

DENTAL PLANS COMPARISON

THIS COMPARISON IS ONLY A SUMMARY OF BENEFITS.

**BENEFITS WILL BE ADMINISTERED AS DESCRIBED IN EACH PLAN'S CERTIFICATE
(ALSO KNOWN AS SUBSCRIBER AGREEMENT OR PLAN DOCUMENT).**

Plan Provisions	Basic Option	Comprehensive Option 3 year lock-in
Deductibles	\$25 annual deductible/contract	\$50 annual deductible/contract combined for basic & major restorative
Annual maximum benefit	\$750/person/year Applied to Restorative Services Only	\$1500/person/year excludes orthodontics
Diagnostic/preventative		
Check-ups	100%--2 per year	100%--2 per year
Cleanings	100%--2 per year	100%--2 per year
X-rays	100%	100%
Topical fluoride—under age 19	1 every 12 months	1 every 12 months
Topical fluoride—adults	1 every 12 months	1 every 12 months
Sealants—under age 14	100%	100%
Space maintainers—under 14	100%	100%
Basic Restorative		
Non-gold fillings	50% after deductible	80% after deductible
Root canal	50% after deductible	80% after deductible
Treatment for gum disease	50% after deductible	80% after deductible
Extractions	50% after deductible	80% after deductible
Anesthesia	50% after deductible	80% after deductible
Major Restorative		
Gold and porcelain inlays/onlays	50% after deductible	50% after deductible
Crowns and jackets	50% after deductible	50% after deductible
Bridgework	Not covered	50% after deductible
Dentures	Not covered	50% after deductible
Implants	Not covered	50% after deductible
Orthodontics	Not covered	50% coverage, per person lifetime maximum benefit of \$2,000 after \$50 deductible