

OVERVIEW OF DENTAL BENEFITS

SUPPORT STAFF – 20 – 29.99 HOURS

Annual Deductible:	None
Plan Year Maximum: <ul style="list-style-type: none">• Diagnostic/Preventive Services• Basic Services• Major Services	\$1,000 per covered individual for all covered services combined
Lifetime Maximum: <ul style="list-style-type: none">• Orthodontia Services	\$1,000 in a lifetime per covered individual
DENTAL EXPENSES	
Diagnostic Services	*75%
Preventive Services (2 cleanings per plan year)	*75%
Bitewing Radiographs (2 sets per plan year)	*75%
Bitewing Radiographs	*75%
All Other Radiographs	*75%
Brush Biopsy	*75%
Minor Restorative Services	*75%
Major Restorative Services	*75%
Endodontics	*75%
Periodontics	*75%
Relines and Repairs	*75%
Simple Extractions	*75%
Oral Surgery	*75%
Prosthodontic Services	*60%
Orthodontia Services (up to age 19)	*60%
Sealants	Not Covered
TMJ	Not Covered

NOTE: This is only a brief overview of benefits.

*Reasonable and Customary (R&C) charges may apply.