



Texas Essential Health Benefit for Children

Smile for Kids EHB

This summary of benefits, along with the exclusions and limitations describe the benefits of the Essential Health Benefit Plan. Please review closely to understand all benefits, exclusions and limitations.

Child-ONLY* Essential Health Benefit PLUS	In-Network	Out-of-Network**
Class I/Preventive - Cleanings, Exams, Fluoride, Sealants, Space Maintainers, Emergency Pain, and Radiographs-Bitewings	100%	100%
Class II/Basic - Radiographs (Full Mouth X-ray, Panoramic Film) Restorations (Amalgams and Anterior Resins), Simple Extractions and Anesthesia (General Anesthesia and Intravenous Sedation)	80%	80%
Class III/Major - Surgical Extractions, Oral Surgery, Endodontics, Periodontal Maintenance, Periodontics, Inlay, Onlays, Crowns, Crown Repair, Bridges, Bridge Repairs, Dentures, and Denture Repair.	50%	50%
Class IV/Orthodontia (Only for pre-authorized Medically Necessary Orthodontia)	50% for medically necessary orthodontics	
Deductible (waived for Class I)(per person)	\$200	
Out of Pocket Maximum (OOP) (per person)	\$350	N/A
Out of Pocket Maximum*** (OOP) (per family - 2+ children)	\$700	N/A
Annual Maximum	N/A	
Ortho Lifetime Maximum	N/A	
Waiting Period	24 months for medically necessary orthodontics	

* This plan is available for individuals up to age 19.

**Benefits are based on the Usual and Customary charges of the majority of dentists in the same geographic area.

***2 family members must each meet the out of pocket maximum in a plan year. Once fulfilled the family maximum has been met and will not be applied to additional family members.



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CLASSES OF COVERED SERVICES AND SUPPLIES (Individuals up to Age 19)

Coverage is provided for the dental services and supplies described in this section.

Please note the age and frequency limitations that apply for certain procedures. All frequency limits specified are applied to the day.

For Your Policy, specific Covered Services and Supplies may fall under a Class category other than what is stated below. If Your Policy has Class categorizations different from below, it is specified on the Schedule of Benefits.

Class I: Preventive Dental Services

- Oral Exams
 - Limited to twice in a 12 month period for any combination of oral exams
- X-Rays
 - Bitewings limited once every 12 months (not a benefit in addition to a complete mouth series)
- Prophylaxis (Cleaning)
 - Limited to once in a 12 month period
- Topical Fluoride Treatment
 - Limited to twice in a 12 month period
- Sealants
 - Sealant applications are limited to 1 per 36 month period, on un-restored pit and fissures of a 1st and 2nd permanent molar.
- Space Maintainer
 - Only for premature loss of deciduous (baby) posterior (back) teeth.
- Palliative Treatment
 - Treatment of Emergency Pain

Class II: Basic Dental Services

- X-Rays
 - Full x-rays complete series (includes bitewings) limited to once in 60 months.
 - Panoramic films limited to twice in a 12 month period

- Amalgam (silver) Restorations
 - Multiple restorations on 1 surface will be considered a single filling.
 - Multiple restorations on different surfaces of the same tooth will be considered connected.
 - Limited to once in 24 months
- Resin (tooth colored) Restorations – Anterior (front) teeth ONLY
 - Limited to once in 24 months for the same covered amalgam (resin) restoration
- Resin (tooth colored) Restorations – Posterior (back) teeth ONLY
 - Limited to the benefit of the corresponding amalgam restoration
 - Prior to placement member must be informed and agree to pay the cost difference
- Coronal remnants – deciduous tooth
- Extraction of erupted teeth or exposed root
- Consultation, including specialist consultations, limited as follows:
 - Considered for payment as a separate benefit only if no other treatment (except x-rays) is rendered on the same date.
 - Benefits will not be considered for payment if the purpose of the consultation is to describe the Dental Treatment Plan
- General anesthesia and intravenous sedation, limited as follows:
 - Considered for payment as a separate benefit only when medically necessary (as determined by the Plan) and when administered in the Dentist's office or outpatient surgical center in conjunction with complex oral surgical services which are covered under the Policy.
 - Not a benefit for the management of fear and anxiety
 - Oral sedation and nitrous oxide are covered for children through the age of 13



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Class III: Major Dental Services

- Therapeutic pulpotomy (primary tooth) excluding final restoration
 - Benefit only for primary (baby) teeth
- Root canal therapy (anterior/bicuspid/molar) excluding final restoration
 - Benefit for permanent teeth only.
- Recement crown
- Prefabricated stainless steel crown (primary and permanent teeth); Prefabricated resin crown (anterior teeth only); Prefabricated stainless steel crown with resin window (anterior teeth only)
 - If more than one restoration is used to restore a tooth, benefit allowance will be paid for the most inclusive service;
 - Prefabricated crowns per tooth are benefits once in 24 month period
- Surgical removal of erupted teeth
- Removal of impacted teeth
 - Pathology removal of 3rd molar is not a covered benefit.

Class IV: Orthodontia

- Orthodontia is covered when medically necessary and pre approved by the plan.
- There is a 24 month waiting period for medically necessary orthodontia.

General Exclusions

Covered Services and Supplies do not include:

- 1) Treatment which:
 - a) is not included in the list of Covered Services and Supplies;
 - b) is not Dentally Necessary; or
 - c) is Experimental in nature.
- 2) Any Charges which are:
 - a) Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, We will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and Supplies.
 - b) Not imposed against the person or for which the person is not liable.
 - c) Reimbursable by Medicare Part A and Part B. If a person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her benefits under this Policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for persons insured under Employers who notify Us that they employ 20 or more Employees during the previous business year, this exclusion will not apply to an Actively at Work Employee and/or his or her spouse who is age 65 or older if the Employee elects coverage under this Policy instead of coverage under Medicare.
- 3) Services or supplies resulting from or in the course of Your or Your Dependent's regular occupation for pay or profit for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Plan of all such benefits.
- 4) Services and supplies which may not reasonably be expected to successfully correct the Covered



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- Person's dental condition for a period of at least three years, as determined by the Plan.
- 5) Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The Covered Charge for the Services is based on the single dental procedure code that accurately represents the treatment performed.
 - 6) Services and supplies provided primarily for cosmetic purposes.
 - 7) Covered services and supplies obtained while outside of the United States, except for Emergency Dental Care.
 - 8) Correction of congenital conditions or replacement of congenitally missing permanent teeth not covered, regardless of the length of time the deciduous tooth is retained, unless the congenital malformation is dental related.
 - 9) Diagnostic casts, unless for medically necessary orthodontia.
 - 10) Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
 - 11) Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
 - 12) Restorative procedures, root canals and appliances which are provided because of attrition, abrasion, erosion, wear, or for cosmetic purposes.
 - 13) Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
 - 14) Replacement of a lost or stolen Appliance or Prosthesis
 - 15) Replacement of stayplates.
 - 16) Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
 - 17) Treatment for a jaw fracture.
 - 18) Services, supplies and appliances related to the change of vertical dimension, restoration or maintenance of occlusion, splinting and stabilizing teeth for periodontic reasons, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for temporomandibular joint dysfunction (TMJ), unless a TMJ benefit rider was included in the Policy.
 - 19) Therapeutic drug injection
 - 20) Completion of claim forms
 - 21) Missed dental appointments
 - 22) Porcelain and cast crowns
 - 23) Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam resin filling.
 - 24) Pathology free third molar extraction or removal.
 - 25) Crown build-up is not covered as a separate service.
 - 26) Temporary tooth stabilization, other than covered space maintainers, is not covered.
 - 27) Oral sedation and nitrous oxide analgesia are not covered, except for Children through age 13.
 - 28) Implants, and procedures and appliances associated with them, are not benefits of Premier programs.
 - 29) Replacement of missing teeth prior to coverage effective date