

## Indemnity Dental Plan

The chart below provides key features (e.g. coinsurance and deductibles) for the Schools Insurance Group Indemnity Dental Plan

Personify's Customer Service center is available Monday - Friday, 5 AM to 5 PM, Pacific Time: 800-442-7247. SIG Group Number **P20**

\* The information provided here is a summary of your benefits and is not intended to take the place of or change official plan documents in any way. In the event of any discrepancy between the information in this guide and the 2026 Summary Plan Description, the Summary Plan Description will govern in all cases.

Plan	Dental Benefits
<b>Dental Network</b>	No Network; benefits are allowed based on Usual, Customary and Reasonable in the provider's geographic region
<b>Where Available</b>	
<b>How the Plan Works</b>	This is an indemnity dental plan and there is not a network of providers designated.
<b>Deductible</b>	
Whenever coinsurance percentages are payable by you, you must first meet the deductible before coinsurance begins	None
<b>Maximum Amounts</b>	
Calendar year maximum paid for dental services per person	\$2,500
Dental Accident	\$1,000
Occlusal Guard per lifetime	\$500
Orthodontia (child only) - Per lifetime	\$1,000
<b>Prior Tooth Extraction</b>	The amount payable for the replacement of teeth that are missing when a person first becomes insured is 50% of the amount payable for the replacement of teeth that are extracted after a person has dental coverage. This payment limitation no longer applies after 24 months of continuous coverage.
<b>Preventive Benefits</b>	
<b>Diagnostic Exams</b> (2 per calendar year)	100%
<b>Prophylaxis cleanings</b> (2 per calendar year)	100%
<b>Fluoride to age 19</b> (2 per calendar year)	100%
<b>Sealants to age 14</b> (1 sealant per posterior tooth in 36 month period)	100%
<b>Full mouth panoramic x-ray</b> (1 per 36 month period)	100%
<b>Bitewings</b>	100%
<b>Space maintainers</b> (limited to non-orthodontic treatment)	100%
<b>Palliative</b> (emergency) care	100%
<b>Basic Services</b>	
<b>Filings</b>	100%
<b>Root Canal Therapy</b>	100%
<b>Periodontal scaling and root planning</b>	100%
<b>Extractions</b> (soft tissue, partial bony and complete bony)	100%
<b>Major Services</b>	
<b>Crowns</b> (only when the tooth, as a result of extensive caries or fracture, cannot be restored with amalgam, composite/resin, silicate or acrylic or plastic restoration)	90%
<b>Removable appliances</b>	50%
<b>Partial Dentures</b>	50%
<b>Complete Dentures</b>	50%
<b>Bridges</b>	50%
<b>Orthodontic Services</b>	
Children only covered. Work-up including x-rays, casts and treatment plan and the first month of active treatment including all active treatment and retention appliances	50%
Payments for comprehensive full-banded orthodontic treatment are made in installments. Benefit payments will be made every 3 months. The first payment is due when the appliance is installed. Later payments are due at the end of each 3-month period. The first installment is 25% of the charge for the entire course of treatment. The remainder of the charge is prorated over the estimated duration of treatment. Payments are only made for services provided while a person is insured. If insurance coverage ends or treatment ceases, payment for the last 3-month period will be prorated.	