



Plan: Elite Choice
Underwritten by: Companion Life Insurance Company
Administered by: Dental Management Administrators
Effective Date: 1/1/2026
Benefit Year: Calendar

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Bitewing X-rays, Fluoride	100%	See Claim Payment Schedule*
Type 2 - Basic Fillings	See Co-Pay Schedule	See Claim Payment Schedule*
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Type 4 - Orthodontics Dependent children up to age Adult Orthodontics	Discount Only Discount Only	No Coverage No Coverage
Sealants	See Co-Pay Schedule	See Claim Payment Schedule*
Space Maintainers	See Co-Pay Schedule	See Claim Payment Schedule*
Endodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Periodontics	See Co-Pay Schedule	See Claim Payment Schedule*
Simple Extractions	See Co-Pay Schedule	See Claim Payment Schedule*
Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule*
Specialists	Included **	See Claim Payment Schedule*
** All in-network copayments included in the co-pay schedule apply to services performed at both general dentists and specialists.		

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None

Deductible	In and Out of Network Deductibles are Combined
Per Person	\$0.00
Family Max	\$0.00
Deductible Applies To	Type 2 & Type 3

Annual Maximum Per Person	\$2,000.00
Orthodontic Lifetime Maximum	N/A

Network / Reimbursement Schedule	TDA PPO	See Claim Payment Schedule*
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Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 19
Sealants	Up to age 17
Space Maintainers	No frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	2 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in See Co-Pay Schedule
Anesthesia - (Limited to surgical procedures only)	Covered in See Co-Pay Schedule
Implants / Implant Abutments	Over age 16, 1 per 10 years
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 24 months

* When using a non-participating provider, the insured is responsible for all fees in excess of the plan payment listed in the claim payment schedule.

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Elite Choice Group Dental Plan

Exclusions & Limitations

1. In the first twelve months that a person is insured if the person is a Late Entrant; except for exams, cleanings, and fluoride application. The benefits are limited to procedures numbered 0120, 0140, 0150, 0180, 1110, 1120, 1206 and 1208.
2. For any treatment which is for cosmetic purposes, or to correct congenital malformations, other than medically necessary treatment of congenital cleft in the lip or palate, or both.
3. 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. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this section, it will be a Covered Expense.
4. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this section. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
5. For any procedure begun before the Insured was covered under this section.
6. For any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
7. To replace lost or stolen appliances.
8. For appliances, restorations, or procedures to:
 - a. alter vertical dimensions;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat disturbances of the temporomandibular joint.
9. For any procedure which is not shown on the List of Dental Procedures.
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene, or dental plaque control.
11. For the completion of claim forms.
12. For sealants which are:
 - a. not applied to a permanent molar;
 - b. applied after attaining age 17;
 - c. applied to a molar more than once.
13. Gingival flap procedure, including root planning (procedure numbers 4240, 4241, 4340 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 injury arising out of, or in the course of, work for wage or profit.
15. By an Insured because of a sickness, injury, or condition for which he or she is eligible for benefits under Worker's Compensation 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 or which are not required for necessary care and treatment.
18. Because of war or any act of war, declared or not.
19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
20. Any services related to: equilibration; bite registration or bite analysis.
21. Crowns for the purpose of periodontal splinting.
22. Charges for: any implants; precision or semi-precision attachments and any endodontic treatment associated with it; other customized attachments, unless specifically listed in policy.
23. For endodontic treatment of the same tooth within a three (3) year period.
24. For root canal treatment when it has not been demonstrated that unusual morphological or pathological conditions exist and when performed by a non-endodontic specialist.
25. For more than one filling for each tooth surface in a 24-month period.
26. For non-surgical periodontal treatment more than once in a two (2) year period.
27. For surgical periodontal treatment more than once in a three (3) period.
28. For crown build-ups when less than three (3) of the five (5) tooth surfaces are destroyed.
29. For crown build-ups (pin, bonded, or post and core) more than once in a five (5) year period.