WORLD

acp Association of Community Publishers

PREMIER DENTAL PLAN

BENEFIT SUMMARY

Deductible and Services	Network Providers	Frequency or Limitation
Calendar Year Deductible	$50 Per Individual or $150 Per Family	1 time per calendar year
Preventative/Basic/Major Maximum Benefit	$1,500	Per family member per calendar year
Orthodontia Maximum Benefit	$1,000	Lifetime per child 18 & Under
Vision Reimbursement Maximum Benefit	$200	Per family member per calendar year

Preventative Care	Network Coverage (Deductible Waived)	Frequency or Limitation
Cleaning (Prophylaxis)	100%	2 times per calendar year
Flouride Treatments	100%	1 time per calendar year per child 13 & under
Oral Exams	100%	2 times per calendar year
Sealants (per tooth)	100%	1 time per calendar year per child 13 & under
Bitewings	100%	1 time per calendar year
Full Mouth/Panoramic X-rays	100%	1 time per every 3 years

Basic Care (Subject to Deductible)	Network Coverage (Deductible Applies)	Frequency or Limitation
Space Maintainers	80%	N/A
Restorative Amalgams	80%	N/A
Restorative Composites (anterior & posterior teeth)	80%	N/A
Endodontics	80%	Limited to Non-Surgical Services
Periodontics	80%	Limited to Non-Surgical Services
Denture Repair	80%	N/A
Simple Extractions	80%	N/A

VALUE DENTAL PLAN

BENEFIT SUMMARY

Deductible and Services	Network Providers	Frequency or Limitation
Calendar Year Deductible	$50 Per Individual or $150 Per Family	1 time per calendar year
Preventative/Basic/Major Maximum Benefit	$1,000	Per family member per calendar year
Orthodontia Maximum Benefit	No Coverage Under This Plan	No Coverage Under This Plan
Vision Reimbursement Maximum Benefit	$200	Per family member per calendar year

Preventative Care	Network Coverage (Deductible Waived)	Frequency or Limitation
Cleaning (Prophylaxis)	100%	2 times per calendar year
Flouride Treatments	100%	1 time per calendar year per child 13 & under
Oral Exams	100%	2 times per calendar year
Sealants (per tooth)	100%	1 time per calendar year per child 13 & under
Bitewings	100%	1 time per calendar year
Full Mouth/Panoramic X-rays	100%	1 time per every 3 years

Basic Care (Subject to Deductible)	Network Coverage (Deductible Applies)	Frequency or Limitation
Space Maintainers	80%	N/A
Restorative Amalgams	80%	N/A
Restorative Composites (anterior & posterior teeth)	80%	N/A
Endodontics	80%	Limited to Non-Surgical Services
Periodontics	80%	Limited to Non-Surgical Services
Denture Repair	80%	N/A
Simple Extractions	80%	N/A

PREMIER DENTAL PLAN

Major Care (Subject to Deductible)	Network Coverage (Deductible Applies)	Frequency or Limitation
Inlays & Onlays	50%	N/A
Crowns	50%	1 time every 10 years per tooth
Crown Repair	50%	N/A
Endodontics (Surgical)	50%	N/A
Periodontics (Surgical)	50%	N/A
Bridges & Dentures	50%	1 time every 10 years
Complex Extractions	50%	N/A
Anesthesia	50%	N/A
Orhtodontia Care (Subject to Deductible)	**Network Coverage**	**Frequency or Limitation**
Orthodontia Services (Braces)	50%	$1,000 lifetime per child 18 years or under
Vision Care Reimbursement (Deductible Waived)	**Network Coverage**	**Frequency or Limitation**
Exams/Frames/Contacts/Lenses/Fittings	100%	$200 per family member per calendar year

PREMIER PLAN PRICING (MONTHLLY)

Employee Only	$67.24
Employee + Spouse	$131.74
Employee + Children	$167.06
Family	$231.23

VALUE DENTAL PLAN

Major Care (Subject to Deductible)	Network Coverage (Deductible Applies)	Frequency or Limitation
Inlays & Onlays	50%	N/A
Crowns	50%	1 time every 10 years per tooth
Crown Repair	50%	N/A
Endodontics (Surgical)	50%	N/A
Periodontics (Surgical)	50%	N/A
Bridges & Dentures	50%	1 time every 10 years
Complex Extractions	50%	N/A
Anesthesia	50%	N/A
Orhtodontia Care (Subject to Deductible)	**Network Coverage**	**Frequency or Limitation**
Orthodontia Services (Braces)	No Coverage Under This Plan	No Coverage Under This Plan
Vision Care Reimbursement (Deductible Waived)	**Network Coverage**	**Frequency or Limitation**
Exams/Frames/Contacts/Lenses/Fittings	100%	$200 per family member per calendar year

VALUE PLAN PRICING (MONTHLLY)

Employee Only	$38.45
Employee + Spouse	$77.86
Employee + Children	$88.94
Family	$128.33

This summary is not a guarantee of coverage.