

BENEFITS

100% Coverage for Diagnostic and Preventive Services - not subject to deductible

- Routine periodic examinations, including bitewing x-rays once every six months.
- Dental prophylaxis (cleaning) once every six months.
- Topical fluoride applications once every twelve months. (Dependents under the age of 19).
- Space maintainers, fixed. (Dependents under the age of 19).
- Sealants. (Dependents under the age of 19).
- Full mouth x-rays once every three years.

85% Coverage for Basic Services

- Emergency treatment for relief of pain.
- Extractions and other oral surgery.
- Amalgam, preformed crowns, synthetic porcelain, plastic and composite restorations (fillings).
 - Composite (white) restorations on posterior (back) teeth are optional and are payable as an amalgam (silver) benefit.
- Pulpal and root canal filling.
- Treatment of diseases of the tissues supporting the teeth.

50% Coverage for Major Services (six-month waiting period for new enrollees)

- Crowns when teeth cannot be restored with a filling material.
- Prosthetics - provides bridges, partial dentures and complete dentures.

50% Coverage for Orthodontic Services (twelve-month waiting period for new enrollees)

- For dependent children. (Under the age of 19).

Deductible Limitations:

Individual Deductible:	\$50.00
Family Deductible:	\$100.00

Annual Maximum Benefit:

Plan Year:	July - June
Yearly Maximum (per person):	\$1,500.00

Orthodontic Lifetime Maximum:	\$1,000.00
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Waiting Period:

Diagnostic & Preventive:	None
Basic Services:	None
Major Services:	Six-month waiting period for new enrollees
Orthodontic Services:	Twelve-month waiting period for new enrollees

Dependent Eligibility:	End of the month age 26 is attained
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This is a brief description of benefits and limitations. Please see coverage booklet and contract for full description.