



# Dental Plan 2011

	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	\$25 per person Applies to: • Basic Care • Major Care	\$25 per person Applies to: • Preventive Care • Basic Care • Major Care
<b>Preventive Care</b> • Routine cleanings • Check-ups • X-rays • Fluoride treatments • Routine cleanings, check-ups and bitewing x-rays covered twice per year	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.
<b>Basic Care</b> • Fillings • Extractions • Endodontics • Periodontics	85% after deductible	70% after deductible
<b>Major Care</b> • Crowns • Bridges • Dentures	60% after deductible	50% after deductible
<b>Orthodontic Care</b> Available to children age 19 or under	50%, no deductible 12-month waiting period	50%, no deductible 12-month waiting period
<b>Maximums</b> • 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.