



KIER CONSTRUCTION CORPORATION

**2021 Schedule of Dental Benefits
Option ID: KIRDI**

INDEMNITY PLAN

Group ID: SF4R
 Claims Address: P.O.Box 1807, Draper, UT 84020
 EDI Payer ID: 88067
 Customer Service: 877-453-4201

Dental Care may be received from any Dental Provider.
 Dental Charges are reimbursed according to Usual and Customary.
 Charges that exceed the Usual and Customary rate will be the patient's responsibility.

Coverage begins: Active employees first of the month following 60 days; Coverage ends the last day of month following termination.
 Minimum weekly hours for full time: 30 hours per week

Coverage Summary	Coverage Benefit	Benefit Limits January 1st-December 31st
Annual Maximum	\$1,500 per person for Class I, II, and III Services	Per Calendar Year
Deductible	\$50.00 Individual, \$150.00 Family	
Class I Services: Preventive	100% of U & C	Deductible waived. No waiting period
Class II Services: Basic	Deductible, then 90% of U & C	No waiting period
Class III Services: Major	Deductible, then 80% of U & C	12 Month Waiting Period (waiting period will be waived with proof of credible coverage)
Class IV Services: Orthodontics	50% of Billed Charges	12 Month Waiting Period (waiting period will be waived with proof of credible coverage)
Lifetime Orthodontic Maximum	\$1,500 per person	Dependent children up to the age of 26
Class I Services: Preventive	No Deductible	Benefit Limits January 1st-December 31st
Fluoride Treatment	100% of U & C	Two fluoride treatments for covered Dependent children under age 17 each Calendar Year
Oral Exams (includes problem focused exams)	100% of U & C	Twice per Calendar Year
Emergency Palliative Treatment	100% of U & C	Limited to pain relief only
Prophylaxis (Teeth Cleaning)	100% of U & C	Twice per Calendar Year
Sealants	100% of U & C	Occlusal surface of a permanent posterior tooth for Dependent children under age 17, once every 3 years
Space Maintainers	100% of U & C	Dependent children under age 17 to replace primary teeth
X-Rays Bitewings	100% of U & C	Twice per Calendar Year
X-Rays Periapicals	100% of U & C	
X-rays Full-mouth and Panoramic	100% of U & C	Once per Calendar Year
Class II Services: Basic	Deductible Applies	Benefit Limits January 1st-December 31st
Anesthesia (General) or IV Sedation	90% of U & C	When medically necessary and performed with eligible oral or dental surgery (Outpatient only)
Arestin/Antimicrobial	90% of U & C	Covered with periodontics and only if administered in dental office
Crowns, Inlays and Onlays (installation)	90% of U & C	
Crowns, Inlays and Onlays (Repair)	90% of U & C	
Endodontics (root canals)	90% of U & C	
Fillings, other than gold	90% of U & C	Amalgam Rate
Fillings - Replacements	90% of U & C	Every 24 Months
Harmful Habit Appliances/Mouth Guards	Not Covered	
Medication	Not Covered	
Nitrous Oxide or other Analgesia Inhalant	90% of U & C	
Occlusal Adjustment	Not Covered	
Oral Surgery including Extractions	90% of U & C	Includes local anesthesia and routine post-operative care. Impacted wisdom teeth covered under medical.
Periodontics	90% of U & C	All 4 quadrants can be performed on same day
Perio Maintenance	90% of U & C	2 per Calendar Year in lieu of Routine Cleaning (Prophylaxis)
Periodontal Scaling and Root Planing	90% of U & C	
Recementing of Crowns, Inlays, Onlays and Bridges	90% of U & C	

Root Canal Therapy	90% of U & C	
Tissue Conditioning	90% of U & C	
X-rays (Diagnostic)	90% of U & C	
Class III Services: Major	Deductible Applies	Benefit Limits January 1st-December 31st
Bone Grafting	80% of U & C	
Dentures - Removable or Replacement, Complete and Partial	80% of U & C	
Fixed Bridges	80% of U & C	
Implants	80% of U & C	
Relining or Rebasing of Partial or Dentures	80% of U & C	
Ossseous Surgery	80% of U & C	
Veneers	Not Covered	
Class IV Services: Orthodontic	No Deductible	Benefit Limits January 1st-December 31st
Full - Banding Treatment	50% of Billed Charges	25% of the total charge is allowed for the initial placement, payable the first month of treatment. Plan requires monthly billings as the difference between the down payment and the number of months left in the treatment plan.
Minor Tooth Guidance Appliances	50% of Billed Charges	
Monthly, Active Treatment Visits	50% of Billed Charges	

Renewal January 1, 2021

Timely Filing - 12 months from the date of service
 Dependents Covered to Age 26 regardless of student or marital status
 No Missing Tooth Clause
 Replacement Clause - 5 years
 Coordination of Benefits - Supplemental up to 100% of eligible expense
 Usual & Customary charges refer to allowed amounts
 This plan does not require Pre-Determination
 Refer to plan document for details

Margo S. Curlee
 12/8/2020

Visit www.talltreehealth.com to view benefits, claims history, link to the PPO network and more.

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.