

American Employer Group Dental Insurance

Dental Benefits Summary

PESG Dental Plan

Type I - Preventative Services

(\$50 deductible* - combined with Basic / No Waiting Period)

Oral Exams	Covered - 80%
Teeth Cleaning	Covered - 80%
Sealants - for children	Covered - 80%
Flouride Treatment - for children	Covered - 80%
Space Maintainers - for children	Covered - 80%

Type II - Basic Services

(\$50 deductible* / 6 Month Waiting Period**)

Laboratory	Covered - 80%
X-Ray	Covered - 80%
Extractions	Covered - 80%
Fillings - Amalgams, Acrylic, Composite Resin	Covered - 80%
Emergency Exams	Covered - 80%

Type III - Major Services

(\$50 deductible* - combined with Basic / 12 Month Waiting Period**)

Bridge Work & Crowns	Covered - 50%
Gold & Porcelain Crowns	Covered - 50%
Periodontics	Covered - 50%
Endodontics	Covered - 50%
Oral Surgery	Covered - 50%
Orthodontic Services	Not Covered

Maximum Annual Benefit Per Individual

\$750.00

Monthly Dental Prices

Single:	\$22.78
Double:	\$53.87
Family:	\$65.26

* Maximum of three (3) deductibles per family

** Waiting periods may be waived with proof of prior coverage