

Stand Alone Dental Plan – “High Option”

Plan Overview	Member Pays
Deductible	\$50 per member, up to 3 family members
Out-of-Pocket Maximum <i>for children under age 19 only</i>	
For one child	\$300
Two or more children	\$600
Diagnostic Services	
Oral Exams <i>twice per year</i>	\$0
X-Rays	
Periapicals	
Bitewing Radiographs <i>once every two years, except for children under 19 then once per year</i>	
Panorex <i>once every three years</i>	
Preventive Services	
Cleanings <i>twice per year</i>	\$0
Periodontal cleanings <i>once every 3 months following periodontics surgery</i>	
Fluoride <i>twice per year, under age 19</i>	
Sealants	
Minor Restorative	
Filings	20% after deductible
Simple Extractions	
Major Restorative	
Surgical Extraction	40% after deductible
Endodontic (i.e. Root Canal Treatment)	
Periodontics	
Crowns and Cast Restorations	
Prosthodontics (i.e. Dentures)	
Implants	
Other Services	
Medically-Necessary Orthodontic Services	50% after deductible
Waiting Periods and Plan Maximums <i>for adults (aged 19 and older) only</i>	
Applicable Waiting Period for Benefit	
Diagnostic and Preventive Services	no waiting period
Minor Restorative	6 months
Major Restorative	12 months
Plan Maximum	\$2,000 per adult member

This Plan Design sample is representative and is not intended to be a legal contract. Please see the actual plan documents for a full list of benefit coverage, exclusions and the terms of the policy.