

SCHEDULE OF BENEFITS

Premiere II Plan

Annual Deductible	\$50 per person, Max 3 per family, Waived for Type I
Annual Maximum – Type I, II & III	\$2,000*
Annual Maximum – Type IV	\$250
Lifetime Maximum – Type IV	\$1,000
<i>*Total benefits payable for Type III services is \$500 annually</i>	

Type I - Diagnostic and Preventive Services **100%**
Includes Cleanings, Exams and Flouride

Type II - Basic Restorative Services **80%**
Includes X-Rays, Fillings and Palliative Treatment for Dental Pain

Type III - Major Services **50%**
Includes Endodontics, Periodontics, Oral Surgery, Crowns, Bridges and Dentures

Type IV – Orthodontia **50%**

Orthodontic Annual Maximum:	\$250
Orthodontic Lifetime Maximum:	\$1,000

Orthodontic care will be provided when in the opinion of the Orthodontic Consultant a satisfactory result can be achieved.

Cross bite in permanent teeth will only be treated when, in the opinion of the Orthodontic Consultant, other conditions are present which would indicate that orthodontic treatment is necessary

[Claim Form](#)

Please note this is a benefit summary only and not the Certificate of Coverage. Some procedures may be subject to exclusions and limitations. To determine if a specific procedure is covered, please contact Member Services.