

OPTIONAL PREVENTIVE DENTAL BENEFITS	
<p>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)</p>	<p>No deductible or co-pay, 100% paid</p>
<p>OPTIONAL COMPREHENSIVE DENTAL BENEFITS</p> <p>NOTE: For the Optional Comprehensive Dental Benefits listed below, individuals are considered Children through the end of the calendar year in which the individual reaches age 19</p>	
<p>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)</p> <p>Adults</p> <p>Children</p> <p>Orthodontics (for both Adults and Children)</p>	<p>No deductible, 80% paid up to \$1,700 per person, per calendar year</p> <p>No deductible, 80% paid thereafter</p> <p>No deductible First \$1,400 paid at 50% Next \$1,800 paid at 100%</p>