

COMPARISON OF PROPOSED DENTAL PLAN TO CURRENT DENTAL PLAN

	Current Dental	Proposed Dental
Deductibles	\$75 per individual \$225 per family	\$75 per individual \$225 per family
Calendar Year Maximum	\$1,000	\$1,250
Pre-determination Limit	\$200	\$200
Orthodontia - Lifetime Maximum (Dependent children under age 23)	Not covered	\$1,500 Dependent children under age 23
PREVENTATIVE SERVICES		
Routine Exams (1 per 6 month period)	100% deductible waived	100% deductible waived
Cleanings (1 per 6 month period)	100% deductible waived	100% deductible waived
X-Rays	100% deductible waived	100% deductible waived
Fluoride Treatment (under age 18)	100% deductible waived	100% deductible waived
Dental Sealants (under age 15)	100% deductible waived	100% deductible waived
BASIC SERVICES		
Oral Surgery	80% after deductible	80% after deductible
Simple Extractions	80% after deductible	80% after deductible
Fillings	80% after deductible	80% after deductible
Endodontics	80% after deductible	80% after deductible
Periodontics	80% after deductible	80% after deductible
MAJOR SERVICES		
Inlays and Onlays	50% after deductible	50% after deductible
Crowns	50% after deductible	50% after deductible
Dentures	50% after deductible	50% after deductible
Bridgework	50% after deductible	50% after deductible
ORTHODONTIA		
	None	50% deductible waived (dependent children under age 23)
EMPLOYEE PAY PERIOD DENTAL PLAN PREMIUMS		
	Current Dental	Proposed Dental
EMPLOYEE ONLY	\$0	\$0
EMPLOYEE AND FAMILY	\$1.95	\$2.12