



INDIVIDUAL POLICY SUMMARY SHEET

For Benefit Year from _____ to _____

Maximum Benefit \$750 - \$1,500

Ortho Lifetime Maximum N/A

TMJ Lifetime Maximum N/A

TMJ Policy Year Maximum N/A

Implant Lifetime Maximum N/A

Implant Policy Year Maximum N/A

Deductibles \$50 3x family max - non-contracted providers only (waived for class I)

Dependent Age Limit 23

Sample

Special conditions:

Unless specified above Advantage coverage runs on a contract year basis not a calendar year. All benefits, deductibles, and maxes will be administered on a contract year basis.



Policy #

Effective Date:

Benefits Year From _____ to _____

INDIVIDUAL SUMMARY SHEET

Benefits	Contracted Providers	Non-Contracted Providers	Waiting Period Months
Class I	See Schedule	See Schedule	0
Routine Exams	Twice a Policy Year		
Comprehensive Oral Evaluation	Limited to one per Year		
BiteWing X-Rays	Once a Policy Year		
Full Mouth X-Rays	Once Every 5 Years		
Cleanings	Twice a Policy Year		
Sealants	Once every 5 to 10 Years for children up to 16 years		
Athletic Mouth Guard	Once a lifetime up to 18 years		
Complicated Perio Exam	One per policy period		
Class II Restorative	See Schedule	See Schedule	0
Fillings	3 & 4 surface molar fillings covered once every 5 years at amalgam allowable		
Simple Extractions			
Periodontal Maintenance	4 exams per policy year		
Root Planing & Periodontal Scaling	Limited to 4 in a 24 month period		
Class III	See Schedule	See Schedule	12
Crowns	Once Every 10 Years		
Bridges	Once Every 10 Years		
Periodontal Surgery			
Oral Surgery			
Dentures	Once Every 10 Years		
Missing Tooth Clause	Replacement of teeth missing before effective date are not covered		
Endodontics (Root Canals)	Once every 5 yrs. per tooth if done by same dentist		
Implant coverage included in annual max for teeth extracted during the policy period			
Orthodontics	Not Covered	Not Covered	0
TMJ	Not Covered	Not Covered	0
Implant	Not Covered	Not Covered	0

Sample

*See Certificate of Coverage (Handbook) for additional limitations and exclusions; this summary is not a complete list

*Providers can charge for balance of fee not covered on the schedule

*Schedule of payment can be found in Certificate of Coverage