

Avera *MyPlan*

Preventive Dental Services Benefit Option

You have purchased this Benefit Option as an additional benefit to your Avera *MyPlan* Health Benefits Policy. This Policy is now amended to include the benefits provided by this Benefit Option.

The effective date for this Benefit Option is stated on the Acceptance Letter that is included with this document.

This Benefit Option is in effect under the same provisions that govern the Avera *MyPlan* Health Benefits Policy. All other terms, provisions and conditions of this Avera *MyPlan* Health Benefits Policy remain unchanged except as stated in this Benefit Option.

Preventive Dental Services

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- **Covered Services** - This is a Preventive Dental Services Benefit Option only. This Benefit Option does not cover such services as caps, fillings or braces.
- **Network** - You may use a dental provider of your choice when using the benefits provided in this Benefit Option.
- **Reminder** - Please keep this Preventive Dental Services Benefit Option with your Avera *MyPlan* Health Benefits Policy and other important insurance papers.
- **Contact Information** - Avera Health Plans, Inc.
3900 West Avera Drive
Sioux Falls, SD 57108
1 (888) 322-2115 (phone)
(605) 322-4540 (fax)
www.AveraHealthPlans.com

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Avera *MyPlan*

Preventive Dental Services Benefit Option

	Benefit
<p>Preventive Dental Office Visits</p> <ul style="list-style-type: none">• 2 visits per calendar year (unless stated otherwise) <p><i>Services Included:</i></p> <ul style="list-style-type: none">• <i>Routine Oral Exam</i>• <i>Teeth Cleaning</i>• <i>Fluoride Application</i>• <i>Bitewings (1set per calendar year; up to 4 films)</i>• <i>Full Mouth X-ray (1 scan per 36-month period)</i>	\$25 Co-pay
<p>Sealants</p> <ul style="list-style-type: none">• 1 treatment per 36-month period<ul style="list-style-type: none">• Treatment includes sealant on the Occlusal Surface of a Permanent Posterior Tooth• Limited to Dependent Children under 16 years of age who are covered under this Benefit Option	\$25 Co-pay