

SUMMARY OF BENEFITS
Cleveland Auto Dealers Association Dentemax PPO Plan
GROUP # C-99016C
BENEFITS EFFECTIVE 01/01/2001 TO CURRENT

BENEFITS ARE BASED ON A CALENDAR YEAR, WHICH BEGINS ON January 1, and ends on December 31st of the same year.

THE PPO IS ADMINISTERED BY DENTEMAX (800) 752-1547 www.dentemax.com
SEND DENTAL CLAIMS TO: EBC ; P.O. BOX 928 ; FINDLAY, OHIO 45839

CALENDAR YEAR DEDUCTIBLE

CLASS A PROCEDURES	\$0
CLASS B AND C PROCEDURES COMBINED	\$50 per Individual \$150 per family

PAYMENT PERCENTAGE

	PPO	NON-PPO
CLASS A PROCEDURES	100%	80%
CLASS B PROCEDURES	85%	60%
CLASS C PROCEDURES	50%	40%

MAXIMUM BENEFIT

CLASS A, B, AND C EXPENSES COMBINED	\$1,000 per Calendar Year
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COMMENTS

12 month waiting period for dentures, partial dentures, and bridges
Pre-treatment Estimates are available but not required
5 year replacement rule for dentures and bridges
All Non-PPO charges are subject to UCR. UCR means the Usual, Customary and Reasonable fee.
Alternate Benefit Provision applies to all services

DENTAL SERVICE	LIMITATION	PAYMENT PERCENTAGE	
		PPO	NON-PPO
Anesthesia – local		Ineligible	
Anesthesia – general	In connection with eligible oral surgery only	85%	60%
Anesthesia – analgesia (nitrous oxide)		Ineligible	
Anesthesia – intravenous sedation	In connection with eligible oral surgery only	85%	60%
Anesthesia – Non-IV conscious sedation		Ineligible	
Bleaching		Ineligible	
Cosmetic Oral Services		Ineligible	
Counseling – nutritional/tobacco/oral hygiene		Ineligible	
Diagnostic Casts		85%	60%
Endodontics – apexification		85%	60%
Endodontics – apicoectomy/retrograde filling		85%	60%
Endodontics – endosseous implant		Ineligible	
Endodontics – other endodontic procedures		85%	60%
Endodontics – pulp capping/pulpotomy		85%	60%
Endodontics - pupal debridement		85%	60%
Endodontics – root canal therapy		85%	60%
Extractions – simple		85%	60%
Extractions – surgical		85%	60%
Exam – diagnostic consultation (other than practitioner providing treatment)	1 x per dental specialty per Calendar Year	85%	60%
Exam – periodic oral/comprehensive	1 X 6 month period	100%	80%
Exam – oral problem/palliative		100%	80%

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Fluoride – topical treatment	1 X 6 month period; dependents under age 19	100%	80%
Implant Services		Ineligible	
Occlusal Adjustment	In conjunction with periodontal surgery only; limited to 4 quadrants per calendar year.	85%	60%
Occlusal Guard		Ineligible	
Orthodontic – harmful habit appliances		Ineligible	
Orthodontic Procedures, Appliances and Services		Ineligible	
Pathology – accession of tissue		85%	60%
Pathology – processing/interpretation cytology smears		85%	60%
Pathology – other oral pathology		85%	60%
Periodontics – full mouth debridement	1 X 6 consecutive month period (Applies to prophylaxis maximum)	100%	80%
Periodontics – gingival flap/osseous surgery		85%	60%
Periodontics – gingivectomy/gingivoplasty		85%	60%
Periodontics – other periodontal surgical procedures		85%	60%
Periodontics – periodontal maintenance	1 X 6 consecutive month period	85%	60%
Periodontics – periodontal scaling & root planing	4 quadrants per calendar year	85%	60%
Periodontics – provisional splinting		Ineligible	
Prophylaxis – Cleaning of Teeth	1 X 6 consecutive month period	100%	80%
Prosthodontics – denture adjustments	6 months or more after initial installation, and only for dentist other than the one providing denture	50%	40%
Prosthodontics – dentures, fixed partial (bridge)	12 month waiting period	50%	40%
Prosthodontics – dentures, removable, full or partial	12 month waiting period	50%	40%
Prosthodontics – denture rebase	1 x 3 calendar years per denture	50%	40%
Prosthodontics – denture relines	1 x calendar year per denture	50%	40%
Prosthodontics – denture repair		50%	40%
Prosthodontics – denture replace teeth		50%	40%
Prosthodontics – denture surgical/commissure splint		Ineligible	
Prosthodontics – denture tissue conditioning	2 x per arch per calendar year	50%	40%
Prosthodontics – interim/temporary		Ineligible	
Radiographs – bitewing x-rays	1 x every six months	100%	80%
Radiographs – cephalometric x-ray		Ineligible	
Radiographs – complete series or panoramic film	1 x 24 month period	100%	80%
Radiographs – extraoral or intraoral x-rays		85%	60%
Radiographs – oral/facial images		Ineligible	
Radiographs – sialography		85%	60%
Radiographs – skull/facial bone survey		85%	60%
Radiographs – TMJ arthrogram/films/tomographic survey		Ineligible	
Restorations – amalgams/sedative filling		85%	60%
Restorations – cast post & core in addition to crown or bridge	12 month waiting period for bridge post & core	50%	40%
Restorations – composites	Amalgam allowance for posterior teeth	85%	60%
Restorations – core build-up including pins - fixed bridge	12 month waiting period for bridge core build-up	50%	40%
Restorations – core build-up including pins – crowns		50%	40%
Restorations – inlays/onlays/gold foil/crowns	Alternate benefit provision applies	50%	40%
Restorations – pin retention		85%	60%
Restorations – recement inlays/onlays/gold foil/crowns		85%	60%

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Restorations – stainless steel crowns		85%	60%
Restorations – temporary crown		Ineligible	
Sealants	Limited to plan members under age 19; limited to 1 X 12 month period; unrestored molars only.	100%	80%
Space Maintainers	Limited to plan members under age 19	100%	80%
Space Maintainers – recement	Limited to plan members under age 19	85%	60%
Surgical Oral Procedures		85%	60%
Tests – Bacteriologic studies and pulp vitality		100%	80%
Tests - pulp vitality		85%	60%
Tests – caries susceptibility		85%	60%