



Tricorp Inc

Plan Name Low MAC
 Effective Date 05/01/2006

	IN-NETWORK	OUT-OF-NETWORK
Individual Annual Deductible (applies to basic and major dental services only)	\$50	\$50
Family Annual Deductible (applies to basic and major dental services only)	\$150	\$150
Policy Year Maximum (combined for both In-Network and Out-of-Network)	\$1,500	\$1,500
Policy Ortho Lifetime Maximum (combined for both In-Network and Out-of-Network)	\$1,000	\$1,000
For new enrollees, a 12-month waiting period applies to major services	Yes	
Orthodontic eligibility requirement	Child	

COVERED SERVICES	PLAN REIMBURSEMENT		BENEFIT GUIDELINES
	IN-NETWORK	OUT-OF-NETWORK*	
PREVENTIVE & DIAGNOSTIC DENTAL SERVICES			
Periodic Oral Evaluation	100%	100%	Up to once per six month period.
Prophylaxis	100%	100%	Up to 2 per year.
Bitewing X-Rays	100%	100%	Once per 12 months, limit 4 films.
Full Mouth X-Rays	100%	100%	Once per 60 months, except when taken for diagnosis of 3rd molars, cysts, or neoplasms.
Fluoride treatments age 14 & under	100%	100%	For Eligible Dependents age 14 and under once per 12 months.
Sealants (once each posterior tooth)	100%	100%	For Eligible Dependents age 14 and under once for 1st and 2nd permanent molar.
Space Maintainers	100%	100%	For Eligible Dependents age 14 and under once per lifetime per space
BASIC DENTAL SERVICES			
Amalgam fillings	80%	80%	One restoration allowed per surface per 36 months.
Composite fillings	80%	80%	One restoration allowed per surface per 36 months, posterior composites will be paid at the rate for amalgams.
Oral Surgery (simple extractions)	80%	80%	
General Anesthesia	80%	80%	Must be performed at an Oral Surgeon's office.
Emergency Palliative Care	80%	80%	Will be covered as a separate benefit only if no other services except an exam or x-rays were performed during a
MAJOR DENTAL SERVICES			
Root canal treatment (anterior & bicuspid)	50%	50%	Once per tooth per lifetime. Re-treatment is limited to not more than once per 24 months.
Molar root canal treatment	50%	50%	Once per tooth per lifetime. Re-treatment is limited to not more than once per 24 months.
Pulp capping	50%	50%	
Periodontal (Scaling and Root Planning)	50%	50%	Once per quadrant per 24 months. Must be submitted for Pre-authorization before treatment.
Periodontal maintenance	50%	50%	Up to 2 per year. Must follow active periodontal treatment.
Periodontal (osseous surgery)	50%	50%	Once per quadrant per 36 months.
Surgical Extractions of impacted tooth	50%	50%	
Crowns	50%	50%	Limited to once per tooth per 7 years.
Fixed Bridges	50%	50%	Limited to once per 7 years.
Dentures	50%	50%	Limited to once per 7 years.
ORTHODONTIC SERVICES			
Diagnose of correct misalignment of the teeth or bite including Phase I and Phase II.	50%	50%	Lifetime benefit pro-rated over a 24 month period.

A child is covered up to age 19; A full time student is covered up to age 23.

Benefits are subject to exclusions and limitations to policy language and for your plan.

*The out of network percentage of benefits applies to the schedule of Maximum Allowable Charges (MAC). MACs are limitations or billed charges in the geographic area in which the expenses are incurred.

For a summary of the benefits, please refer to the Certificate of Coverage for specific details and full exclusions & limitations of your plan.

DenexDental plans are underwritten by Group Dental Service of Maryland.

Frequently Asked Questions

Do I have to choose a dentist?

No. You may select the dentist of your choice. However, you will receive the highest level of benefits available in your group's program by choosing an in-network provider. When you visit a participating dentist, you have the opportunity to maximize your benefit plan with access to negotiated network fees, resulting in lower out-of-pocket expenses.

What is a Negotiated network fee?

A negotiated network fee refers to a discounted schedule that participating in-network providers agree to accept as payment in full for services rendered. Typical discounts range from approximately 20%-35%. Depending on the service rendered, your plan may cover all or part of the discounted fee.

How many dentists are in-network?

There are over 65,000 participating in-network dentists nationwide, including over 15,000 specialists. So, you should have no problem finding a participating provider in your area, while traveling, if emergency care is needed, or for your eligible dependents away at college. All in-network dentists meet strict credentialing standards and have agreed to accept negotiated discounts as payment-in-full (**no balance billing**) for covered services rendered.

How do I locate in-network dentists?

You can conduct online provider searches on our website at www.denexdental.com, or call our customer service department at 1-866-4Denex1.

The dentist I want to visit does not participate in-network. Is there anything I can do to encourage my dentist to participate?

Yes. Our dental network is continually expanding and new providers may be added, if they meet our credentialing standards. Either you or your dentist can fill out a "nominate a provider form" available on the Denex Dental website at www.denexdental.com. Please note, that there may be instances where the dentist chooses not to participate in our network, or we choose not to accept the application due to our stringent credentialing process.

Do my Dependents have to visit the same dentist that I visit?

No, you and your dependents have the freedom to choose any dentist, and can switch as many times as you would like during the policy year.

How do I get reimbursed if I visit a dentist out-of-network?

If you visit a dentist out-of-network, you may be responsible for paying the entire fee at the time of service. You must then submit a claim form to Denex Dental to receive your benefit within approximately 7 business days.

How and when do I file a claim?

In-network providers have contractually agreed to file claims for you. If your dentist does not participate in the network (out-of-network), you may have to file the claim yourself. A claim form is included in your welcome kit; it is also available from your benefits administrator, or it can be printed from the Denex Dental website at: www.denexdental.com. Remember to bring a claim form with you to your appointment so your dentist can help you fill it out. For each claim submission, Denex Dental will mail you, within approximately 5-7 business days of receipt, a concise explanation of benefits and reimbursement according to your plan guidelines. For questions regarding claims or benefits, please call: 1-866-4Denex1.

Denex Dental Claims Address:

P.O. Box 926049

Houston, Texas 77292-6049

Can I find out how much services will cost me out-of-pocket and obtain an estimate of what will be covered prior to treatment?

Yes, Denex Dental suggests that you have your dentist submit a request for a pre-authorization for services in excess of \$300. This often applies to major services such as crowns, bridges, dentures, periodontics and oral surgery, **and is required for Periodontal Scaling and Root Planning, a costly procedure that is not necessary for everyone.** If your provider recommends this course of treatment, have him or her submit, a pre-authorization form, along with the necessary periodontal charting, and necessary records for Denex Dental to approve.

Denex Dental will review all requests to ensure a high standard of care, and determine whether the member or eligible dependent does, in fact, require the procedure.

A detailed estimate of what services are covered, and at what payment level, will be sent to both you and your dentist within 48 hours of receipt. If the service is denied, you will be responsible for payment in full.

What happens after I fill out my enrollment form? How do I know I can start using my coverage?

Upon receipt of your group's enrollment materials, you will be issued a group number and will be eligible for coverage. We will also send individual welcome packets, including all contact and service information, and customized ID cards to your group's benefits administrator.

Do I need an ID to receive services?

No, you do not need to present your ID card to your dentist to receive treatment. Notify your dentist that you are enrolled in Denex Dental, and that you are using the Dentemax network. Your dentist can easily call the Denex Dental customer service department to verify eligibility.



Enrollment

PLEASE PRINT CLEARLY WHEN FILLING OUT THIS FORM

EMPLOYER INFORMATION

(To be entered by company representative)

Company Name: Tricorp Inc

Date of Hire: _____

Address: 9303 SWINBURNE COURT

Employee Status: Hourly
 Salaried
 Retired

City: FAIRFAX State: VA Zip Code: 22031

EMPLOYEE INFORMATION

(To be entered by employee)

Employee Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

City: _____ State: _____ Zip Code: _____

Marital Status: Single
 Married

WAIVER OF ENROLLMENT: I elect *not* to participate in the plan at the present time.

Signature: _____

Date: _____

PLAN OPTIONS

Select Plan Options (please circle one):

DenexPlus Low MAC

Requested Level of Coverage:

Employee Only
 Employee & Spouse
 Employee & Child(ren)
 Family

PERSON(S) COVERED:

Last Name	First Name	MI	Sex	DOB	SSN	Relation	Student*
Employee							
Dependents							

*If a dependent is over age 19, you must submit proof of full-time enrollment at an accredited school or university.

The applicant represents that he/she has read each question and that the answers are complete and true to the best of his/her knowledge or belief.

The proposed rates shall take effect as of the requested effective date if this application is accepted. In the event that the application is not accepted, any premium advances shall be refunded.

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Enrollee Signature: _____

Date: _____

Plans underwritten by Group Dental Service of Maryland, Inc; 111 Rockville Pike, Suite 950; Rockville, MD 20850