

Summary of Dental Benefits*

Services		Employer	Member
Deductible for Basic and Major services			\$50
Calendar year maximum benefit per member		\$3000	
PREVENTIVE & DIAGNOSTIC	Benefit Limits	Benefit	Responsibility
Oral examinations ⁷	No more than one in any six consecutive months OR Two times each calendar year	100%	0%
Routine prophylaxis or periodontal cleaning	No more than one in any six consecutive months OR Two times each calendar year	100%	0%
Topical fluoride treatments**	No more than one in any six consecutive months	100%	0%
Sealants**	No more than one application on the same tooth in any 36 consecutive months	100%	0%
Space maintainers**	Includes adjustments within six months of installation	100%	0%
Bite-wing X-rays	No more than one set in any six consecutive months	100%	0%
Full-mouth and panoramic X-rays	One time every 24 months	100%	0%
X-rays, diagnostic		100%	0%
Consultations		100%	0%
BASIC	Benefit Limits	Benefit	Responsibility
Emergency examinations and palliative treatments		80%	20%
Amalgam or composite restorations (fillings)		80%	20%
Periodontics		80%	20%
Occlusal adjustments		80%	20%
Endodontics		80%	20%
Oral surgery		80%	20%
General anesthesia, if required for extracting impacted teeth		80%	20%
Repair of dentures, partial dentures, or fixed bridges		80%	20%
Re-cement of inlays/crowns		80%	20%
MAJOR	Benefit Limits	Benefit	Responsibility
Initial or replacement crowns		50%	50%
Initial inlays/onlays		50%	50%
Porcelain restorations		50%	50%
Post and core		50%	50%
Initial or replacement dentures, partial dentures, or fixed bridges		50%	50%
ORTHODONTIA	Benefit Limits	Benefit	Responsibility
Orthodontic procedures**	Annual maximum benefit of \$1000	50%	50%

* This plan pays in the 90th percentile of usual, customary, and reasonable rates (UCR).

** Limited to children under the age of 19