

BENEFIT SUMMARY

Madison County

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the benefits certificate or coverage manual you will receive after you enroll and the enrollment regulations in force when the certificate or manual becomes effective. Certain exclusions and limitations apply.

DENTAL PLAN BASICS	
Benefit year deductible single/family <i>The fixed amount you pay for covered services before Wellmark makes a benefit payment; maximum of three deductibles per family per year.</i>	\$25 / \$75
Benefit year maximum <i>The maximum amount each covered family member is eligible to receive for covered services in one benefit year.</i>	\$1500
Lifetime orthodontics maximum <i>The maximum amount each [OPTION] is eligible to receive for covered orthodontia services.</i>	\$1500

COVERED SERVICES	YOU PAY
Diagnostic and preventive Cleaning* (prophylaxis and periodontal maintenance), fluoride (under age 19), X-rays, topical sealant (under age 15) and space maintainers (under age 15)	0
Basic restorative Cavity repair, general anesthesia/sedation, emergency pain/infection relief	20%
Oral surgery Basic and complex extractions, complex surgical procedures	20%
Endodontics Root canals, retrograde filings, apicoectomy/periradicular, direct pulp caps	50%
Periodontics Gum & bone disease, non-surgical and complex surgical procedures	50%
Major restorative Crowns, posterior composites, onlays, inlays, posts and cores	50%

COVERED SERVICES	YOU PAY
Prosthodontics Dentures, partials, bridges, implants, repairs and adjustments	50%
Orthodontics Braces for unmarried dependent children under age 19	50%

Deductible waived for diagnostic and preventive services. Maximum of three deductibles per family per calendar year.

Benefits and general provisions described are subject to plan selected, and terms of the actual policy and coverage manual.



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