



# Benefits



## summary

FOR GROUPS WITH 5 OR MORE ENROLLED EMPLOYEES

	PREVENTIVE CARE	PREVENTIVE CARE PLUS
Diagnostic and Preventive Basic Services	Not covered	100% after \$10 copay
Major Restorative	Not covered	Copayment Schedule
Orthodontia (option)	Not covered	Not covered
Deductible Options		Not covered
Annual Maximum Options		N/A

Benefit Description	Timeframes	Comments
<b>Diagnostic and Preventive Services</b>		
Oral Exams	1 exam every 6 months	
Full Mouth x-rays	1 series every 5 years	
Bitewing x-rays	1 series of 4 every 12 months	Coverage available up to age 18
	1 series of 4 every 24 months	Coverage available from age 18
Periapical x-rays	4 every 12 months	
Cleanings	Once every 6 months	
Topical Fluoride Application	Once every 12 months	Coverage available up to age 19
Emergency treatment for the relief of pain		\$50.00 Maximum per occurrence, in dentist office only
<b>Basic Services (for Preventive Care Plus Only)</b>		
Space maintainers		For missing posterior (back) primary (baby) teeth
Sealants	Once per lifetime for permanent molars for children up to age 16	
<b>Restorations</b>		
Prefomed Crowns		Coverage available up to age 19
Amalgam restorations		For posterior (back) teeth, all ages
Composite restorations		For anterior (front) teeth only, all ages
Inlays or onlays		For posterior (back) teeth, covered up to benefit level of amalgams Covered up to benefit level of amalgams, all ages

Note: This is a benefits summary only and is subject to terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with our requirements could result in benefit reductions.