

DIAGNOSTIC

- Oral Examination
- Emergency Treatment for Pain
- X-rays

100% R&C*; One per year (Jan 1. through Dec. 31)
 100% R&C*; One emergency palliative treatment per year
 80% R&C*, as required and in conjunction with the diagnosis of a specific condition requiring treatment. Limited to a full mouth series once every five calendar years and one bitewing per calendar year

PREVENTIVE

- Prophylaxis - Cleaning of Teeth
- Application of Fluoride
- Space Maintainers
- Sealant

100% R&C*; One per year
 100% R&C* for persons under age 20
 100% R&C* for persons under age 19
 Not covered

RESTORATIVE

- Fillings: Amalgam, Composite
- Crown – Porcelain or Full Cast with Precious, Semiprecious, or Nonprecious Metals

80% R&C*
 80% R&C*

ENDODONTICS

- Root Canal Therapy

80% R&C*

PERIODONTICS

- Treatment for Diseases of Gum and Tissue of the Mouth

80% R&C*

ORAL SURGERY

- Surgery
- Extractions - Simple and Surgical

80% R&C*
 80% R&C*
 Other surgical dental procedures employed by dentists, including pre-operative & post-operative care

PROSTHODONTICS

- Complete Denture
- Partial Denture - Chrome, Acrylic
- Partial Denture - Chrome Cast
- Fixed Bridge - Full Cast or Porcelain Fused with Precious, Semiprecious, or Nonprecious Metals

50% R&C*
 50% R&C*
 50% R&C*
 50% R&C*; Once every 5 calendar years

ORTHODONTICS

Not covered

ANNUAL DOLLAR MAXIMUM

\$750 per person per year (Jan. 1 through Dec. 31)

PROVIDERS

Services may be obtained from any dentist or physician licensed to perform dental services

* Reasonable and Customary charges (R&C) are based on charges for services by providers in a specific geographic location. The Carrier determines the reasonable and customary charge.

To the extent any of the above information conflicts with the terms and conditions of the Health Care Program for Hourly Employees ("the Program"), the terms of the Program will apply.