

**DENTAL CARE BENEFITS
SCHEDULE OF COVERED DENTAL SERVICES
(continued)**

1/1/09

BASIC SERVICES

**MAXIMUM
AMOUNTS**

Amalgam Restorations

One surface, permanent.....	79.00
Two surface, permanent.....	100.00
Three surface, permanent or more.....	122.00
Pin retention, exclusive of amalgam.....	25.00

Plastic or Composite Restorations

Composite, resin, one surface.....	97.00
Composite, resin, two surfaces.....	122.00
Composite resin, three or more.....	150.00

Other Restorative

Re-cement inlays.....	47.00
Re-cement crowns.....	45.00

ENDODONTIC SERVICES

Pulp Capping

Pulp cap, direct (excluding final restoration).....	52.00
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Pulpotomy-Limited to primary teeth

Vital pulpotomy (excluding final restoration).....	98.00
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Root Canal Therapy - Includes X-rays and follow-up care

Anterior (excluding final restoration).....	533.00
Bicuspid (excluding final restoration).....	650.00
Molar (excluding final restoration).....	840.00

PERIODONTIC SERVICES

(If more than one periodontal surgical service is performed per quadrant only, the one with the largest Maximum Covered Expense is a Dental Service.)

Gingivectomy or gingivoplasty, per quadrant.....	348.00
Gingivectomy or gingivoplasty, 1-3 contiguous teeth..... (Limited to four quadrants per calendar year)	166.00
Osseous surgery, including gingival flap entry and closing, per quadrant.....	551.00
Periodontal Maintenance.....	104.00
Periodontal scaling/root planning per quadrant (Limited to four quadrants per calendar year).....	166.00