



Dental Plan 2010

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$25 per person Applies to: · Preventive Care · Basic Care · Major Care	\$25 per person Applies to: · Preventive Care · Basic Care · Major Care
Preventive Care · Routine cleanings · Check-ups · X-rays · Fluoride treatments	100%, no deductible NOTE: No charge for topical fluoride application – up to age 16.	100% after deductible NOTE: No charge for topical fluoride application – up to age 16.
Basic Care · Fillings · Extractions · Endodontics · Periodontics	85% after deductible	70% after deductible
Major Care · Crowns · Bridges · Dentures	60% after deductible	50% after deductible
Orthodontic Care Available to children age 19 or under	50%, no deductible 12-month waiting period	50%, no deductible 12-month waiting period
Maximums · Dental Care (Calendar Year) · Orthodontia (Dependent Children)	· \$2,000 per person · No maximum	· \$2,000 per person · No maximum

This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.

Out of Network - Members may be balanced billed by the provider for charges over the allowable amount.