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City of Flagstaff
 COVERED DENTAL SERVICES
 PREMIER PLAN – Group #1372
 PREMIER PROVIDER NETWORK

ROUTINE SERVICES	BASIC SERVICES	MAJOR SERVICES	ORTHODONTIC SERVICES
Deductible: None	Deductible: \$50.00 per Person; \$150.00 per Family		Deductible: None
Plan A: Covered at 80%	Plan A: Covered at 80%	Plan A: Covered at 50%	Plan A: Covered at 50%
Plan B: Covered at 100%	Plan B: Covered at 60%	Plan B: Covered at 50%	Plan B: 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) Restorative: Crowns Onlays 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) Bridge & Denture Repair: Repair of such appliances to their original condition including relining of dentures. Emergency: Treatment for the relief of pain	Prosthodontics: Bridges Partial Dentures Complete 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. 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.
Plan A & Plan B: Annual Maximum: \$2,000 per person <i>All diagnostic, preventive, basic and major services contribute to calendar year maximum.</i>			Plan A & Plan B 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