Triple-S Dental Plan

citi Benefits 2021

Product Name: Dental Plan - Preferred Provider Organization
Member Services: 1-787-774-6098
Web Address: http:// www.ssspr.com

Benefits	Coverage Basic Dental (D01)	Coverage Comprehensive Dental (D10)
Annual deductible	None	None
Preventive/Diagnostic	Covered at 100%, no deductible	Covered at 100%, no deductible
Basic	Covered at 100%	Covered at 100%
Major	N/A	Covered at 50% after deductible
Orthodontia	N/A	Covered at 50% after deductible
Annual maximum	N/A	N/A
Lifetime orthodontia limit	N/A	Covered at 50% of the maximum allowed amount after a $50 deductible. Covers up to $ 3,000 per individual per lifetime.
Implants	N/A	Covered at 50%

The benefit coverage described above refers to Triple-S Preferred Dentist Program, except for Orthodontia services, which are covered by reimbursement. Triple-S Preferred Dentist Program allows you to select from a network of dentists who have agreed to charge discounted fees. You may still elect to receive services from a non-network dentist at the following benefit:

- **If the service is rendered in PR:** The Plan will pay the lesser amount between the 90% of the expenses incurred and the 90% of the fees that would have been paid to a Participating Dentist after deducting any applicable deductibles or coinsurance.
- **If the service is rendered outside PR:** The Plan will pay the lesser amount between the 100% of the expenses incurred and the 100% of the fees that would have been paid to a Participating Dentist for the same service according to the Plan's Schedule of Medical Benefits after deducting any applicable deductibles or coinsurance.

Covered Services

Preventive/Diagnostic Services/Basic Services

- Prophylaxis, dental examination, and fluoride are limited to 2 per policy year, in intermissions of no less than 6 months from the last date of service. Fluoride is covered only for participants younger than 19 years of age.
- X-ray's: One full mouth series every 36 months and supplementary bitewing x-rays no more than once during any 12-month period.
- Minor or emergency treatments and extractions including surgical removal of impacted teeth.
- Endodontic services include, but are not limited to, root canal treatment, apicoectomy (to anterior teeth and/or bicuspids), and pulpotomy.
- Fillings: Amalgam, silicate acrylic, synthetic porcelain. Composite fillings subject to 30% coinsurance.

Major Services

- Space maintainers (fixed): Covered at 50% coinsurance.
- Prosthodontic services, subject to predetermination of Triple-S: Covered at 50% coinsurance up to a maximum of $800 per insured per policy year (combined with the periodontal services maximum).
- Periodontal services: In network only, covered at 50% after $50 deductible. Up to $800 per insured per policy year (combined with the prosthodontic services maximum).
- Orthodontic services: Covered for participants at 50% up to $3,000 per life per participant.
- Implants: Covered at 50%.