

Health+ Dental Plan

	HIGH OPTION	LOW OPTION
BENEFITS	IN-NETWORK	IN-NETWORK
DEDUCTIBLE Applies to classes 1, 2 and 3	\$25 individual \$75 family	\$50 individual \$150 family
COINSURANCE Class 1: Preventive Services Class 2: Basic Restorative Services Class 3: Major Restorative Services Class 4: Orthodontic Services	100% 80% 50% 50%	100% 80% 50% 50%
PLAN YEAR BENEFIT MAXIMUM Per individual. Applies to classes 1, 2 and 3	\$1,500	\$1,000
LIFETIME ORTHODONTIC BENEFIT MAXIMUM Covered benefit up to age 19. Maximum is per individual	\$1,500	\$1,500
CLASS 1: PREVENTIVE SERVICES	Oral Exams, cleanings, x-rays (bitewing – 2x per plan year, full mouth – 1 every 3 plan years, panoramic – 1 every 3 plan years, individual teeth – as needed), sealants (under age 15 – posterior teeth only), fluoride – 2x every plan year (up to age 19).	Oral Exams, cleanings, x-rays (bitewing – 2x per plan year, full mouth – 1 every 3 plan years, panoramic – 1 every 3 plan years, individual teeth – as needed), sealants (under age 15 – posterior teeth only), fluoride – 2x every plan year (up to age 19).
CLASS 2: BASIC RESTORATIVE SERVICES	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.
CLASS 3: MAJOR RESTORATIVE SERVICES	Gold foil restorations, inlays/onlays, crowns (except stainless steel – see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.	Gold foil restorations, inlays/onlays, crowns (except stainless steel – see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.
CLASS 4: ORTHODONTIC SERVICES	Initial exam, charting, appliances, retention.	Initial exam, charting, appliances, retention.

The Health+ dental plans utilize the National BlueCard® PPO Network. All employee contributions should be made on a pre-tax basis. Renewal date of the program will be May 1. Participating physician and hospital information can be obtained via <http://www.cbabluevt.com/dental>.