

Dental Full Schedule of Benefits Plan Design - Orthodontic and Vision Benefit Optional Riders

The following benefit categories are payable using the 2018 CDT codes assigned by the American Dental Association® (ADA).
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These codes are proprietary and are subject to change by the ADA.

Plan benefits and amounts vary by states. Please refer to policy schedule addendum for complete list of covered procedures and benefit

Orthodontic Benefit Rider

Rider	Description	Waiting Period
Orthodontic Benefit Rider	Pays \$500 for the initial treatment. After the initial treatment, pays \$50 for treatment involving one of the orthodontic procedures listed below. *The \$500 initial treatment benefit is not payable for ADA Code D8670, Periodic Orthodontic Treatment Visit. Periodic orthodontic treatment visits are payable as continued treatment, subject to all other terms of this Rider.	24 months
D8010	limited orthodontic treatment of the primary dentition	24 months
D8020	limited orthodontic treatment of the transitional dentition	24 months
D8030	limited orthodontic treatment of the adolescent dentition	24 months
D8040	limited orthodontic treatment of the adult dentition	24 months
D8050	interceptive orthodontic treatment of the primary dentition	24 months
D8060	interceptive orthodontic treatment of the transitional dentition	24 months
D8070	comprehensive orthodontic treatment of the transitional dentition	24 months
D8080	comprehensive orthodontic treatment of the adolescent dentition	24 months
D8090	comprehensive orthodontic treatment of the adult dentition	24 months
D8670*	periodic orthodontic treatment visit	24 months

Vision Benefit Rider

Vision Rider	Pays \$50 benefit for eye exam and \$50 benefit for vision correction materials. Maximum of one eye exam per calendar year per covered person. Maximum of one correction materials benefit per calendar year per covered person.	30 days
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EXCLUSIONS AND LIMITATIONS

Each Orthodontic benefit requires that charges are incurred for treatment. We will not pay benefits for: coding convention errors, misrepresentations or upcoding, teeth missing before the policy coverage effective date, treatment outside of the United States, unlisted procedures, or unrecommended or unrequired services.

Each Vision rider benefit requires that charges are incurred. We will not pay benefits for examinations not performed by an optometrist or ophthalmologist, non-prescribed vision materials or services received outside of the United States. This list does not include a complete description of each limitation and exclusion. To obtain a complete description of benefits, limitations and exclusions, please refer to the policy or see your Colonial Life benefits counselor.