

Surency Dental Benefits Summary

FIRST MISSOURI BANCSHARES

Group #40187 Effective 8/1/2016

Maximum Contract Benefit Per Person:

Benefit % Paid

The maximum benefit payment for all covered dental procedures for each Eligible Person in any one <u>calendar</u> year is: <u>One Thousand Dollars</u> (\$1,000.00).

The maximum payment for orthodontic procedures for any Eligible Person is: One Thousand Five Hundred Dollars (\$1,500.00) during such person's lifetime.

Payment for the orthodontic procedures shall not be included in determining the maximum benefit payment for each <u>calendar</u> year.

Deductible Limitations

Coverage for diagnostic and preventive services is not subject to any deductible amount. For all other covered benefits, the <u>calendar</u> year deductible is:

\$50 x 3
Dependent Ages
Dependents are covered to age
twenty-six (26).

Tier	Monthly Rates
Employee Employee + Sp Employee + Ch Family	

Non-	DIAGNOSTIC & PREVENTIVE	(Not subject to deductible

110	participating		
100%	100%	Diagnostic:	Includes the following procedures necessary to evaluate existing
			dental conditions and the dental care required:

- Oral examinations once each six (6) months.
- <u>Diagnostic x-rays</u> bitewings once each six (6) months for dependents under age eighteen (18) and once each twelve (12) months for adults age eighteen (18) and over.
- <u>Full mouth x-rays or panoramic x-rays</u> once each five (5) years.

100%	100%	Preventive:	Provides for the following:
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- <u>Prophylaxis</u> (Cleanings) once each six (6) months.
- <u>Topical Fluoride</u> once each six (6) months for dependent children under age nineteen (19).
- Space Maintainers for dependent children under age fourteen (14) and only for premature loss of primary molars.
- <u>Sealants</u> once (1) per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on any surface and with the occlusal surface intact.

BASIC (Subject to deductible)

90%	80%	Ancillary:	Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain.
90%	80%	Oral Surgery:	Provides for extractions and other oral surgery including pre- and post- operative care.
90%	80%	Regular Restorative:	Provides amalgam (silver) restorations; composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12).
90%	80%	Endodontics:	Includes procedures for root canal treatments and root canal fillings.
90%	80%	Periodontics:	 a. Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted towards the limitation for prophylaxis.
			b. Surgical periodontal procedures.

MAJOR (Subject to deductible)

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60%	50%	Special Restorative:	When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns.
60%	50%	Prosthodontics:	Includes bridges, partial and complete dentures, including repairs and
			adjustments.

ORTHODONTICS (Subject to deductible)

50% Orthodontics: Includes orthodontic appliances and treatment, interceptive and

corrective, for dependent children under age nineteen (19).

This is a summary of benefits only and does not bind Surency Life & Health to any coverage. Please refer to the Description of Dental Care Coverage for complete coverage information, including exclusions and limitations. Coverage as described in the employer group's Agreement to Provide Dental Benefits (contract) is binding on all parties and supersedes all other written or oral communications.

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Welcome to Surency Dental

Surency Dental is offered through Surency Life & Health Insurance Company ("Surency"). Surency has been selected by your employer to provide your group dental coverage. We are pleased to bring these important benefits to you and any eligible dependents you have enrolled for coverage.

This Dental Benefits Summary describes the essentials features of your group dental coverage. This sheet is a summary of benefits only and does not bind Surency to any coverage. All benefits are paid according to the terms, conditions and provisions of your employer's Agreement with Surency, which is binding on all parties and supersedes all other written or oral communications.

Reduced or limited dental benefits or allowances (including no benefits or allowances) may apply in the event goods or services are obtained out of your dental network (i.e., from a provider that is not a Surency Dental Provider). If you have any questions about whether your provider is a Surency Dental Provider, ask your provider when making an appointment or contact Surency Customer Service at 866.818.8805. You may also access our network, nationwide, through our website at www.surency.com.

It is our pleasure to be of service to you.

From our website you can:

- Locate a Surency Dental Provider
 - o Go to <u>www.surency.com</u>.
 - Click on 'Surency Dental.'
 - Click on 'Locate a Provider.'
 - Search for a provider near you by street address, city, state, zip code or dentist name.
 - Click on 'Search.'
- Contact our Customer Service staff via an online form
- Review Frequently Asked Questions
- Learn more about dental health and wellness