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Coconino County
 COVERED DENTAL SERVICES
 PREMIER PLAN – Group #1331
 PREMIER PROVIDER NETWORK

ROUTINE SERVICES	BASIC SERVICES	MAJOR SERVICES	ORTHODONTIC SERVICES
Deductible: None	Deductible: \$50.00 per Person; \$150.00 per Family		Deductible: None
Low Plan: Covered at 100%	Low Plan: Covered at 80%	Low Plan: Covered at 50%	Low Plan: Covered at 50%
Buy Up Plan: Covered at 100%	Buy Up Plan: Covered at 80%	Buy Up Plan: Covered at 50%	Buy Up Plan: Covered at 50%
Diagnostic: Exams, evaluations or consultations (Twice in a benefit year) X-rays: Full Mouth/Panorex or vertical bitewings (Once in a 3-year period) Bitewing (Twice in a benefit year) Periapical Preventive: Routine Cleanings (Limited to twice in a benefit year, or one difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to not more than once in a five-year period.) Topical Application of Fluoride (children through age 17 -Twice in a benefit year) Space Maintainers (For missing posterior primary (baby) teeth up to age 14)	Restorative: Fillings silver amalgam and for front teeth only, synthetic tooth color fillings (once per surface every two years) Stainless Steel Crowns (For primary (baby) teeth only) Sealants for Children (Once per 3-year period for permanent molars & bicuspids up to age 19) Oral Surgery: Extractions Endodontics: Root Canal Treatment (Permanent Teeth) Pulpotomy (Primary (baby) Teeth) Periodontics: Treatment of Gum Disease Non-surgical-once every two years Surgical once every three years) Emergency: Treatment for the relief of pain	Prosthodontics: Bridges Partial Dentures Complete Dentures Restorative: Crowns Onlays Bridge & Denture Repair: Repair of such appliances to their original condition including relining of dentures. Replacement: A five-year waiting period applies to all major services including lost, misplaced or stolen bridges or dentures, and replacement restorations.	Benefit for children, age eight (8) or older to age nineteen (19). Children must be banded prior to age seventeen (17). Lifetime Orthodontia benefit limited to a maximum of \$1,000 per patient – payable in two (2) payments – upon initial banding and twelve months after. This maximum is separate from the calendar year maximum for your other dental benefits.
Low Plan Annual Maximum: \$1,000 per person Buy Up Plan Annual Maximum: \$2,000 per person <i>All diagnostic, preventive, basic and major services contribute to calendar year maximum.</i>			Low Plan & Buy Up Plan Lifetime Maximum: \$1,000 per person

Student Age: 19-23 • (**) Predetermination recommended for services over \$250

BENEFITS SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT