

OPTIONAL PREVENTIVE DENTAL BENEFITS	
Two Oral Exams per calendar year Two Cleanings per calendar year Bitewing X-rays every 6 months Full-Mouth X-ray every 36 months Panoramic X-rays every 60 months Fluoride Treatment (under age 16 per calendar year) Sealants of Back Molars (under age 16 per calendar year) Certain Space Maintainers (premature lost teeth for children under age 19)	No deductible or co-pay, 100% paid
OPTIONAL COMPREHENSIVE DENTAL BENEFITS (for both Adults and Children)	
Intra Oral X-rays, Periodontal services, Oral Surgery, Extractions, Restorative, Fillings, Endodontic Treatment, Root Canal Therapy, Crowns, Inlays, Onlays, Dentures, Bridgework, Relining or Rebasing of Dentures and Implants *Includes the Preventive Dental Services listed above (for both Adults and Children)	No deductible, 80% paid up to \$1,700 per person, per calendar year
Orthodontics (for both Adults and Children) Maximum lifetime benefit of \$2500 paid per person	No deductible First \$1,400 paid at 50% Next \$1,800 paid at 100%