

SERVICE	DESCRIPTION	BENEFIT
Diagnostic and Preventive Services no waiting period	<p>Oral Evaluations/Checkups/Exams</p> <ul style="list-style-type: none"> Once every 6 months Dental Cleanings Once every 6 months Bitewing X-rays Once per 12 months through age 17 Once per 24 months age 18+ Full Mouth or Panoramic X-rays Once per 60 month period Fluoride Treatment Once per 12 month period for dependent children through age 18 	100%
Basic Services no waiting period	<p>Basic Restorative Care & Services</p> <p>Amalgam (silver) fillings, composite for front teeth, sealants, space maintainers, palliative treatment for emergencies</p>	80%
Basic Services 6 month waiting period ²	<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%
Complex or Major Services 12 month waiting period ²	<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	\$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.	
Annual Maximum Benefit	\$1000 per person per calendar year.	

+ 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 Dental Premiums

Level of Coverage	1-1-2018 Premiums
Employee Only	\$29.50
Employee + Spouse	\$60.60
Employee + Child(ren)	\$61.50
Employee + Family	\$97.70