

Summary of Dental Plan Benefits For Allwell Medicare (HMO) Client 5000-0004 Supplemental Dental Plan

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. You may access your Certificate on the plan's website at allwell.arhealthwellness.com.

***Services received from dentists who do NOT participate in Delta Dental's Medicare Advantage Network will result in your out of pocket costs being higher. Please note Delta Dental's Medicare Advantage Network only consists of dentists in the state of Arkansas.**

IMPORTANT: If you receive services from a dentist that **DOES NOT** participate in Delta Dental's Medicare Advantage Network **YOU WILL BE RESPONSIBLE** for the full cost of those services and no payment will be made by Delta Dental.

Control Plan – Delta Dental of Arkansas

Benefit Year – January 1 through December 31, 2020

Covered Services –

| | Delta Dental Medicare Advantage Dentist | Nonparticipating (out-of-network) Dentist |
|---|--|---|
| | Plan Pays | Plan Pays* |
| Diagnostic & Preventive | | |
| Diagnostic and Preventive Services – exams, cleanings, and fluoride. | 100% | 0% |
| Radiographs – bitewing and other X-rays | 100% | 0% |
| Brush Biopsy – to detect oral cancer | 100% | 0% |
| Basic Services | | |
| Emergency Palliative Treatment – to temporarily relieve pain | 80% | 0% |
| Minor Restorative Services – fillings and crown repair | 80% | 0% |
| Major Restorative Services – crowns and onlays | 80% | 0% |
| Endodontic Services – root canals | 80% | 0% |
| Non-Surgical Periodontic Services – to treat gum disease | 80% | 0% |
| Other Basic Services – miscellaneous services | 80% | 0% |

| Major Services | | |
|--|------------|-----------|
| Oral Surgery Services –extractions and dental surgery | 50% | 0% |
| Prosthodontic Services – bridges and dentures | 50% | 0% |
| Relines and Repairs – to bridges, implants and dentures | 50% | 0% |
| Surgical Periodontic Services – to treat gum disease | 50% | 0% |

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Periodontal maintenance is payable twice per calendar year.
- Fluoride treatments are payable once per calendar year to age 19.
- Space maintainers and sealants are not Covered Services.
- Up to four individual bitewing X-rays are payable per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in a five year period.
- Posterior composite resin (white) restorations are Covered Services.
- Porcelain and resin facings on crowns are Covered Services.
- Localized delivery of antimicrobial agents via a controlled release is a Covered Service without limitation.
- Nitrous oxide, therapeutic antibiotic drug injections and medicaments dispensed in the office are Covered Services without limitations.
- Frenectomy is a Covered Service without limitation.
- An occlusal guard is payable once in any five-year period.

Maximum Payment – \$500 per person total per Calendar Year on all services except cleanings, exams, fluoride, brush biopsy and X-rays.

Deductible – \$50 per person total per Calendar Year on all services except cleanings, exams, fluoride, brush biopsy and X-rays.

Waiting Period – Not applicable.

Eligible People – All members enrolled in the Allwell Medicare (HMO) Medicare Advantage plan.

For enrollment and dis-enrollment information, please refer to your plan's *Evidence of Coverage (EOC)*. The EOC is available on the plan's website at allwell.arhealthwellness.com.

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.

This information is not a complete description of benefits. Call 1-855-253-4706 (TTY users call 711) for more information.