

Advantage Dental Plan for Government Employees

Benefit Maximum: Per Person, Per Plan Year....\$1500			
Deductible: applies to class B & C services Per Person, Per Plan Year.....\$50			
Insured Percent:			
	<u>Class A</u>	<u>Class B</u>	<u>Class C</u>
1 st Year	100%	80%	25%
2 nd Year	100%	80%	50%
3 rd Year	100%	80%	50%

Class A ServicesNo Waiting Periods

- Routine Oral Exams (once every 6 months)
- Routine Dental Cleaning (once every 6 months)
(frequencies combined with periodontal maintenance)
- Bitewing x-rays (once every twelve months)
- Fluoride treatments* (once every 12 months)
- Sealants*-once per permanent molar every 3 years
- Space maintainers*-includes adjustments
- Harmful habit appliances-once per person
*limited to children under age 16

Class B Services.....No Waiting Periods

- X-rays:
-Complete mouth or panoramic-
(once every 60 months)
-Other x-rays
- Emergency exams
- Fillings
- Simple extractions
- Certain lab tests, pain treatment, therapeutic drug injections

Class C Services.....No Waiting Periods

- Covered treatment due to accidental non-chewing injuries
- Adjustment and repairs to: Dentures, Crowns, Inlays, Onlays, Fixed Bridgework
- Endodontics
- Minor Periodontics
- Denture Relines/Rebases
- Fixed Bridgework
- Complex Oral Surgery and Anesthesia
- Full and Partial Dentures
- Major Periodontics
- Crowns, Inlays, Onlays,

Other Policy Provisions

Effective Date

The effective date for this group is August 1, 2006. Your individual effective date may differ depending on when your enrollment form is received. The rates shown below are guaranteed for 12 months from the group's effective date.

Takeover

If you and your dependents (if applicable) were covered by the prior plan for Class C service as of June 30, 2006, your Class C Insured Percent would begin with the 3rd year percentage. If you and your dependents (if applicable) were not covered by the prior plan on that date, your Class C Insured Percent would begin with the 1st year percentage.

Eligibility

Full-time, active employees; legal spouse; unmarried children to age 19; age 23 if full-time student.

Prevailing Fee

Amount allowed for covered services is based on the Prevailing Fee (usual & customary). The Prevailing Fee is based on the general level of charges for similar procedures, service and supplies made by dentists in the area where your dentist practices.

Bi-Weekly Deductions

Employee Rate..... \$22.88
Emp + Spouse Rate.....\$45.03
Emp +Child(ren) Rate...\$45.03
Family Rate.....\$66.16

Limitations and Exclusions

No benefits are payable for: replacement of natural teeth missing on effective date of insurance, care that your Certificate, not professionally endorsed; experimental or cosmetic in nature; TMJ disorders, implants, vertical dimension, bite registration; loss due to war, riot, felony, or assault.