

## Schedule of Benefits

Your coverage for the following plan is:

Deductible amount.....  
\$25 per person per calendar year  
3 Deductibles per family

If a person incurs covered charges in the last 3 months of a year which are used toward meeting all or any portion of the calendar year deductible, the amount of those charges will also be used toward meeting his calendar year deductible for the next year.

Insured percent.....	
Class of covered dental services	Insured %
Class I – Preventive	100% (not subject to deductible)
Class II – Basic	80% after deductible
Class III – Major	50% after deductible
Class IV – Ortho treatment	50% (not subject to deductible)

Benefit maximums.....  
1500.00 Per person per calendar year for Class I, II, and III dental services  
  
1500.00 Lifetime per person for Class IV services

Any course of treatment expected to be more than \$300 must be pre-approved for benefit determination.

- \* Occlusal guards 80%
- \* Missing tooth – Yes
- \* Waiting periods - No

\*\* Plan Year 09-01 to 08-31

## **TYPE A: PREVENTIVE, DIAGNOSTIC, OR EMERGENCY SERVICES**

1. Oral Exams
  - A. Initial exams (limited to 1 during and 24 month period)
  - B. Recall exams (limited to 2 per calendar year separated by an interval of at least of 6 months)
  - C. Emergency treatment for relief of pain or discomfort.
2. Radiographs and radiographic interpretations
  - A. Complete series of radiographs or panoramic x-rays (limited to 1 in any 36 month period)
  - B. Sets of bitewing radiographs (limited to 2 per calendar year)
  - C. Radiographs to diagnose a symptom or examine progress of course of treatment.
3. Prophylaxis (limited to 2 per calendar year)
4. Periodontal Prophylaxis
5. Sealants, under age 16
6. Topical Fluoride Applications, under age 16 (limited to 1 per benefit year)
7. Space Maintainers, under age 14, for missing teeth

## **TYPE B: RESTORATIVE AND SURGICAL PROCEDURES**

1. Amalgam Restorations/Fillings
2. Silicate, plastic, and composite restorations (not for posterior teeth)
3. Extraction of teeth
4. Preformed stainless steel crowns and repairs to preformed stainless steel crowns
5. Endodontics-root canal therapy and root canal filings, treatment of disease of the pulp tissue
6. Periodontics-treatment of disease of the gum and other supporting tissues of the teeth not including splints with cast Restorations
7. Surgery and related general anesthetic
8. Required consultations with another dentist
9. Emergency or palliative services
10. Diagnostic tests and lab exams excluding x-rays, study models, or similar records prepared orthodontic procedures
11. Repair of bridges, dentures or crown (only if 6 months from date or original placement)
12. Scaling and root planning (limited to 2 times per quadrant in any 12 month period)
13. Provisional splinting
14. Periodontal appliances
15. Pin retention (limited to 2 pins per tooth)

## **TYPE C: PROSTHODONTIC PROCEDURES**

1. Initial inlays and onlays
2. Initial crowns other than preformed stainless steel
3. Replacement inlays, onlays, and crowns
4. Porcelain restorations, only if the tooth cannot be restored by a filling or other means
5. Prosthodontic services (after 12 months of continuous coverage)
6. Gold post and core (only for teeth that have had root canal therapy)
7. Frenectomy

## **TYPE D: ORTHODONTIC PROCEDURES**

### **COVERAGE OFFERED ONLY TO ELIGIBLE DEPENDENTS UNDER AGE 19 WHEN TREATMENT BEGAN:**

1. Interceptive, interventive, or preventive orthodontic services – other than space maintainers
2. Fixed appliances (includes diagnostic procedures, formal full banded treatment, and retention)
  - A. Permanent dentition
  - B. Mixed dentition
  - C. Deciduous dentition

