

Select Dental Program

Benefit Plan Summary



PLAN FEATURE	GOLD	SILVER
OFFICE VIST	\$5.00	\$10.00
CLASS I Preventative	100%	100% (Exams) 50%
CLASS II Basic Restorative	75%	50%
CLASS III Prosthetic	50%	50%
CLASS IV Specialty Care	50%	50% Pedodontics NCB
CLASS V Orthodontics	\$2,000.00 (up to age 19)	\$1,500.00 (up to age 19)
LIFETIME MAXIMUM	\$750.00 (Subscriber/Spouse)	\$500.00 (Subscriber/Spouse)
Annual Maximum Per Family Member	\$1,500.00	\$1,000.00
Plan Annual Premiums	\$296.40 • Single \$448.56 • Family of 2 \$604.44 • Family	\$230.04 • Single \$313.32 • Family of 2 \$413.76 • Family