

Presented By: A.T. Group

SERVICE	DESCRIPTION	BENEFIT
<p>Diagnostic and Preventive Services</p> <p>no waiting period</p>	<p>Oral Evaluations/Checkups/Exams</p> <ul style="list-style-type: none"> • Once every 6 months <p>Dental Cleanings</p> <ul style="list-style-type: none"> • Once every 6 months <p>Bitewing X-rays</p> <ul style="list-style-type: none"> • Once per 12 months through age 17 <ul style="list-style-type: none"> • Once per 24 months age 18+ <p>Full Mouth or Panoramic X-rays</p> <ul style="list-style-type: none"> • Once per 60 month period <p>Fluoride Treatment</p> <ul style="list-style-type: none"> • Once per 12 month period for dependent children through age 18 	100%
<p>Basic Services</p> <p>no waiting period</p>	<p>Basic Restorative Care & Services</p> <p>Amalgam (silver) fillings, composite for front teeth, sealants, space maintainers, palliative treatment for emergencies</p>	80%
<p>Basic Services</p> <p>6 month waiting period*</p>	<p>Oral Surgery Services</p> <p>Basic extraction of erupted tooth or exposed root, surgical removal of erupted tooth, impacted teeth and tooth roots</p>	50%
<p>Complex or Major Services</p> <p>12 month waiting period*</p>	<p>Prosthetic Services</p> <p>Removable prosthetic services – dentures and partials, fixed prosthetic services – bridges, repairs – removable and fixed</p> <p>Restorative Care Services</p> <p>Onlays, crowns and crown repairs</p> <p>Endodontic Services</p> <p>Pulpal therapy, root canal therapy, pulpotomy</p> <p>Periodontal (gum & bone) Services</p> <p>Non-surgical and surgical periodontal care</p>	50%
Deductible	<p>\$100 <i>Lifetime Deductible</i> per person. Applies to all covered services, including Diagnostic and Preventive. Each covered employee and dependent is responsible for first \$100 of covered charges incurred while covered by this plan.</p>	
Annual Maximum Benefit	<p>\$1000 per person per calendar year.</p>	

+ Member pays any difference between our maximum allowable charge and the dentist's actual charge when they choose a non-network provider.

City of Willmar Monthly Premiums

<u>Level of Coverage</u>	<u>1-1-2017 Premiums</u>
Employee Only	\$29.50
Employee + Spouse	\$60.60
Employee + Child(ren)	\$61.50
Employee + Family	\$97.70