



Certificate of Coverage

Wayne County  
W. C. Smile Guard Plan

<b><u>DEDUCTIBLE</u></b>	<b>None</b>
<b><u>OFFICE VISIT</u></b>	<b>\$10.00</b>
<b><u>CLASS I</u></b> <b>Diagnostic and Preventive:</b> Exams, Radiographs (Periapical and Bitewings), Prophylaxis, Fluoride Treatment (up to age 19), Sealants (1 <sup>st</sup> and 2 <sup>nd</sup> Molars only – once in lifetime up to age 14), Space Maintainers (Primary Teeth only up to age 19)	<b>100%</b>
<b><u>CLASS II</u></b> <b>Restorative:</b> Fillings, Crowns, Radiographs (Full Mouth or Panoramic), Root Canals and Routine Extractions performed by General Provider	<b>50%</b>
<b><u>CLASS III</u></b> <b>Prosthetic:</b> Bridges, Partial and Complete Dentures	<b>50%</b>
<b><u>CLASS IV</u></b> <b>Specialty Care:</b> Oral Surgery Endodontics Periodontics Pedodontics	<b>30%</b>
<b><u>ORTHODONTICS (Lifetime Maximum):</u></b> Dependents up to age 19 (Comprehensive Case Only) Member & Spouse (Comprehensive Case Only)	<b>\$1,800.00</b> <b>\$1,500.00</b>
<b><u>Annual Maximum (per member per year):</u></b>	<b>None</b>
<b><u>Annual Renewal:</u></b>	<b>01/01</b>
<b><u>Membership Card Reads:</u></b>	<b>W. C. Smile Guard</b>

**NOTE: Policy will cover dependents up to the age of 26 for CLASS I-IV Only**