

**Exhibit 2: Potential Supplementary Coverage for Pediatric Dental Coverage**

<b>Dental Services</b>	<b>Connecticut's CHIP (Husky B) Dental Benefits</b>	<b>Nationwide FEDVIP Dental Benefits: Aetna Dental</b>
Preventive and Diagnostic Services	Dental preventive and diagnostic services include: <ul style="list-style-type: none"> <li>• Exams, 1 every 6 months</li> <li>• X-rays: Bitewings, 1 time/year; other X-rays, as needed</li> <li>• Sealants: on premolar and molar teeth</li> <li>• Fluoride Treatments <ul style="list-style-type: none"> <li>- Including, topical therapeutic fluoride varnish application for clients with moderate to high risk of dental decay</li> </ul> </li> <li>• Access for Baby Care Early Dental Examination and Fluoride Varnish where an oral health screen, oral health education and fluoride varnish are applied to children's teeth during well child examinations up to 4 years of age</li> </ul>	Dental preventive and diagnostic services include: <ul style="list-style-type: none"> <li>• Exams, two per year</li> <li>• X-rays: Bitewings, 1 time/year (but vertical bitewings, 1 set/3 years); other X-rays, as needed</li> <li>• prophylaxis, 2 times/year</li> <li>• fluoride treatments: <ul style="list-style-type: none"> <li>- 2 treatment/year</li> <li>- topical therapeutic fluoride varnish application for clients with moderate to high risk of dental decay</li> </ul> </li> <li>• sealants: on permanent morals under age 19; one sealant/tooth/3 years</li> <li>• space maintainers, fixed or removable, under age 19</li> </ul>
Dental Orthodontia (under age of 19)	√ max. \$725 allowance	√ max. \$1,500 allowance
Replacement Retainer	Limited to one time per lifetime	not covered
Amalgam and Composite Restorations (Fillings)	√	√
Fixed Prosthodontics: Crowns, Inlays and Onlays	√	√
Recement Bridges, Crowns Inlays & Space Maintainers	√	√ limited to once per 6 months/tooth
Removable Prosthodontics: Full or Partial Dentures	√	√
Repair, Relining and Rebased Dentures	√	√ not covered in first 6 months; limited to once/3 years
Intermediate Endodontic Services	√	√ pulp cap; partial pulpotomy for apexogenesis; pulpal therapy
Major Endodontic Services: Root Canal Treatment, Retreatment of root canal therapy; apicoectomy; apexification	√	√
Oral Surgery: Surgical Extraction, including impacted teeth	√	√
Non-surgical Extraction	√	√
Periodontal Surgery and Services	√	√ periodontal scaling limited to once per quadrant/2 years; maintenance limited to twice/year
Space Maintainers	√	√
General Anesthesia and Sedation	√	√
Miscellaneous Adjunctive Procedures	√	√ no insured if covered by other medical insurance
Miscellaneous Services	<i>unsure</i>	√ fabrication of occlusal guard and athletic mouthguard; internal bleaching