

**Sabin Metal Corporation****Contract Period: January 1, 2020 through December 31, 2020****Funding Arrangement:****Prospective**

<b>Population:</b>	<b>All Subscribers</b>
<b>Plan:</b>	<b>Dental Blue Options</b>
<b>CoInsurance:</b>	<b>In / Out of Network</b>
Class I:	100% / 100%
Class II:	80% / 80%
Class IIA:	50% / 50%
Class III:	50% / 50%
Class IV:	0% / 0%
<b>Fee Schedules:</b>	<b>In / Out of Network</b>
In Area:	Blue Shield / Blue Shield
Out of Area:	Blue Shield / Blue Shield
<b>Deductible:</b>	\$50/\$150
<b>Annual Max:</b>	\$1,000
<b>Benefit Cycle:</b>	Calendar Year Benefits
<b>Deductible Classes:</b>	Classes II, IIa, III
<b>Max Classes:</b>	Classes II, IIa, III
<b>Ortho Lifetime Max:</b>	\$0
<b>Riders:</b>	<ul style="list-style-type: none"><li>• Dependent to Age 19</li><li>• Student to Age 19</li></ul>

## Sabin Metal Dental Summary

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<b>Preventive and Diagnostic Services</b>	Not subject to the deductible, except for x-rays
Cleaning & Exam (twice per calendar year)	100%
Topical Fluoride application for members under age 19 (twice per calendar year)	100%
Emergency Palliative Treatment to relieve pain	100%, when other services are rendered
Sealants (once per tooth in 36 consecutive months for first and second unrestored permanent molars)	100%, for members under age 16
X-rays (full mouth 1 in 3 years, bitewings 1 in 12 months)	80%, subject to the annual deductible
<b>Basic Restorative</b>	Subject to the annual deductible
Fillings - Amalgam or composite (anterior) restorations for treatment of cavities (once per tooth per year)	80%
<b>Oral Surgery</b>	Subject to the annual deductible
Routine Extraction	80%
Non-routine Extraction (Surgical, Soft tissue, Impactions)	50%, twelve month waiting period applies
<b>Periodontics (Gum and Tissue)</b>	Subject to the annual deductible, twelve month waiting period applies
Surgical Procedures: Gingivectomy, Osseous Surgery or Mucogingival Surgery (allowed once in 36 months)	50%
Non-Surgical Procedures: Periodontal Root Planning/Scaling (allowed once in 24 months)	50%
Periodontal Maintenance following Surgery	50%, allowed twice per calendar year, combined with cleaning procedures
<b>Endodontics (Nerve and Pulp)</b>	Subject to the annual deductible, six month waiting period applies
Root Canal Treatment	50%
Apicoectomy	50%

## Sabin Metal Dental Summary

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<b>Removable Prosthetics</b>	Subject to the annual deductible, twenty-four month waiting period applies. Allowed once every 5 years, combined with Fixed Prosthetics
Complete Dentures	50%
Partial Dentures	50%
Denture Repair/Adjustment	50%
<b>Fixed Prosthetics</b>	Subject to the annual deductible, twenty-four month waiting period applies. Allowed once every 5 years, combined with Removable Prosthetics
Crowns, Inlays/Onlays, Bridges	50%
<b>Orthodontics</b>	
Orthodontia	No coverage
<b>General Benefit Information</b>	
Annual Deductible	\$50 deductible per individual
Annual Maximum	\$1,000 per individual, applies to all services
Orthodontia Maximum	N/A
Unique Exclusions	Missing Tooth Exclusion: Replacement of teeth missing prior to effective date of coverage are not covered.
Pricing	Priced according to the Blue Shield Schedule of Allowances. Dentists who participate with Blue Shield agree to accept the Schedule of Allowances.

All covered procedures are subject to an alternative benefit allowance. When there is more than one technique or material type for a dental procedure, the dental plan will reimburse for the procedure which has the lesser allowance. When alternate benefit is enforced, the subscriber's benefits are not intended to interfere with the treatment plan recommended by the dentist. The subscriber and dentist should discuss which treatment is best suited for the patient, and may proceed with the original treatment plan regardless of the benefit determination. If the more expensive treatment is chosen, the subscriber is liable for the balance up to the billed amount.

**This Is Not A Contract. It Is Intended To Highlight The Coverage Of This Program. Benefits Are Determined By The Terms Of The Contract. All Benefits Are Subject To Clinical Necessity.**