

Voluntary Dental Plans



Services	High	Low Plan
Program Deductible		
Per Individual	\$100 Lifetime	\$50 Calendar Year
Family Limit	No Limit	3
Waived for Type I service?	No	Yes
Type I	100%	100%
Preventive Services	oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months) space maintainers pain treatment, sealants full mouth x-rays	oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months)
Type II	80%	80%
Basic Services	fillings, anesthesia simple & surgical extractions endodontics, oral surgery periodontics	space maintainers, fillings, pain treatment, sealants, full mouth X-rays
Benefit Waiting Period	None	None
Type III	50%	0%
Major Services	crown, inlays, onlays dentures, bridges, implants	anesthesia, endodontics simple & surgical extractions oral surgery, periodontics crowns, inlays, onlays dentures, bridges, implants
Benefit Waiting Period	12 months	12 months
Maximum	\$1500 Calendar Year	\$500 Calendar Year
Type IV Orthodontia	50%	
Child(ren) Only	Child(ren) Only	
Lifetime Maximum	\$1000	Not Selected
Deductible	None	
Benefit Waiting Period	12 months	

Monthly Rates

	High	Low
Employee	\$47.20	\$27.70
Employee + Spouse	\$93.44	\$54.46
Employee + Child(ren)	\$113.27	\$77.89
Family	\$159.53	\$104.65