

SUMMARY OF DENTAL BENEFITS
Plan 500

Annual Deductible:	None
Reimbursement Percentage: Part I – Routine and Preventative	100%
Part II – Restorative Dentistry, Oral Surgery	80%
Part III – Major Dentistry, Prosthetics	50%
Annual Maximum: Parts I, II, and III (in combination)	\$2,000
Orthodontia Benefits: Reimbursement Percentage	Dependent Children Only 50%
Lifetime Maximum	\$2,000