APOGEE INSTRUMENTS INC (Grp #: APO04012025)
Benefit Year: January 1 - December 31

motivhealth

BENEFITS	IN-NETWORK	NON-NETWORK*
MAXIMUM ANNUAL BENEFIT	$1,500	
DEDUCTIBLE	$50/Person or $150/Family	
DIAGNOSTIC/PREVENTIVE	No Waiting Period	
Exams, X-rays, Cleanings	100%	100% of maximum allowable fee
BASIC SERVICES	No Waiting Period	
Restorations, Extractions, Oral Surgery	80% AD	80% of maximum allowable fee AD
MAJOR SERVICES	No Waiting Period	
Crowns, Dentures, Bridges Endodontics, Periodontal Services	50% AD	50% of maximum allowable fee AD
ORTHODONTIA	No Waiting Period	
Dependents up to age 19	50%	50%
LIFETIME ORTHO MAXIMUM	$1,000	

AD: AFTER DEDUCTIBLE

*Member will be responsible for amounts billed by non-participating providers in excess of maximum allowable fee.

COVERAGE / PROVISIONS / EXCLUSIONS:	
Bone Grafts (D7953)	No Coverage
Composites (fillings):	BASIC - not downgraded to amalgam (silver filling)
Coordination of Benefits	Standard Coordination of Benefits apply
Crowns	MAJOR - paid on prep date. Downgrades to base metal.
Full Mouth Debridement (D4355)	No Coverage
Impacted Wisdom Teeth & Assoc Anes	BASIC - Extraction / BASIC - Anesthesia-up to $250 per benefit year
Implants	MAJOR-once per 10 years per tooth
Limited Oral Exam (D0140)	DIAGNOSTIC / PREVENTIVE - combines with D0120 and D0150
Missing Tooth Clause	No Coverage for teeth missing prior to effective date. Waived after 36 months of coverage.
Nitrous	No Coverage
Occlusal Guards	No Coverage
Orthodontia	25% allowed at banding. Submit monthly claims. Work in progress considered.
Panoramic & Bitewing same day?	Not allowed same day - if done, will convert to Full Mouth.
Sealants	PREVENTIVE - to age 19, non-decayed molars only, once per lifetime
Space Maintainers	PREVENTIVE - once per lifetime
FREQUENCIES*:	
Bitewings	2 times per benefit year - anytime
Exam (D0120, D0150)	2 times per benefit year - anytime
Filling Replacement	1 surface per 24 months - multiple surfaces on same tooth/same day will combine
Fluoride (D1206 or D1208)	2 times per benefit year - anytime, up to age 19
Major Replacement	1 time per 5 years and unserviceable
Panoramic or Full Mouth	1 time per 36 months
Periapical X-rays	6 times per benefit year
Perio Maintenance	2 times per benefit year - D4910, D4346, D1110 all share frequency limits
Prophy (Cleaning)	2 times per benefit year - anytime
Scaling & Root Planing (D4341)	1 time per 36 months - all quads allowed same day, 4MM+ pocket depth required

*Additional frequencies may apply to other procedures not listed on this benefit summary. Please refer to the certificate for more details.

DENTAL CLAIMS ADDRESS AND CUSTOMER SERVICE:	
MotivHealth	Phone: 844-234-4472
PO BOX 5	Fax: 435-563-4035
Smithfield, UT 84335	Email: Info@benefit-support.com
	Payor ID U8053 - no electronic attachments

Cache Premier Dental Network

www.motivhealth.com

For IN-NETWORK benefits:

Please visit *Cache Premier Dental Network - www.motivhealth.com - for a list of participating providers and benefit summaries*

To receive maximum discounts and in-network benefits, please use the Cache Premier dental network.

NOTE: This Summary does not describe all terms, conditions and limitations. Refer to your Plan Certificate or contact your Benefits Manager for more details.

In the case of a discrepancy, the Plan Certificate applies. This summary does not guarantee payment.