

**What are the benefits?**

Your coverage under CS Group Benefits dental plan includes all services listed on the Schedule of Benefits.

When participants incur expenses for covered dental services, payments will be made in accordance with the Schedule of Benefits.

**Are there any waiting periods?**

Benefits are subject to the following waiting periods:

Type C, Major Restorative— 6 month waiting period.

Type D, Orthodontia—12 month waiting period.

**What are the deductibles?**

Under CS Group Benefits dental plan, all services except Preventative, Type A and Type D, Orthodontia are subject to a calendar year deductible of \$25.00 per person (75.00 family maximum).

**Do I have to choose a dentist from a network?**

No, however if you happen to be using a DenteMax provider or choose to use a DenteMax provider. You will enjoy the value of the negotiated fee for covered services resulting in lower out of pocket expenses. If not, you will still enjoy the current reimbursement levels associated with the CS Group Benefits dental benefit and the ability to go to any dentist.

**What is Dentemax?**

DenteMax provides a program that links dentists, patients and providers together so that everyone can benefit. The size of the network varies, through a Preferred Provider Network, by area of the country, and may or may not affect your group.

**Where do I find a Dentemax provider?**

Our website [www.CitizensGroup.com](http://www.CitizensGroup.com) has the ability to lookup a provider in your area.



For More Information Please Contact

Plan Representative  
800-440-2468  
Option 5

Bi-Weekly Rates			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$ 12.46	\$ 24.69	\$ 27.69	\$ 39.92

Citizens Security Life Insurance Company  
12910 Shelbyville Road  
Louisville, KY 40243

**800.843.7752**  
**[www.CitizensGroup.com](http://www.CitizensGroup.com)**



**Dental Care Plan  
Benefit Description**

**Federal Government  
Employees**

## Schedule of Benefits

### **TYPE A—Diagnostic & Preventative—100% of UCR Charges**

- Clinical Oral Examinations – One such examination in any six-consecutive-month period.
- Full Mouth X-rays – including panoramic films – once in a five-year period.
- Bitewing X-rays – One set in any 12-consecutive-month period – periapical x-rays as required.
- Dental Prophylaxis – Two procedures in a 12-month period. A five-month interval must exist between prophylaxes.
- Fluoride Treatments – Limited to dependent children under the age of 16. One treatment per calendar year.
- Sealants – Limited to dependent children under the age of 14. Placement to the occlusal surface of permanent molars, once per lifetime.
- Space Maintainers – Limited to dependent children under the age of 14 – for the premature loss of a primary tooth.

*The following services are subject to a \$25.00 calendar—year deductible,  
with a maximum of 3 deductibles per family:*

### **TYPE B—Basic Care—80% of UCR Charges—Subject to Deductible**

- Amalgam and Resin Restorations – Limited to one filling per 24 months per tooth surface. Multiple restorations on a single surface will be paid as a single filling.
- Maintenance Prosthodontics – Adjustments and repairs to dentures and fixed bridges. Limited to adjustments and repairs performed more than 12 months after initial insertion.
- Emergency Care Treatment – Limited to the necessary procedures for the initial palliative treatment of pain and/or injury.
- Extractions (Simple) – Includes local anesthesia, suturing, if needed, and routine follow-up care.

### **TYPE C—Major Restorative—50% of UCR Charges—Subject to Deductible— 6 Month Waiting Period**

- Gold Inlays and Onlays – Limited to teeth that cannot be restored by an amalgam or resin filling.
- Crowns – Benefits are provided only when the tooth, as the result of extensive decay or accidental injury, cannot be restored with a direct placement restoration.
- Extractions (Surgical) – Includes impactions, residual roots, and unerupted teeth.
- Endodontics – Includes pulpotomy, apicoectomy, retrograde fillings, and root canal therapy.
- Periodontics – Adjunctive Services – Includes diagnosis, scaling and root planing, and periodontal prophylaxis (following active periodontal therapy). Limited to two prophylaxis procedures in a 12-month period, either periodontal or routine.
- Oral Surgery – Includes pre-operative and post-operative care.
- Anesthesia – General or IV sedation prompting a state of unconsciousness. Limited to eligible oral surgery procedures.
- Periodontics – Surgical Services.
- Prosthodontics – Complete or partial dentures, bridge pontics, and abutment crowns. Bridge replacements limited to more than 10 years after the initial placement. Denture replacements limited to more than five years after prior placement.

**Annual Maximum Benefit for Types A, B, and C for each Insured Person is \$1,500 per calendar year.**

### **TYPE D—Orthodontia—50% of UCR Charges—No Deductible—12 Month Waiting Period**

Orthodontic treatment is available for members and dependents after the waiting period. Orthodontics include comprehensive full banded and fixed or cemented appliances for tooth guidance or to control harmful habits.

**Lifetime Orthodontic Services per Eligible Dependent Child is \$1,500  
Lifetime Orthodontic Services per Eligible Members and Spouses is \$500**