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.
  o 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).
• Sealants. (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).
• Pulpal and root canal filling.
• Treatment of diseases of the tissues supporting the teeth.
• Full mouth x-rays once every three years.

75% Coverage for Major Services
• Crowns when teeth cannot be restored with a filling material.
• Prosthetics - provides bridges, partial dentures and complete dentures.
• Dental implants.

50% Coverage for Orthodontic Services

Deductible Limitations:
Individual Deductible: $75.00
Family Deductible: $150.00

Annual Maximum Benefit:
Plan Year: January - December
Yearly Maximum (per person): $2,000.00

Orthodontic Lifetime Maximum: $2,000.00

Waiting Period:
Diagnostic & Preventive: None
Basic Services: None
Major Services: None
Orthodontic 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.