DENTAL SCHEDULE OF BENEFITS

Benefit Period	Calendar year
Benefit Period Deductible	$25 single / $50 family
Overall Benefit Period Maximum Payable per Covered Person	$2,000
Dependent Age Limit	The end of the month of the 26th birthday

It is important that you understand how the Claims Administrator, Medical Mutual, calculates your responsibilities under this coverage. Please consult the "HOW CLAIMS ARE PAID" section for necessary information.

Type of Service	**Maximums and Limitations**
Initial and Periodic Oral Evaluations	Two evaluations per Benefit Period
Bitewing x-rays	Two sets per Benefit Period
Full mouth / Panoramic x-rays	One within a 36 month period
Prophylaxis	Two per Benefit Period
Topical Fluoride Applications	One per Benefit Period for Eligible Dependent children under age 19
Space Maintainers	For Eligible Dependent children under age 19
Sealants	One within a 36 month period per tooth for Eligible Dependent children under age 19
Inlays	Once every five years per tooth
Onlays	Once every five years per tooth
Crowns	Once every five years per tooth
Precision Attachments	One every five years
Fixed Partial Dentures (Bridges)	Once every five years per unit
Dentures (Complete and Partial)	Once every five years Relining and rebasing is covered if done no less than six months after initial placement but not more than once in any 36 month period. One replacement of a temporary denture if a permanent denture is installed within 12 months of the installment of the temporary denture.

DENTAL PAYMENT SCHEDULE	
Type of Service	**You Pay the Following**
Routine Preventive Services • initial and periodic oral evaluations • bitewing x-rays • prophylaxis • space maintainers • sealants • topical fluoride applications • emergency palliative treatments	0% of the Traditional Amount No Deductible is required for these services.
Essential Services • full mouth x-rays/panoramic x-rays • diagnostic x-rays • consultations/other evaluations • amalgam or resin based composite fillings • endodontic services • periodontal services • impactions • extractions • repairs, relines & adjustments of prosthetics • general anesthesia • IV sedation • minor oral surgery	20% of the Traditional Amount
Complex Services • inlays • onlays • crowns • fixed partial dentures (bridges) • dentures (complete & partial)	20% of the Traditional Amount
Orthodontic Services	50% of the Traditional Amount

ORTHODONTIC SERVICES	
Maximum benefit payable per Covered Person	$1,500 per lifetime
Eligibility	Available for all Covered Persons, regardless of age.
Deductible	No Deductible is required for Orthodontic services.

BENEFIT VERIFICATION

Required for any Course of Treatment exceeding $200 or involving major restorations.