



**DENTAL PROGRAM FOR NEW GROUPS
50 TO 150 EMPLOYEES**

BENEFITS	PLAN COVERS		
PLAN MAXIMUM per person per calendar year	\$1,000	\$1,200	\$1,500
DEDUCTIBLE per calendar year (does not apply to benefits covered at 100%)	N/A	N/A	N/A
DIAGNOSTIC			
• Examination (twice per calendar year)	100%	100%	100%
• Bitewing X-rays (twice per calendar year up to age 15; once per calendar year thereafter)	100%	100%	100%
• Other X-rays (full mouth X-rays limited to once every five years)	70%	70%	70%
PREVENTIVE			
• Cleanings - twice per calendar year	100%	100%	100%
▪ Expectant Mothers – three cleanings or *periodontal maintenance			
▪ Diabetic Patients – four cleanings or *periodontal maintenance			
*Periodontal Maintenance benefit level	70%	70%	70%
• Topical Fluoride (once per calendar year through age 19)	70%	70%	70%
▪ Fluoride varnish – once per calendar year; limited to patients who are at high risk of caries due to root exposure, dry mouth syndrome, history of radiation therapy or other conditions as documented by the dentist			
• Space Maintainers (through age 17)	70%	70%	70%
• Sealants (through age 18) - One treatment application, once per lifetime only to permanent molar and bicuspid teeth with no cavities and no occlusal restorations, regardless of the number of surfaces sealed	70%	70%	70%
RESTORATIVE			
• Amalgam fillings	70%	70%	70%
• Composite fillings (limited to anterior teeth)	70%	70%	70%
• Crowns and Gold Restorations (once every seven years when teeth cannot be restored with amalgam or composite fillings)	50%	50%	70%
ENDODONTICS			
• Pulpal therapy	70%	70%	70%
• Root canal filling	70%	70%	70%
PERIODONTICS			
• Surgical and non-surgical treatment of diseases of the gums and bones supporting the teeth	70%	70%	70%
PROSTHODONTICS			
• Fixed Bridges (once every seven years; ages 16 and older)	50%	50%	70%
• Dentures (complete and partial - once every seven years; ages 16 and older)	50%	50%	70%
• Implants (covered as alternate benefit) when one tooth is missing between two natural teeth	50%	50%	70%
ORAL SURGERY	70%	70%	70%
ADJUNCTIVE GENERAL SERVICES			
• Palliative - treatment of dental pain	70%	70%	70%

MONTHLY RATES: (Valid January 1, 2010 through December 1, 2010)
These rates require employer contribution towards the dental premiums.

	\$1,000 max	\$1,200 max	\$1,500 max
One Party:	\$25.94	\$26.98	\$29.44
Two Party:	\$51.90	\$53.96	\$58.90
Three Party+:	\$83.04	\$86.34	\$94.24

Persons Covered: Employees, spouse and single dependent children through age 18 or 24 if enrolled as full-time students in an accredited school, college or university.

Shaded areas indicate a wait period of 12 months of continuous enrollment in this plan before the plan will provide benefit coverage for these services. The waiting period will be waived for all initial enrollees if your Group is currently enrolled in a dental plan.