

**SUMMARY OF DENTAL BENEFITS
Plan 604**

Annual Deductible (Parts II and III Only) Individual Family	\$25 \$75
Reimbursement Percentage: Part I – Routine and Preventative Part II – Restorative Dentistry, Oral Surgery Part III – Major Dentistry, Prosthetics	70% 70% 50%
Annual Maximum: Parts I, II, and III (in combination)	\$1,500
Orthodontia Benefits:	Not Covered

ORTHODONTIA BENEFITS

Plan 604 does not have orthodontia benefits.