



Max Care Dental \$1500

OFFICE VISIT COPAY(S)			
• Office Visit- \$25 Copay per visit			
PREVENTIVE CARE (100% Coverage) - No Waiting Period			
• Routine Exam (1 in 6 months)	• Cleaning (1 in 6 months)	• Bitewing X-rays (1 in 6 months)	• Fluoride for Children 19 & under (1-12 months)
BASIC CARE (80% Coverage) - No Waiting Period			
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Sealants (age 15 and under)	• Simple restorative services (fillings)	• Simple Extractions
MAJOR CARE (50% Coverage) - *12 Month Waiting Period			
• Periodontics (surgical)	• Space Maintainers	• Major restorative services (crowns and inlays)	• General anesthesia (for services dentally necessary)
• Replacement of prosthodontics, dentures, crowns and inlays Prosthetics (bridges, dentures)	• Endodontics/root canal therapy	• Denture relines	• Oral Surgery
• Implants			
Max Care Dental \$1500			
Member Only	Member & Spouse	Member & Child	Member & Family
\$41.95	\$80.95	\$86.95	\$124.95

This is a benefit summary and does not list all covered procedures. Please refer to your policy/certificate for all procedures and at what coinsurance they are covered.

MAC PLAN - Services completed by an out of network provider will most likely incur beyond what the contracted provider would charge for the same procedure.

Waiting period for Major services may be waived with proof of prior coverage provided by the member. Proof of prior coverage will only be accepted from the prior carrier within 30 days of effective date, and showing 12 months of continuous fully insured coverage with no lapse.

ADDITIONAL SERVICES - DENTAL RX

A prescription issued from your dentist may be covered at 100% , refer to your cards
Or call: 1-877-659-6101

Dental benefits offered and administered by First Continental Life and Accident Insurance Company 101 Parklane Blvd. Suite 301 | Sugar Land, Texas 77478.

Limitations and Exclusions

Covered Expenses Will Not Include and No Benefits Will be Payable:

1. For any treatment which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
2. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
3. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage. But the extraction of a third molar (wisdom tooth) will not qualify the item for payment. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Coverage does not include the part of the cost that applies specifically to replacement of teeth extracted prior to the period of coverage.
4. For addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth extracted during the same period of continuous coverage.
5. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
6. For any expense incurred or procedure begun after the Insured's insurance under this section terminates, except for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
7. To duplicate appliances or replace lost or stolen appliances.
8. For appliances, restorations or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat jaw fractures or disturbances of the temporomandibular joint.
9. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
10. For broken appointments or the completion of claim forms.
11. For orthodontia service or for any services associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid.
12. For sealants which are:
 - a. not applied to a permanent molar;
 - b. applied before age 6 or after attaining age 16; or
 - c. reapplied to a molar within three years from the date of a previous sealant application.
13. For subgingival curettage or root planing (procedure numbers 4220 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
14. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.
15. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under any Workers Compensation Act or similar laws.
16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
17. For services which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
18. Because of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
20. For any services related to: equilibration, bite registration or bite analysis.
21. For crowns for the purpose of periodontal splinting.
22. For charges for: any implants; overdentures; precision or semi-precision attachments and associated endodontic treatment; other customized attachments; or specialized prosthodontic techniques or characterizations.
23. For charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.
24. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
25. Services or supplies provided by a family member or a member of the Insured's household.

Note: This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. See your certificate for details.

Predetermination of Benefits: As a service to protect the Insured, First Continental Life & Accident Insurance Co. will provide predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps Insured's better understand their coverage. The Insured should submit the treatment plan to First Continental Life & Accident Insurance Co. for review and predetermination of benefits before the service begins.

TAKEOVER BENEFITS

Takeover means that you are given credit for waiting periods for like coverage's accumulated under your existing plan. No credit is given for deductibles satisfied under your existing plan.

1. In order to provide Takeover Benefits your employer's current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan.
2. All employees insured on the effective date with continuous coverage from the prior group dental contract are eligible for Takeover Benefits. Waiting periods will be reduced by the amount of time insured under the prior plan.
3. A minimum of three (3) enrolled members are needed for an employer to be eligible for Takeover Benefits.
4. Takeover Benefits must be requested and are subject to the approval of First Continental Life & Accident Insurance Co.

Submission of Claims:

First Continental Life & Accident Insurance Co.
ATTN: Claims Department
101 Parklane Blvd, Suite 301
Sugar Land, TX. 77478

Verification of Claims:

281-313-7170 (local)
1-877-493-6282 (toll free)