



## **2012 Dental Schedule of Benefits**

### **Alternative Treatment**

In all cases in which there are optional treatments available which produce a professionally satisfactory result, only the least costly alternative will be considered eligible under This Plan.

### **Calendar Year Deductible**

There is no Calendar Year Deductible for This Plan.

### **Calendar Year Maximum per Person**

The Calendar Year Maximum Benefit is \$1,000 per Covered Person.

### **Cleanings**

The following are allowed twice per Calendar Year at 100% waiving any deductible:

1. Routine cleanings with x-rays.
2. Periodontal cleanings.

### **Co-Insurance**

The Co-Insurance for This Plan, per Calendar Year, is as follows:

Type A:	Preventive Services	100% of Usual and Customary
Type B:	Basic Services	80% of Usual and Customary
Type C:	Major Services	50% of Usual and Customary
Type D:	Orthodontic Services	50% of Usual and Customary

### **Five Year Rule**

Charges for replacing an appliance or prosthetic device, such as a denture, crown or bridge, will not be covered, unless it is at least five (5) years old and cannot be made usable.

### **Implants**

Implants, associated charges and implantology are excluded.

### **Lifetime Maximum per Person for Orthodontic Services**

Lifetime Maximum Benefit for Orthodontics is \$1,000 per Covered Person.

### **Teeth Lost Before Covered Under This Plan**

There are no benefits for a prosthetic device which replaces teeth lost before becoming Covered under This Plan, unless the device also replaces one or more natural teeth lost or extracted after the Covered Person became Covered under This Plan.

### **Waiting Period for Late Enrollees**

Type A:	Preventive Services	No restriction
Type B:	Basic Services	Six (6) month waiting period
Type C:	Major Services	Twelve (12) month waiting period
Type D:	Orthodontic Services	Twenty-Four (24) month waiting period

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