

## High Option Dental

Benefit	In-Network	
<b>Plan Year Benefit Maximum</b> Per individual. Applies to classes 1, 2 and 3.	<b>\$1,500</b>	
<b>Lifetime Orthodontic Benefit Maximum</b> Covered Benefit up to age 19. Maximum is per individual.	<b>\$1,500</b>	
<b>Deductible</b> The amount an individual or family must pay each plan year before payments begin for services. Applies to classes 2 and 3.	Single \$25	Family \$75
<b>Class 1: Preventative Services</b> Oral Exams, cleanings, x-rays (bitewing - 2x per plan year, full mouth - 1 every 3 plan years, panoramic - 1 every 3 plan years, individual teeth- as needed ), sealants (under age 15 - posterior teeth only), fluoride - 2x every plan year (up to age 19).	100%	
<b>Class 2: Basic Restorative Services</b> Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.	80% after deductible	
<b>Class 3: Major Restorative Services</b> Gold foil restorations, inlays/onlays, crowns (except stainless steel - see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precisions attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, additional of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.	50% after deductible	
<b>Class 4: Orthodontic Services</b> Initial exam, charting, appliances, retention.	50%	
<i>These pages summarize the benefits of your dental care plan. Your Summary Plan Description defines the full terms and conditions in greater detail. Should any questions arise concerning benefits, the Summary Plan Description shall govern.</i>		