ATTACHMENT 1 - Dental Plan Description

Plan Features					
Deductible	**In Network**	**Out-of-Network**	**Calendar Year Maximum**	**In Network**	**Out-of-Network**
			For each person	$1000	$1000
Per person, per calendar year	$50	$50			
Waived for Class I Preventive	Yes	Yes			
Family limit of 3 individuals					
Coinsurance Percentage			**Child Orthodontia Benefits**		
Class I Preventive	100%	100%	Class IV Orthodontia coinsurance	50%	50%
Class II Basic	80%	80%	Lifetime orthodontia maximum	$1000	$1000
Class III Major	50%	50%			

Class I Preventive Dental Services, Including:

- Oral evaluations – once in any 6-month period
- Routine dental cleanings – once in any 6-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 14*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 14*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period
- Space maintainers. *Only for children under age 19*

Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling
- Simple extractions, removal of exposed roots, incision and drainage
- Complex extractions
- General anesthesia and IV sedation when medically required

Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex oral surgery
- Biopsy (including brush biopsy)
- Minor gum disease treatment: (minor periodontics)
  - Scaling and root planing – once in any 24-month period per area
  - Localized delivery of antimicrobial agents
  - Periodontal maintenance – once in any 6 consecutive months
- Major gum disease treatment: (major periodontics)
  - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations

Class IV Child Orthodontia

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- 12-months for major services.
- 12-months for orthodontic services.