



MODULAR DEVICES DENTAL BENEFIT SUMMARY

DENTAL BENEFITS

Annual Maximum Benefit	\$2,000.00 per person per calendar year	
	<u>IN-NETWORK BENEFIT PAYMENT</u>	<u>OUT-OF-NETWORK BENEFIT PAYMENT</u>
Calendar Year Deductible	None	\$100 Per Person
 <u>PREVENTATIVE SERVICES</u>		
Cleanings	Covered in Full	100% of R&C
Emergency Treatment CODE 9110	Covered in Full	100% of R&C
Fluoride Treatment – covered for children up to their 18th birthday	Covered in Full	100% of R&C
Oral Examinations	Covered in Full	100% of R&C
Space Maintainers	Covered in Full	100% of R&C
X-rays	Covered in Full	100% of R&C
 <u>BASIC SERVICES</u>		
Anesthesia	\$15 Co-pay	80% of R&C after deductible
Bridgework & Denture Repair	\$15 Co-pay	80% of R&C after deductible
Bonding	\$15 Co-pay	80% of R&C after deductible
Extractions – Oral Surgery	\$15 Co-pay	80% of R&C after deductible
Fillings	\$15 Co-pay	80% of R&C after deductible



MODULAR DEVICES DENTAL BENEFIT SUMMARY

DENTAL BENEFITS (CONT.)

	<u>IN-NETWORK BENEFIT PAYMENT</u>	<u>OUT-OF-NETWORK BENEFIT PAYMENT</u>
Gingivectomy	\$15 Co-pay	80% of R&C after deductible
Laboratory Tests	\$15 Co-pay	80% of R&C after deductible
Periodontal Services	\$15 Co-pay	80% of R&C after deductible
Repair & Maintenance	\$15 Co-pay	80% of R&C after deductible
Root Canals	\$15 Co-pay	80% of R&C after deductible
Scaling and Root Planing	\$15 Co-pay	80% of R&C after deductible
 <u>MAJOR SERVICES</u>		
Caps	\$15 Co-pay	50% of R&C after deductible
Dentures/Bridgework – Subject to missing tooth clause <i>Once in 5 years</i>	\$15 Co-pay	50% of R&C after deductible
Gold & Porcelain Fillings and Crowns	\$15 Co-pay	50% of R&C after deductible
 <u>EXCLUSIONS AND LIMITATIONS</u>		
Sealants	Not Covered	Not Covered
Cleanings/Oral Exams/ Bitewings/Fluoride	One visit allowed ever 6 months to twice per year	One visit allowed ever 6 months to twice per year
Full Mouth Series & Panoramic X-Rays	Once every three years	Once every three years
 <u>ORTHODONTIC</u>		
Lifetime Maximum of \$1,000.00 <i>Invisalign is not covered</i>	Payable at 50% of charges to the Lifetime maximum of \$1,000.00	Payable at 50% of charges to the Lifetime maximum of \$1,000.00



MODULAR DEVICES VISION BENEFIT SUMMARY

VISION BENEFITS

Vision Allowances: All services below are allowed once a year with the exception of frames which are allowed once in 24 months

Eye Examination	\$25
Single Vision lenses	\$20
Bifocal lenses	\$30
Contact lenses	\$150
Trifocal lenses	\$35
Frames	\$30

The above table outlines covered vision expenses. This is a reimbursement plan only. All amounts over the allowances are the responsibility of the patient.