BENEFITS
100% Coverage for Diagnostic and Preventive Services – not subject to deductible
- Routine periodic examinations, including bitewing x-rays once every six months.
- Dental prophylaxis (cleaning) once every six months.
  - Once every three months for diabetic patients and pregnant women.
- Topical fluoride applications once every twelve months. (Dependents under the age of 16).
- Space maintainers, fixed. (Dependents under the age of 19).

80% Coverage for Basic Services
- Emergency treatment for relief of pain.
- Extractions and other oral surgery.
- Amalgam, preformed crowns, synthetic porcelain, plastic and composite restorations (fillings).
  - Composite (white) restorations on posterior (back) teeth are optional and are payable as an amalgam (silver) benefit.
- Pulpal and root canal filling.
- Treatment of diseases of the tissues supporting the teeth.
- Full mouth x-rays once every three years.

50% Coverage for Major Services
- Crowns when teeth cannot be restored with a filling material.
- Prosthetics - provides bridges, partial dentures and complete dentures.

Deductible Limitations:
- Individual Deductible: $50.00
- Family Deductible: $100.00

Annual Maximum Benefit:
- Plan Year: January - December
- Yearly Maximum (per person): $1,200.00

Waiting Period:
- Diagnostic & Preventive: None
- Basic Services: None
- Major Services: None

Dependent Eligibility: End of the month age 26 is attained

The effective date of this policy is the first of the month following the date of eligibility.

This is a brief description of benefits and limitations. Please see coverage booklet and contract for full description.