

| CODE | BENEFIT GUIDELINES |
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| NB | Indicates this is not a covered procedure under this Plan. |
| G or E | The Plan: ...limits reimbursement to two (2) reinforcement pins per tooth. ...does not reimburse a prophylaxis and periodontal scaling/root planing performed on same day ...does not reimburse for the surgical removal of a residual root performed the same day as the extraction of the tooth ...does not pay for facings on crowns or pontics which are posterior to the first molar as they are considered cosmetic. ...does not pay for orthodontic adjustments where appliance is not on file. |
| F | FREQUENCY LIMITATIONS: The Plan provides reimbursement for: ...root canal therapy; the Plan will pay a one-time benefit per tooth. ...prosthetics and restoration: however, there is a 5 year limitation for the replacement of dentures, crowns and bridgework. ...periodontal surgery: there is a 5 year limitation for periodontal surgery. ...one full mouth series of x-rays or one panorex once every 2 calendar years. ...an examination and cleaning every 6 months. ...a denture reline 4 months from the date of insertion of the denture. ...an office reline will be limited to once every 12 months. ...a laboratory reline will be limited to once every 24 months. |

| CODE | EMPLOYMENT RELATED EXCLUSIONS |
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| T | Ineligible due to termination of employment. |
| B | The Plan does not provide benefits for the completion of treatment started prior to becoming eligible; or the replacement of pre-existing missing teeth with a prosthetic-during the first year of employment or crown where tooth has not been treated by root canal while eligible. If you had prior coverage call (212) 815-1234 as it may affect this pre-existing condition exclusion. |
| N | Not eligible for this benefit due to the Plan's rules and regulations. |

| CODE | MONEY RELATED EXCLUSIONS |
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| M | The patient's yearly dollar maximum has been exhausted. |
| O | The patient's life-time dollar amount for orthodontic treatment has been exhausted. |
| P | This dental procedure has been paid on a previously submitted claim. |
| X | This patient's x-ray benefit dollar maximum has been exhausted. The Plan provides \$50 in x-ray benefit reimbursement in any two consecutive calendar years. |

| CODE | CLINICAL ISSUES |
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| D | An examination of our records indicates that the procedure cannot be performed, because our records indicate that the tooth in question is missing. |
| C | Reimbursement for the procedure has been lowered or denied based on our clinical review. |
| A | This procedure is age-related and has been denied based on the patient's age. |

If you feel that the Plan made an error in processing your form due to inaccurate information - contact the Plan office immediately.

