

**SUMMARY OF DENTAL BENEFITS
Plan 605**

Annual Deductible: Individual Family	\$50 \$150
Reimbursement Percentage: Part I – Routine and Preventative Part II – Restorative Dentistry, Oral Surgery Part III – Major Dentistry, Prosthetics	60% 60% 60%
Annual Maximum: Parts I, II, and III (in combination)	\$1,000
Orthodontia Benefits:	Not Covered

ORTHODONTIA BENEFITS

Plan 605 does not have orthodontia benefits.