

OVERVIEW OF DENTAL BENEFITS

SUPPORT STAFF – 30+ HOURS

Annual Deductible:	None
Plan Year Maximum: <ul style="list-style-type: none">• Diagnostic/Preventive Services• Basic Services• Major Services	\$2,000 per covered individual for all covered services combined
DENTAL EXPENSES	
Diagnostic Services	*60%
Preventive Services (2 cleanings per plan year)	*60%
Bitewing Radiographs (2 sets per plan year)	*60%
All Other Radiographs	*60%
Brush Biopsy	*60%
Minor Restorative Services	*60%
Major Restorative Services	*60%
Endodontics	*60%
Periodontics	*60%
Relines and Repairs	*60%
Simple Extractions	*60%
Oral Surgery	*60%
Prosthetic Services	*60%
Orthodontia Services	Not Covered
Sealants	Not Covered
TMJ	Not Covered

NOTE: This is only a brief overview of benefits.

***Reasonable and Customary (R&C) charges may apply.**