

Triple-S Salud Dental Benefits

Covered Services	You Pay
Maximum Benefit Per Insured ^(a)	\$1,000 Per Policy Year
Diagnostic & Preventive Services	
Initial comprehensive evaluation by general dentist or specialist limited to one (1) every three (3) years	20% coinsurance
Routine periodic evaluations ^(b)	20% coinsurance
Emergency evaluation ^(b)	20% coinsurance
Periapical, bitewing & occlusal x-rays	20% coinsurance
Panoramic or full mouth x-rays (complete series of x-rays) limited to once every three (3) years ^(c)	20% coinsurance
Dental prophylaxis (cleaning) ^(b)	20% coinsurance
Topical fluoride treatment for children under nineteen (19) years of age limited to two (2) per policy year, at an interval of not less than six (6) months	20% coinsurance
Restorative, Surgical & Other Services	
Amalgam restorations ^(d)	20% coinsurance
Composite resin restorations on anterior teeth ^(d)	20% coinsurance
Onlays; porcelain	20% coinsurance
Partial dental repair	20% coinsurance
Palliative treatment	20% coinsurance
Occlusal adjustment	20% coinsurance
Occlusal ferula	20% coinsurance
Oral surgery and extractions (pre and post operative care)	20% coinsurance
Composite resin restoration on posterior teeth ^(e)	30% coinsurance
Endodontic services on anterior, premolar and molar teeth	50% coinsurance
Endodontic retreatment in anterior and premolars and molars	50% coinsurance
Apicectomy on anterior, premolar and molar teeth	50% coinsurance
Inlays; porcelain	50% coinsurance
Crown recementation	50% coinsurance
Post and core construction	50% coinsurance
Bridgework recementation	50% coinsurance
Surgical repositioning of impacted teeth	50% coinsurance
Alveoloplasty	50% coinsurance
Prosthesis Services ^(e)	
Crown - predominantly base & noble metal	50% coinsurance
Crown - with high noble metal	50% coinsurance
Crowns over implants - high noble metal, according to rules & established limitations	50% coinsurance
Complete denture (complete set)	50% coinsurance
Partial denture (removable bridges)	50% coinsurance
Fixed bridges - predominantly base & noble metal	50% coinsurance
Fixed bridges - with high noble metal	50% coinsurance
Periodontal Services	
Periodontal examination	50% coinsurance
Gingivectomy & gingivoplasty	50% coinsurance
Bone surgery related to periodontal infections	50% coinsurance
Mucogingival surgery	50% coinsurance
Soft tissue & bone grafts; & membranes for tissue regeneration	50% coinsurance
Provisional splinting - extracoronal	50% coinsurance
Scaling & root planing	50% coinsurance
Periodontal maintenance	50% coinsurance
Full mouth debridement	50% coinsurance
Orthodontic Services	
	50% coinsurance
Maximum Orthodontic Benefit per insured dependent up to nineteen (19) years of age	\$1,000 Maximum Lifetime Benefit
Diagnostic services, including x-rays & study models Active treatment, including necessary devices Retention treatment posterior to active treatment Orthodontic services are reimbursed based on fees established by Triple-S Salud for these purposes based on direct compensation to the insured @ 50% of fees until the complete \$1,000 maximum lifetime benefit is reached.	

Precertification: Dentist must submit to Triple-S Salud a "precertification" for the following services before services are performed:
 Prosthesis, periodontal and endodontic pretreatment services are subject to "precertification" if receiving treatment with an In-Netwrok or participating provider. Any services received without precertification will not be covered by the Plan.

The insured is responsible for requesting precertification from Triple-S Salud before In-Network services are performed. If the insured receives services by a non-participating dentist outside of Puerto Rico, the insured will pay for the services and request reimbursement from Triple-S Salud. For the evaluation of the reimbursement, the insured is required to submit a detailed receipt which includes service codes for the received services and x-rays.

(a) Maximum dental benefit does not apply to preventive, restorative, extractions, endodontic & diagnostic services rendered to children under nineteen (19) years of age.
 (b) All limited to two (2) services per insured per policy year, done at an interval no less than six (6) months from last date of service.
 (c) One (1) pair of bitewing x-rays every policy year, per insured.
 (d) Limited to one (1) every two (2) years per tooth per surface
 (e) Crowns, fixed bridges & removable dentures done under policy validation are not covered for replacement only after five (5) years from the date of the original bridge or denture was made.

The above information provides a summary of plan provisions. If there is any discrepancy between this information and the official plan documents, the plan documents will always govern. In all cases, benefits will be paid in accordance with the Plan's official documents, insurance contracts and government regulations in effect at the time of payment. The Company reserves the right in its sole discretion to terminate, modify, discontinue or otherwise change its benefit plans at any time with or without notice, pursuant to applicable law.