



Nationwide Life Insurance Company

SCHEDULE OF BENEFITS

This Certificate Schedule of Benefits shows highlights of the coverage available under the Group Policy. Final interpretation of all provisions and coverages will be governed by the Group Policy on file with Nationwide Life Insurance Company at its administrative office and with the Policyholder.

Policyholder: National Small Business Association

Eligible Class(es): All Association Members

Eligibility Waiting Period: 0 days

Plan Year: Calendar Year

Plan Type: Participating Provider Program: In and Out-of-Network Benefits

Participating Provider Network: Maximum Care

Procedure Classes: A Preventative
B Basic
C Major

Deductible: Combined In-Network and Out-of-Network Deductible:
\$100 Individual Deductible.
Maximum Deductible per Family: 3 times the Individual Deductible.
Applies to Procedure Classes: A, B, C.
The Deductible is waived for In-Network Preventative services for Procedure Class A.

Plan Year Benefit Maximum: Combined In-Network and Out-of-Network Maximum:
Each Plan Year: 1500.00

Percentages of Covered Expenses:

Each Plan Year:

Procedure Class	Covered % In-Network	Covered % Out-of-Network	Subject to Plan Year Benefit Max
A	100%	70%	Yes
B	80%	70%	Yes
C	60%	50%	Yes

SCHEDULE OF COVERED PROCEDURES

What is Covered? The following is a complete list of Covered Procedures, their assigned Procedure Class, Waiting Period, and applicable Frequency Limitations. We will not pay benefits for expenses incurred for any Procedure not listed in this Schedule of Covered Procedures.

Procedure Class	Benefit Waiting Period
A Preventive/Diagnostic	0 Months
B Basic	0 Months
C Major	12 Months
NC Not Covered	N/A

Type of Maximum Reimbursement

In-Network	MAC - Participating Provider Maximum Allowable Charge
Out-of-Network	MAC - Participating Provider Maximum Allowable Charge

Frequency Limitations

a. Maximum of 1 procedure per 12 months	1. Limited to Dependent Children under age 12
b. Maximum of 1 procedure per 24 months	2. Limited to Dependent Children under age 14
c. Maximum of 1 procedure per 36 months	3. Limited to Dependent Children under age 16
d. Maximum of 1 procedure per 4 year period	4. Limited to Dependent Children under age 19
e. Maximum of 1 procedure per 5 year period	5. Limited to Participants age 17+
f. Maximum of 1 procedure per 7 year period	6. Limited to Participants age 19+
g. Maximum of 1 procedure per 10 year period	7. Limited to Participants age 25+
h. Maximum of 1 procedure per lifetime	
i. Maximum of 2 procedures per 12 months	
j. Maximum of 2 procedures per 24 months	
k. Maximum of 2 procedures per 36 months	
l. Applications made to permanent molar teeth only.	
m. Benefits are based on the benefit for the corresponding non-cosmetic restoration.	
n. Only in conjunction with listed complex oral surgery procedures and subject to review.	
o. Premature loss of primary tooth.	
p. Replacement of existing only if in place for 24 months.	

COVERED PROCEDURES

Diagnostic and Preventive	Procedure Class	Frequency Limitation	Benefit Waiting Period Months
Bitewing - Single, Two, Three, or Four Films	A	a	0
Emergency Palliative Treatment	B	a	0
Film(s) - Single, Additional, or Intra-Oral Occlusal	A	a	0
Full Mouth X-Ray or Panoramic Film	B	e	0
Oral Exam - Comprehensive or Periodic	A	i	0
Problem Focused Exam	B	a	0
Prophylaxis	A	i	0
Sealant	A	h,l,3	0
Space Maintainer	A	o,3	0
Topical Application of Fluoride	A	a,3	0

Fillings

Amalgam Restorations	B	p	0
Anterior Restorations	B	p	0
Posterior Restorations	B	p	0
Sedative Fillings (per Tooth)	B	b	0

Oral Surgery

Alveolectomy - With or Without Extraction (per Quadrant)	C		12
Coronal Remnants	C		12
Extraction - Erupted Tooth or Exposed Root	B		0
General Anesthesia / Intravenous Sedation	C	n	12
Impacted - Complete Bony, Partial Bony, or Soft Tissue	C		12
Incision and Drainage of Abscess – Intraoral	C		12
Surgical Extraction	C		12
Surgical Removal of Root	C		12

Periodontics (Non-Surgical)

Periodontal Debridement (Full Mouth)	C	h	12
Periodontal Maintenance Procedure	C	i	12
Scaling and Root Planing (per Quadrant)	C	b	12

Periodontics (Surgical)

Gingival Flap Surgery (per Quadrant)	C	c	12
Gingivectomy (per Quadrant)	C	c	12
Osseous Surgery (per Quadrant)	C	c	12
Soft Tissue Grafts (per Tooth)	C	c	12
Subepithelial Graft (per Tooth)	C	c	12

Endodontics

Apicoectomy - Anterior, Bicuspid, or Molar (per Tooth)	C	h	12
Retrograde Filling (per Tooth)	C	h	12
Root Amputation (per Tooth)	C	h	12
Root Canal - Anterior, Bicuspid, or Molar (per Tooth)	C	b	12
Vital Pulpotomy (Primary Teeth Only)	C	2	12

Miscellaneous

Occlusal Guard	NC		
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Bridge

Abutment Crown - Cast Metal (per Tooth)	C	f	12
Abutment Crown - Porcelain (per Tooth)	C	f,n	12
Abutment Crown - Porcelain to Metal (per Tooth)	C	f,n	12
Abutment Crown - Resin to Metal (per Tooth)	C	f,n	12
Pontic -Cast Metal (per Tooth)	C	f	12
Pontic - Porcelain to Metal (per Tooth)	C	f,n	12
Pontic - Resin to Metal (per Tooth)	C	f,n	12
Prefabricated - Post and Core (In Addition to Fixed Partial Denture Retainer) (per Tooth)	C	f	12

Crown

Cast or Prefabricated - Post and Core (In Addition to Crown) (per Tooth)	C	f	12
Core Build-up - With or Without Retainer (Including any Pins) (per Tooth)	C	f	12
Crown - Full Cast (per Tooth)	C	f	12
Crown - Porcelain (per Tooth)	C	f,n	12
Crown - Prefabricated Stainless Steel (per Tooth)	C	f	12
Crown - Resin (per Tooth)	C	f,n	12
Inlay or Onlay (per Tooth)	C	f,n	12
Veneers - Excluding Cosmetic (restorative Only)(per Tooth)	C	f,n	12

Crown and Bridge Repair

Recementation - Bridge, Crown or Onlay	B		0
Repair - Bridge or Crown	C		12

Dentures

Complete Denture (per Arch)	C	e	12
Immediate Denture (per Arch)	C	e	12
Partial Cast Metal Base (per Arch)	C	e	12
Partial Resin Base (per Arch)	C	e	12
Removable Unilateral Partial Denture (per Arch)	C	e	12

Denture Repair

Add Clasp to Existing Partial Denture	C	a	12
Add Tooth to Existing Partial Denture	C	a	12
Denture Adjustment - Complete or Partial (per Arch)	C	i	12
Rebase Denture - Complete or Partial (per Arch)	C	c	12
Reline Denture - Complete or Partial (per Arch)	C	c	12
Reline Denture - Complete or Partial (Lab) (per Arch)	C	c	12
Repair Broken Clasp	C	a	12
Repair Denture Base	C	a	12
Repair Partial Denture	C	a	12
Repair Partial Framework	C	a	12
Repair Teeth (per Tooth)	C	a	12
Replace Teeth (per Tooth)	C	a	12
Tissue Conditioning (per Arch)	C	j	12