difference between their usual charges and the maximum amount the plan reimburses for that specific procedure.</p> <p>How to Locate an In-Network Dentist To find a network dentist near you, go to https://client.libertydentalplan.com/grimmway, select location, click on “Find a Dentist”, and enter Search Criteria.</p>

*Fees are based on PPO fees for in- network dentists and the maximum plan allowance for out-of-network dentists. Reimbursement is paid on LIBERTY Dental contract allowances and not necessarily the dentist’s actual fees.

This document provides a summary of the plan’s benefits only. For a complete description of benefits, limitations and exclusions, refer to the plan’s documents.



COVERED SERVICES & LIMITATIONS

TYPE I, DIAGNOSTIC & PREVENTIVE SERVICES	
Oral Exams	2 every 12 months (Periodic Exam, Comprehensive Exam, Limited Exam, Office Visit)
Cleanings (Prophylaxis)	2 prophylaxis (cleanings, periodontal cleanings) every 12 months
Problem-focused Exam	2 every 12 months combined with Oral Exams
Topical Fluoride Treatment	1 every 12 months, covered for dependent children up to age 14
Bitewing X-rays	1 series every 12 months
Panoramic or Full-Mouth X-ray	1 every 60 months
Sealant and Sealant Repair	1 every 36 months, limited to 1 st and 2 nd permanent molars, covered for dependent children up to age 16
Space Maintainers	1 per site in a lifetime, covered for dependent children up to age 16
Harmful Habit Appliance	1 in a lifetime, covered for dependent children up to age 16
TYPE II, BASIC BENEFITS	
Fillings (Amalgam and Composite)	1 per surface per tooth every 24 months, composite fillings on posterior teeth will be reimbursed based on the corresponding amalgam restoration
Resin Composite Crown, Anterior	1 per tooth every 24 months
Prefabricated Crowns	1 per tooth every 24 months (stainless steel and resin prefabricated crowns); covered for dependent children up to age 19
Endodontic Retreatment	1 per tooth in a lifetime
Scaling and Root Planing	1 per site/quadrant every 24 months, limited to 2 sites/quadrants per day
Periodontal Maintenance	2 periodontal maintenance/cleanings every 12 months
General Anesthesia/Intravenous Sedation	Only in conjunction with covered complex oral surgery
Consultation	1 every 12 months
TYPE III, MAJOR BENEFITS	
Crowns/Inlays/Onlays, Bridges	1 per tooth every 60 months, bridges limited to members age 16 and over
Surgical Periodontal Services	1 per site/quadrant every 36 months
Bone Replacement Graft	1 per site in a lifetime
Complete & Partial Dentures	1 per arch every 60 months
Crown and Bridge Repair	1 per tooth/site every 24 months, only after appliance in place more than 12 months
Denture Repair and Tissue Conditioning	1 per arch every 24 months, only after appliance in place more than 12 months
Denture Adjustment	1 per arch every 12 months, only after appliance in place more than 12 months
Denture Reline/Rebase	1 per arch every 24 months, only after appliance in place more than 12 months
Implants and Implant Related Services	Not Covered

The limitations shown above represent a highlighted selection of your Plan Benefits. For a complete description of limitations and exclusions, refer to the plan's documents.



Plan Exclusions:

- 1 Treatment or service that is not for necessary dental care
- 2 The services of any person who is not a dentist or dental hygienist
- 3 Any part of a charge for treatment or service that exceeds the usual and customary regional fee (out-of-network providers)
- 4 The services of any person who is in the Member's or Dependent's immediate family
- 5 Implants
- 6 Treatment or service that does not meet professionally recognized standards of quality
- 7 Veneers, personalization of dentures or crowns and any other treatment or service that is primarily cosmetic
- 8 Drugs, medicines, or therapeutic drug injections
- 9 Instructions for plaque control, oral hygiene, or diet
- 10 Bite registration or occlusal analysis
- 11 Treatment or service to alter or maintain vertical dimension or restore or maintain occlusion
- 12 Treatment or service for the purpose of duplicating a prosthetic device or replacing any such device that is lost or stolen
- 13 Treatment or service for the purpose of duplicating an appliance or replacing any such appliance that is lost or stolen
- 14 Orthodontic treatment or service; if the appliance or bands were placed prior to being insured under this Group Policy, unless the Member or Dependent is currently in a treatment plan which was covered under prior group orthodontic coverage, and there has been no lapse in coverage
- 15 Treatment or service for provisional or permanent splinting
- 16 Treatment or service for which the Member or Dependent has no financial liability or that would be provided at no charge or at a different charge in the absence of insurance
- 17 Treatment or service that is temporary
- 18 Treatment or service that is paid for or furnished by the United States Government or one of its agencies (except as required under Medicaid provisions or Federal law)
- 19 Treatment or service that results from:
 - a. an injury arising out of or in the course of any employment for wage or profit if the Member or Dependent is eligible to be covered under a Workers' Compensation Act or other similar law; except this limitation will not apply to: partners, proprietors, or corporate officers of the Policyholder who are not covered by a Workers' Compensation Act or other similar law
 - b. a sickness covered by a Workers' Compensation Act or other similar law
- 20 Treatment or service that results from war or act of war
- 21 Treatment or service that results from commission of or attempted commission of a felony or voluntary participation in an illegal occupation
- 22 Treatment or service provided outside the United States, unless the Member or Dependent are outside the United States for one of the following reasons:
 - a. travel, provided the travel is for a reason other than securing dental care diagnosis or treatment, and travel is for a period of six months or less; or
 - b. a business assignment, provided the Member or Dependent are temporarily outside the United States for a period of six months or less; or
 - c. full-time student status, provided the student is either enrolled and attending an accredited school in a foreign country; or is participating in an academic program in a foreign country, for which the institution of higher learning at which the student is enrolled in the U.S. grants academic credit; or Mormon missionary work of a Dependent Child, and such missionary work is for a period of two years or less
- 23 Treatment or service replacing tooth structure lost from abrasion, attrition, erosion, or abfraction
- 24 Treatment or service which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years
- 25 Treatment or service that is paid for by a Medicare Supplement Insurance Plan
- 26 Treatment or service for temporomandibular joint disorders