



## Dental Plan 1 Benefits without Orthodontics

with First Dental Health

"The member is responsible for any amounts over the plan's approved fee in addition to the plan's regular coinsurance when using out of network providers. To maximize your benefits, we encourage you to use In-Network Providers. "

Effective: 08/01/2016

\*\*\*\*\*CHECK HIRE DATES: GROUP HAS DEFERRED BENEFITS FOR LATE ENROLLEES\*\*\*\*\*

### CLASS I PROCEDURES - PREVENTIVE

Routine Exams & Prophylaxis-2 per year	
Bitewing X-rays- 2 sets per year	
Fluoride- 2 treatments per year	
Sealants- Dependent children only	100%
Full mouth X-rays-1 set every 3 years	
Space Maintainers	
Specialist Consultations	

### CLASS II PROCEDURES - BASIC

Emergency treatment for relief of pain	
Restorations (amalgam, composite,)	90%
Oral Surgery, Endodontics, Periodontics	
Recementing or repair of bridges, crowns, or inlays	

### CLASS III PROCEDURES - MAJOR

Crowns and gold fillings	
Other restorative services (inlays, onlays and other eligible services)	60%
Bridges, Partial and Full Dentures	

### CLASS IV PROCEDURES - ORTHODONTIA

Not Covered

### CONTRACT YEAR MAXIMUM

\$1500 per eligible employee or dependent  
Coverage up to age 26. SS letter is no longer required.

\$50 per insured(3x family)per Calendar Year

### DEDUCTIBLE - CLASS I -PREVENTIVE

Waived

### DEDUCTIBLE - CLASS II-BASIC

Applies

### DEDUCTIBLE - CLASS III-MAJOR

Applies

### DEDUCTIBLE- CLASS IV-ORTHODONTIA

N/A

Monthly Rates: Employee Only-	\$70.00
Employee + 1 dependent-	\$141.00
Family-	\$177.00

Should you have any questions, please call us Today!  
888-811-0811