

# Iron ReHealth Dental Plan

## Summary of Benefits

<b>General Provisions</b>	Calendar Year Deductible Calendar Year Maximum	\$50 deductible per member per calendar year. \$150 aggregate family maximum. \$1,000 per member each calendar year.
<b>Basic - Diagnostic and Preventative Services</b>	Covered at 100% of the allowed amount, subject to the calendar year deductible.	<ul style="list-style-type: none"><li>• Dental exams up to twice per calendar year.</li><li>• Full mouth x-rays, one set during any 36 in a row.</li><li>• Bitewing x-rays, once per calendar year.</li><li>• Other dental x-rays, used to diagnose a specific condition.</li><li>• Routine cleanings, twice per calendar year.</li><li>• Tooth sealants on teeth 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13.</li><li>• Fluoride treatment for children through age 18 twice per calendar year.</li><li>• Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.</li></ul>
<b>Basic - Restorative Services</b>	Covered at 100% of the allowed amount, subject to the calendar year deductible.	<ul style="list-style-type: none"><li>• Fillings made of silver amalgam and synthetic tooth color materials (tooth color materials include composite fillings on the front upper and lower teeth 5-12 and 21-28; payment allowance for composite fillings used on posterior teeth is reduced to the allowance given on amalgam fillings).</li><li>• Simple tooth extractions.</li><li>• Direct pulp capping, removal of pulp and root canal treatment.</li><li>• Repairs to removable dentures.</li><li>• Emergency treatment for pain.</li></ul>
<b>Supplemental Services</b>	Covered at 100% of the allowed amount, subject to the calendar year deductible.	<ul style="list-style-type: none"><li>• Oral surgery to diagnose and treat mouth cysts and abscesses and for tooth extractions and impacted teeth.</li><li>• Oral surgery for tooth extractions and impacted teeth and to treat mouth abscesses of the intra-oral and extra-oral soft tissue.</li><li>• General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide.</li><li>• Treatment of the root tip of the tooth including its removal.</li></ul>
<b>Prosthetic Services</b>	Covered at 50% of the allowed amount, subject to the calendar year deductible.	<ul style="list-style-type: none"><li>• Full or partial dentures.</li><li>• Fixed or removable bridges.</li><li>• Inlays, onlays, veneers or crowns to restore diseased or accidentally broken teeth, if less expensive fillings will not restore the teeth.</li></ul>
<b>Periodontic Services</b>	Covered at 80% of the allowed amount, subject to the calendar year deductible.	<ul style="list-style-type: none"><li>• Periodontic exams twice each 12 months.</li><li>• Removal of diseased gum tissue and reconstructing gums.</li><li>• Removal of diseased bone.</li><li>• Reconstruction of gums and mucous membranes by surgery.</li><li>• Removing plaque and calculus below the gum line for periodontal disease.</li></ul>

Benefit Program administered by



Providers and members should submit claims to:

Iron ReHealth | Dental Claims | P.O. Box 241887 | Montgomery, AL 36124-1887 | (334) 245-1099