



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).
- 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.