

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

Partial Dentures	1/1/09 MAXIMUM AMOUNTS
<i>(Includes post-delivery care)</i>	
Partial upper or lower with two clasps with rests, acrylic base.....	611.00
Partial upper or lower with bar and two clasps, acrylic base.....	710.00
Partial upper or lower with bar and two clasps, cast base.....	653.00
Repairs to Dentures	
Add tooth to partial denture to replace extracted tooth, not involving clasp.....	132.00
Add tooth to partial denture to replace extracted tooth, involving class.....	132.00
Denture Relining or Rebasing	
<i>More than six months after installation (Limited to one per denture during any period of 36 consecutive months)</i>	
Denture reline, upper or lower, partial or complete, office.....	135.00
Denture reline, upper or lower, partial or complete, laboratory.....	176.00

**THE ABOVE SCHEDULED BENEFITS REPRESENT COMMONLY
USED PROCEDURES.**