

Savings You Can See

Monthly Payroll Deduction

Employee	\$39.31
Spouse	\$35.86
Per Child	\$26.57
Children Under 3 Years	No Charge

Freedom Advance

Benefit Maximum, Per Individual Benefit Year.....				\$1,000.00
Coinsurance Percentage Per Person Per Individual Benefit Year				
	Type I	Type II	Type III	
During the 1 st Year.....	100%	80%	25%	
During the 2 nd Year	100%	80%	50%	
Deductible, Per Individual Benefit Year.....				\$50.00
Insured Percent Type IV Dental Services				50%
Lifetime Orthodontia Maximum				\$1,000.00
<i>Only for dependent children under age 19</i>				
<i>This deductible applies to Type II and III Services only. (Waived for (Type I and) Type IV Services)</i>				

Type I Dental Services, Including:

- ◆ Routine Oral Examinations – once every **6 months** in a row
- ◆ Routine Dental Cleanings – once every **6 months** in a row (Frequencies combined with Periodontal Maintenance)
- ◆ Fluoride Treatment – once every 12 months in a row
Only for children under age 14
- ◆ Sealants – No more than once per tooth per person, only for permanent molar teeth.
Only for children under age 16
- ◆ Space Maintainer
Only for children under age 16
(Includes adjustments within 6 months of installation)
- ◆ Harmful Habit Appliance – once per person
Only for children under age 16
(Not covered if Orthodontic related)

Type II Dental Services, Including:

- ◆ X-Rays:
 - ◆ Complete series – once every 60 months
 - ◆ Bitewing – once every 12 months
 - ◆ Panoramic – once every 60 months (may also be payable in connection with the removal of impacted teeth)
 - ◆ Other X-Rays (See Certificate of Insurance)
- ◆ New Fillings; Replacement Fillings – once every 24 months per Filling
- ◆ Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- ◆ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Type III Dental Services, Including:

- ◆ Endodontics (includes root canal therapy)
- ◆ Endodontic retreatment (covered after 24 months have passed from initial treatment)
- ◆ Complex Oral Surgery; General Anesthesia and IV Sedation when medically required for such Surgery
- ◆ Minor Gum Disease Treatment: (Minor Periodontics)
 - ◆ Provisional Splinting, Occlusal Adjustments – once every 12 months
 - ◆ Scaling and Root Planing – once every 24 months per area
 - ◆ Periodontal Maintenance – once every 6 months (Frequencies combined with Routine Dental Cleanings)
- ◆ Major Gum Disease Treatment: (Major Periodontics)
 - ◆ Gingivectomy, Osseous Surgery, other major periodontic procedures – once every 36 months per area
- ◆ Initial Placement, Replacement and Maintenance of Inlays,Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

Type IV Orthodontic Dental Services

Only for dependent children under age 19

- ◆ Limited Orthodontic Treatment
- ◆ Interceptive Orthodontic Treatment
- ◆ Comprehensive Orthodontic Treatment
- ◆ Minor Treatment to control harmful habits

Orthodontics..... 24 Month Waiting Period

Other Policy Provisions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

Eligibility

Full-time **employee**, spouse and unmarried dependent children less than age 19, or less than age 25 if a full-time student. Dependent eligibility variation exists in some states. Please refer to your Group Policy.

Late Entrants

If you elect coverage more than 31 days after your Eligibility Date, your Effective Date will be delayed to the next plan Anniversary Date.

This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy, which alone determines all rights, benefits, and applicable Limitations and Exclusions. Fortis Benefits and policyholder have the option to cancel the group policy.