



PLM Lender Services, Inc  
D-PBC1D1M301  
Coverage Effective Date: September 01, 2025

## Your Dental Plan Schedule of Benefits

CLASS I - Preventive - Cleanings, Exams, Fluoride, Sealants, Space Maintainers, X-Rays (Periapical, Bitewings, FMX)	PCN**	PPO**	Non Network
Covered Percentage	100%	100%	100%
Calendar Year Deductible (3 per family)	\$25	\$50	\$50
Waiting Period	None		

CLASS II - Basic - Emergency Pain, Restorations (Amalgams, Anterior & Posterior Resin), Extractions (Simple, Surgical), Oral Surgery, Endodontics, Periodontics (Maintenance, Non-Surgical, Surgical), Crown Repairs, Stainless Steel Crowns (<19), Bridge and Denture Repairs, Anesthesia, Specialist Consultation	PCN**	PPO**	Non Network
Covered Percentage	90%	80%	80%
Calendar Year Deductible (3 per family)	\$25	\$50	\$50
Waiting Period	None		

CLASS III - Major - Inlays, Onlays, Crowns, Bridges, Dentures, Implants	PCN**	PPO**	Non Network
Covered Percentage	60%	50%	50%
Calendar Year Deductible (3 per family)	\$25	\$50	\$50
Waiting Period	None		

Class I - Preventive Services – how benefits paid are counted toward Calendar Year Maximums.	PCN**	PPO**	Non Network
Class I Services	Counted	Counted	Counted

CLASS I, CLASS II, & CLASS III Maximums	PCN**	PPO**	Non Network
Calendar Year Maximum	\$2,000	\$2,000	\$2,000

Covered charges are based on the lower of: 1) the dentist's actual charge for the service, 2) the dentist's usual charge for the service, 3) or the UCR amount for the service based on the 90th percentile of dentists in the same geographic area. \*\*Premier Access does not guarantee all services can be rendered by a contracted PCN or PPO provider. You may be subject to a deductible and coinsurance for an out of network Specialist."

**IMPORTANT: If You opt to receive dental services that are not Covered Services under this Policy, an In-Network Dentist may charge You his or her usual and customary rate for those services. Prior to providing You with Dental services that are not a covered benefit, the Dentist should provide to You a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If You would like more information about Dental coverage options, You may call Customer Service at 888-715-0760 or Your insurance broker. To fully understand Your coverage, You may wish to carefully review this document.**

**Information**

<p><b>How It Works</b></p> <p>The Dental Program offered is administered by Premier Access Insurance Company.</p> <p>What is important to know about your dental plan is that you may see any dentist. Although, there are PCN (Premier Choice Network) and PPO provider lists available, and the benefits are enhanced if you elect to use either network, you may elect to see the dentist of your choice without penalty. Using the PCN or PPO providers, you maximize your benefits and reduce your out-of-pocket costs.</p> <p>The PPO dentists offer discounted care (about 30%) and the plan normally pays a higher level of benefit when using an in-network provider. Additionally, the PCN/PPO dentist cannot “balance bill” you for amounts greater than the contracted rate.</p>	<p><b>Out-of-State Network and Claims</b></p> <p>The Premier Access Dental network is available to eligible members outside the State of California, with many dentists to choose from. A complete provider listing is available on the internet at: <a href="http://www.premierlife.com">www.premierlife.com</a>. It is important that you confirm with your dentist at the time of treatment that the doctor is participating in the Premier Access network. For a dentist near you call 888.715.0760.</p> <p>Please review the coverage, exclusions and limitations under the plan. Some services require prior authorization.</p>
--	---

**How to Reach us**

<p>Premier Access Claim Dept. P.O. Box 38313 Phoenix, AZ 85069</p>	<p>Member Services Line 888.715.0760</p>	<p>On the Web <a href="http://www.premierlife.com">www.premierlife.com</a></p>
--	--	--

## LIST OF COVERED DENTAL SERVICES

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 actual date of service.

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

- Comprehensive exams, periodic exams, evaluations, re-evaluations, periodontal evaluations, screenings or assessments. Limited to 2 per 12 month period.
- Limited oral exams (emergency oral exams), considered for payment as a separate benefit only if no other treatment (except x-rays) is rendered during the visit.
- Dental prophylaxis (cleaning and scaling) for adults and dependent children (children under age 13). Limited to 2 dental prophylaxis or 2 periodontal maintenance procedure per 12 month period.  
(Benefits include either 1 dental prophylaxis or 1 periodontal maintenance procedure per visit)
- Full mouth debridement (to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit) is not payable if performed on the same date of service as dental prophylaxis, periodontal scaling, and root planing, or periodontal maintenance procedure. Limited to 2 per 12 month period.
- Topical fluoride treatment for dependent children under age 13.
  - Limited to 2 per 12 month period, either application of topical fluoride varnish or topical application of fluoride excluding varnish
- X-rays:
  - Intraoral complete series x-rays, including bitewings and periapical x-rays, or a panoramic film.
  - Limited to 1 per 60 month period. Payable amount for the total of bitewing and intraoral periapical x-rays is limited to the maximum allowance for an intraoral complete series x-rays in a calendar year.
  - Bitewing x-rays (two, three, or four films).  
Limited to a total of eight bitewings per 12 month period.
  - Intraoral periapical x-rays.
  - Intraoral occlusal x-rays, limited to 1 film per arch per 6 month period.
  - Cephalometric Other x-rays (except film related to orthodontic procedures or temporomandibular joint dysfunction).
- Consultation, including specialist consultations, limited as follows:
  - Considered for payment as a separate benefit only if no other treatment 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.

## Class II: Basic Dental Services

- Amalgam and composite restorations, limited as follows:
  - Benefits for replacement of an existing restoration will only be considered for payment if at least:
    - 12 months have passed since the existing restoration was placed if the Covered Person is under age 19, except in extraordinary circumstances involving external, violent and accidental means or due to radiation therapy; or
    - 36 months have passed since the existing restoration was placed if the Covered Person is age 19 or older, except in extraordinary circumstances involving external, violent and accidental means or due to radiation therapy.
  - Additional fillings on the same surface of a tooth in less than 12 months for patients up to age 19 or in less than 36 months for patients age 19 or over, by the same office or same Dentist are not a benefit, except in extraordinary circumstances involving external, violent and accidental means or due to radiation therapy.
  - Sedative bases are considered part of the restorative service and are not paid as separate procedures.
- Composite restorations are also limited as follows:
  - Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations on anterior teeth will be considered single surface restorations.
  - Acid etch is not covered as a separate procedure.
  - Based on Network Type, benefits for composite resin restorations on posterior teeth may be limited to the benefit for the corresponding amalgam restoration.
  - Pins, in conjunction with a final amalgam restoration.
- Prefabricated or resin stainless steel crowns, limited to 1 per 36 month period for teeth not restorable by an amalgam or composite filling for Dependent children to age 19.
- Post and core:
  - Covered only for endodontically treated teeth requiring crowns.
  - One post and core is covered per tooth.
- Labial Veneer, resin, or porcelain (direct or indirect):
  - Covered only if more than 5 years have elapsed since last placement.
  - Limited to permanent anterior teeth.
  - Limited to persons age 16 and above.
  - Benefits based on the date of cementation.
- Pulpotomy (primary teeth only).
- Recementing and repairing bridges limited to no sooner than 12 months after the initial insertion.
- Repairs to full or partial dentures, limited to 3 per lifetime.
- Repairs to inlays, onlays, and crowns, limited to 1 time per 12 month period.
- Simple extraction services are listed below, including an allowance for local anesthesia and routine postoperative care:
  - Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- Surgical extraction services are listed below, including an allowance for local anesthesia and routine postoperative care:
  - Surgical extractions, including extraction of symptomatic third molars (wisdom teeth).
  - Removal of an impacted tooth.
  - Root removal.

- Oral surgery services as listed below, including an allowance for local anesthesia and routine postoperative care:

- Fistula closure.
- Sinus perforation closure.
- Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth.
- Tooth transplantation.
- Exposure of an unerupted tooth.
- Incisional biopsy of oral tissue, hard (bone and tooth) or soft.
- Fiberotomy.
- Alveoloplasty.
- Vestibuloplasty.
- Excision or destruction of benign or malignant lesions, cysts, or tumors.
- Removal of exostosis maxilla or mandible.
- Incision and drainage of an abscess.
- Removal of foreign bodies.
- Removal of non-vital bone.
- Removal of sinus tooth fragment.
- Suture of recent small wounds up to 5 cm.
- Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization.
- Guided tissue regeneration, edentulous area - resorbable or non-resorbable barrier.
- Vestibuloplasty.
- Frenulectomy (frenectomy or frenotomy).
- Excision of hyperplastic tissue - per arch.
- Surgical reduction of fibrous tuberosity.
- Removal of salivary stone or gland.
- Repair or closure of salivary gland duct.

- Palliative (emergency) treatment of dental pain, considered for payment as a separate benefit only if no other treatment (except x-rays) is rendered during the same visit.

- General anesthesia and intravenous sedation, limited as follows: Considered for payment as a separate benefit only when medically necessary (as determined by Premier Access) 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.

- Nitrous oxide limited to Dependent Children under age 7.

- Office visit for observation during regularly scheduled hours, limited as follows:
  - Considered for payment as a separate benefit only if no other treatment rendered on the same date.

- Office visit after regularly scheduled hours.

- Root canal therapy:
  - Including all pre-operative, operative and post-operative x-rays, bacteriologic cultures,
  - Limited to 1 time on the same tooth per lifetime.
  - Limited to permanent teeth only.
  - Apicoectomy/periradicular surgery (anterior, bicuspid, molar, each additional root), including all
  - Retrograde filling - per root.
  - Root amputation - per root.
  - Hemisection, including any root removal and an allowance for local anesthesia and routine post-
  
- Root planing is generally not a benefit in the same quadrant for at least a 24 month period following the completion of active therapy. Under unusual circumstances, additional documentation can be submitted to Premier Access for review. Root planing is not a benefit until 36 months after surgery in the same area.
  
- Periodontal scaling and root planing, limited as follows:
  - Four teeth or more per quadrant, limited to a minimum of 5mm pockets on at least four teeth per quadrant, 1 time per quadrant per 24 month period.
  - 1 to 3 teeth per quadrant, limited to minimum of 5mm pockets on one to three teeth, limited to 1 time per quadrant per 24 month period.
  
- Root planing is generally not a benefit in the same quadrant for at least a 24 month period following the completion of active therapy. Under unusual circumstances, additional documentation can be submitted to Premier Access for review. Root planing is not a benefit until 36 months after surgery in the same area.
  
- Periodontal maintenance procedure is not payable if performed on the same date of service as dental prophylaxis, periodontal scaling and root planing, or a full mouth debridement. Limited to 1 per 3 months.
  
- Periodontal maintenance procedure (following active treatment), limited to 1 dental prophylaxis or 1 periodontal maintenance procedure per 6 month period. (During the 6 month period, benefits include either 1 dental prophylaxis or 1 periodontal maintenance procedure, but not both.)
  
- Periodontal related services as listed below, limited to 1 time per quadrant of the mouth in any 36 month period with charges combined for gingivectomy, gingival flap procedure, pedicle grafts, soft tissue grafts, subepithelial tissue grafts, or osseous surgery performed in the same quadrant within the same 36 month period.
  - Gingival flap procedures.
  - Gingivectomy procedures.
  - Osseous surgery.
  - Pedicle tissue grafts.
  - Soft tissue grafts.
  - Subepithelial tissue grafts.
  - Bone replacement grafts.
  - Guided tissue regeneration.
  - Crown lengthening procedures - hard tissue.

### Class III: Major Dental Services

- Inlays and onlays (metallic), limited as follows:
  - Covered only when the tooth cannot be restored by an amalgam or composite filling.
  - Covered only if more than 5 years have elapsed since last placement.
  - Limited to persons age 16 and above.
  - Inlays and onlays on teeth which may be restored with an amalgam or composite resin filling are not covered.
  - Build-up procedure is not covered as a separate service.
  - Benefits are based on the date of cementation.
- Porcelain restorations on anterior teeth, limited as follows:
  - Covered only when the tooth cannot be restored by an amalgam or composite filling.
  - Covered only if more than 5 years have elapsed since last placement.
  - Limited to permanent teeth. Porcelain restorations on over-retained primary teeth are not covered.
  - Limited to persons age 16 and above.
  - Porcelain restorations on teeth which may be restored with an amalgam or composite resin filling are not covered.
  - Build-up procedure is not covered as a separate service.
  - Benefits based on the date of cementation.
- Cast crowns, limited as follows:
  - Covered only when the tooth cannot be restored by an amalgam or composite filling.
  - Covered only if more than 5 years have elapsed since last placement.
  - Limited to permanent teeth. Cast crowns on over-retained primary teeth are not covered.
  - Limited to persons age 16 and above.
  - Crowns on third molars where adjacent first and second molars are present or where there is no occlusion with opposing are not covered.
  - Crowns on teeth which may be restored with an amalgam or composite resin filling are not covered.
  - Build-up procedure is not covered as a separate service.
  - Benefits based on the date of cementation.
- Post and core:
  - Covered only for endodontically treated teeth requiring crowns.
  - One post and core is covered per tooth.

- Full dentures, limited as follows:
  - Limited to 1 full denture per arch.
  - Replacement covered only if 5 years have elapsed since last replacement AND the full denture cannot be made serviceable (please refer to the Denture or Bridge).
  - Replacement/Addition provision under Exclusions and Limitations for exceptions).
  - Service includes any adjustment or reline performed within 12 months of initial insertion.
  - We will not pay additional benefits for personalized dentures or overdentures or associated treatment.
  - Benefits for dentures are based on the date of delivery.
- Partial dentures, including any clasps and rests and all teeth, limited as follows:
  - Limited to 1 partial denture per arch.
  - Replacement covered only if 5 years have elapsed since last placement AND the partial denture cannot be made serviceable (please refer to the denture or bridge replacement/addition provision under exclusions and limitations for exceptions).
  - Service includes any adjustment or reline performed within 12 months of initial insertion.
  - There are no benefits for precision or semi-precision attachments.
  - Benefits for partial dentures are based on the date of delivery.
- Denture adjustments, limited to:
  - 1 time in any 12 month period; and
  - Adjustments made more than 12 months after the insertion of the denture.
- Relining and rebasing dentures, limited to 1 time per 12 month period.
- Relines and rebases performed more than 12 months after initial insertion of the denture.
- Tissue conditioning, limited to repairs or adjustment performed once in a 12 month period.
- Fixed bridge limited as follows:
  - Limited to persons age 16 and above.
  - Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge:
    - Is more than 5 years old (see the Denture or Bridge Replacement/Addition provision under Exclusions and Limitations for exceptions); and cannot be made serviceable.
    - A fixed bridge replacing the extracted portion of a hemisected tooth is not covered.
    - Placement and replacement of cantilever bridges on posterior teeth will not be covered.
    - Benefits for bridges are based on the date of cementation.



## EXCLUSIONS AND LIMITATIONS

### Denture or Bridge Replacement/Addition

- Replacement of a full denture, partial denture, or fixed bridge are not covered benefits unless:
  - 5 years have elapsed since last replacement of the denture or bridge; and the denture or bridge cannot be made serviceable; or, the denture or bridge was damaged while in the Covered Person's mouth when an Injury was suffered while insured under this Policy, and it cannot be made serviceable.

However, the following exceptions will apply:

- Benefits for the replacement of an existing partial denture that is less than 5 years old will be covered if there is a Dentally Necessary extraction of an additional Functioning Natural Tooth that cannot be added to the existing partial denture.
- Benefits for the replacement of an existing fixed bridge is less than 5 years old will be payable if there is a Dentally Necessary extraction of an additional Functioning Natural Tooth, and the extracted tooth was not an abutment to an existing bridge.
- Replacement of a lost bridge is not a Covered Benefit.
- A bridge to replace extracted roots when the majority of the natural crown is missing is not a Covered
- Placement and replacement of cantilever bridges on posterior teeth will not be covered.
- Replacement of an extracted tooth will not be considered a Covered Benefit if the tooth was an abutment of an existing Prosthesis that is less than 5 years old.
- Replacement of an existing partial denture, full denture, crown or bridge with more costly units/different type of units, are limited to the corresponding benefit for the existing unit being replaced.

### Implants

Implants, and procedures and appliances associated with them, are not Covered Benefits.

### Covered Services and Supplies do not include:

- 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.
- Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
- 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.
- Replacement of a lost or stolen Appliance or Prosthesis.
- Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
- Completion of claim forms.
- Missed dental appointments.
- All services for which a claim is submitted more than 6 months after the date of service.
- Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
- Treatment for a jaw fracture.
- Services or supplies provided by a Dentist, Dental Hygienist, denturist or doctor who is: a) a close relative or a person who ordinarily resides with You or a Dependent; b) an Employee of the Employer; c) the Employer.
- Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
- Services and supplies obtained while outside the United States, except for Emergency Dental Care.
- Any Charges which are: 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, Premier Access will always reimburse any state or local medical assistance (Medi-Cal) agency for Covered Services and Supplies.
- Not imposed against the person or for which the person is not liable.
- 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.
- Services and supplies provided primarily for cosmetic purposes.
- Services and supplies which may not reasonably be expected to successfully correct the Insured's dental condition for a period of at least three years, as determined by Premier Access.
- Orthodontic services, supplies, appliances and Orthodontic-related services, unless an Orthodontic rider was included in the Policy.
- Extraction of asymptomatic, pathology-free third molars (wisdom teeth).
- Replacement of stayplates.
- Correction of congenital conditions or replacement of congenitally missing permanent teeth not covered, regardless of the length of time the deciduous tooth is retained.
- Temporary tooth stabilization, other than covered space maintainers, is not covered.
- Oral sedation and nitrous oxide analgesia are not covered, except for dependent children through age 6.
- Restorative procedures, root canals and appliances which are provided because of attrition, abrasion, erosion, wear, or for cosmetic purposes.