



Dental Insurance

Coinsurance (Plan Pays)

	In Network	Out of Network
<u>Preventive Procedures</u> Oral Exams, Cleanings, X-Rays, Fluoride Treatment, Space Maintainers/Harmful Habit Appliances, Sealants	100%	100%

<u>Basic Procedures</u> Sealants, Simple Extractions, Anesthesia, Minor Restoration, Oral Surgery, Endodontics Major Procedures	90%	80%
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<u>Major Procedures</u> Major Restorative, Crowns, Onlays, Prosthodontics, Implants, Bridges and Dentures	60%	50%
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<u>Orthodontia</u> Covered for Children up to Age 19	50%	50%
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Deductible Amounts

Preventive Procedures	\$0	\$0
Basic & Major Procedures	\$50	\$50
Orthodontia	\$0	\$0
Annual Maximum Deductible per Family	\$150	

Plan Maximums

Annual Per Person Benefit Maximum	\$1000
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Orthodontia

Per-Person Lifetime Maximum	\$1000
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Network: DentalBlue

2015-2016 Employee Dental Plan Rates

Coverage Level	Monthly Cost	Semi Monthly Payroll Deductions
Employee Only	\$21.65	\$10.83
Two Person Family	\$48.68	\$24.34
Family	\$84.97	\$42.49