



SOUTHERN UTAH UNIVERSITY PPO (Grp #: SUU07012023)
Plan Year: July 1 - June 30

a product of Town & Country Life Insurance Co.

BENEFITS	IN-NETWORK	NON-NETWORK*
MAXIMUM ANNUAL BENEFIT	\$2,000	
DEDUCTIBLE	None	
DIAGNOSTIC/PREVENTIVE	No Waiting Period	
Exams, X-rays, Cleanings	100%	100% of maximum allowable fee
BASIC SERVICES	No Waiting Period	
Restorations, Extractions, Oral Surgery Endodontics, Periodontal Services	80% AD	80% of maximum allowable fee AD
MAJOR SERVICES	No Waiting Period	
Crowns, Dentures, Bridges	50% AD	50% of maximum allowable fee AD
ORTHODONTIA	No Waiting Period	
Dependent and Adult	50%	50%
LIFETIME ORTHO MAXIMUM	\$1,500	

AD: AFTER DEDUCTIBLE

*Member will be responsible for amounts billed by non-participating providers in excess of maximum allowable fee.

COVERAGE / PROVISIONS / EXCLUSIONS:

Bone Grafts (D7953)	No Coverage
Composites (fillings):	BASIC - not downgraded to amalgam (silver filling)
Coordination of Benefits	Standard Coordination of Benefits apply
Crowns	MAJOR - paid on either seat or prep date
Full Mouth Debridement (D4355)	BASIC-1 every 5 years
Impacted Wisdom Teeth & Assoc Anes	BASIC - Extraction / MAJOR - Anesthesia
Implants	MAJOR
Limited Oral Exam (D0140)	DIAGNOSTIC / PREVENTIVE - combines with D0120 and D0150
Missing Tooth Clause	None
Nitrous	BASIC
Occlusal Guards	MAJOR
Panoramic & Bitewing same day?	Not allowed same day - if done, will convert to Full Mouth
Perio Evaluation (D0180)	No Coverage
Sealants	PREVENTIVE - to age 26, non-decayed molars only, once per lifetime
Space Maintainers	PREVENTIVE - to age 16

FREQUENCIES*:

Bitewings	2 times per plan year - anytime
Exam (D0120, D0150)	2 times per plan year - anytime
Filling Replacement	1 surface per 18 months - multiple surfaces on same tooth/same day will combine
Fluoride (D1206 or D1208)	2 times per plan year - anytime - no age limit
Major Replacement	1 time per 5 years and unserviceable
Panoramic or Full Mouth	1 time per 36 months
Periapical X-rays	6 times per plan year
Perio Maintenance	2 times per plan year - D4910, D4346, D1110 all share frequency limits
Prophy (Cleaning)	2 times per plan year - anytime
Scaling & Root Planing (D4341)	1 time per 24 months - all quads allowed same day, 4MM+ pocket depth required

*Additional frequencies may apply to other procedures not listed on this benefit summary. Please refer to the summary plan document for more details.

DENTAL CLAIMS ADDRESS AND CUSTOMER SERVICE:

Samera Health	Phone: 435-563-0613
PO BOX 126	Fax: 435-563-4035
Smithfield, UT 84335	Email: Info@samerahealth.com
	Payor ID U8053 - no electronic attachments



For IN-NETWORK benefits:

Please visit **Cache Premier Dental Network - www.samerahealth.com** - for a list of participating providers and benefit summaries

To receive maximum discounts and in-network benefits, please use the Cache Premier dental network.

NOTE: This Summary does not describe all terms, conditions and limitations. Refer to your Plan Document or contact your Benefits Manager for more details.

In the case of a discrepancy, the Plan Document applies. This summary does not guarantee payment.