

Elite 75

SAVINGS YOU CAN SEE!

Elite 75 Schedule

Benefit Maximum
Per Person, Per Policy Year \$1,000.00
Deductible
Per Person, Per Policy Year \$50.00
Family Aggregate Deductible \$150.00
Coinsurance Percentage Per Person
Type IV Dental Services 50%
Lifetime Orthodontic Maximum \$1,000.00
Only for dependent children under 19
This deductible applies to Type II & III Services only.
NO WAIT FOR TYPES I, II, III

Elite 75 Schedule Plan
Bi-Weekly Deduction
Individual \$14.00
Individual & one dependent \$23.00
Family \$33.00
Monthly Bank Draft Rate
Individual \$30.33
Individual & one dependent \$49.83
Family \$71.50

Summary of Benefits

Type I Dental Services	Maximum Covered Expense
Oral Exam, 1 in 6 months	\$21.00
Fluoride Treatment – 2 in any 12 month only for children under age 16 \$ (Excluding prophylaxis)	\$13.00
Routine Dental Cleanings, adult/child 1 in any 6 months	\$32.00/\$26.00
Sealant, per permanent molar	\$16.00
X-Rays, bitewing - 2 films	\$16.00
Panoramic X-Ray (once every 3 years)	\$44.00

Type II Dental Services, Including:	
Amalgam Fillings 1-3 surfaces	\$34-\$54
Resin Fillings 1-3 surfaces ant	\$37-\$58
Sedative Filling	\$34.00
Molar Root Canal	\$273.00
Surgical removal of erupted tooth	\$76.00

Type III Dental Services, Including:	
Crown-porc. fused to noble metal	\$224.00
Crown-full cast high noble metal	\$236.00
Complete denture maxillary	\$261.00
Complete denture mandibular	\$259.00

Type IV Orthodontic Dental Services
Only for dependent children 18 or younger
Type IV.....24 month Waiting Period

Other Policy Provisions
<u>Predetermination</u>
If covered dental expenses for a procedure are expected to be more than \$200 it is recommended that you send a dental treatment plan prior to beginning treatment for preauthorization.
<u>Eligibility</u>
Full-time member, spouse and unmarried dependent children less than age 19, or less than age 25 if a full-time student. Dependent eligibility variation exists in some states. Please refer to your Group Policy.
This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy for a complete list of covered dental services and the Maximum Covered Expense