

Dental Plans for 2009

Annual Maximum per person (does not apply to Orthodontia)	\$1000	
Diagnostic and preventive care	In-network	Out-of-network
<i>Preventive care; examinations, x-rays, oral hygiene & teeth cleaning</i>	100% coverage (deductible does not apply)	50% coverage (allowed amount) (deductible does not apply)
<i>Fluoride treatment (to age 19)</i>		
<i>Space maintainers</i>		
Annual Deductible	\$50 per person \$150 per family	\$125 per person
Restorative care and prosthetics	In-network	Out-of-network
<i>Fillings (customary restorative materials)</i>	60% coverage after deductible	50% coverage of the allowed amount after deductible
<i>Sealants</i>		
<i>Oral surgery (simple extractions and root canals)</i>		
<i>Periodontics (gum disease therapy)</i>		
<i>Endodontics (root canal therapy)</i>		
<i>Inlays and overlays</i>		
<i>Restorative crowns</i>	50% coverage after deductible	50% coverage of the allowed amount after deductible
<i>Fixed or removable bridgework</i>		
<i>Full or partial dentures</i>		
<i>Dental relines or rebases</i>	50% coverage after deductible	50% coverage of the allowed amount after deductible
<i>Orthodontics - \$2400 Lifetime Maximum (does not start over if you change dental plans)</i>		
	50% coverage (deductible does not apply) Coverage is limited to dependents under age 19.	50% coverage of the allowed amount (deductible does not apply) Coverage is limited to dependents under age 19.

Emergency services are covered at the same benefit level as a non-emergency service.

**See certificate of coverage for specific plan limitations.*