

**DENTAL CARE BENEFITS  
SCHEDULE OF COVERED DENTAL SERVICES**

<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>	<b>1/1/09 MAXIMUM AMOUNTS</b>
<b>Oral Examinations</b> (Limited to twice during any calendar year)	
Comprehensive exam.....	\$ 48.00
Periodic exam.....	37.00
<b>X-Rays</b>	
Intraoral, full mouth series, including bitewings.....	83.00
(Limited to once during any period of 36 consecutive months)	
Intraoral, single first film.....	14.00
Intraoral, each additional film.....	10.00
Bitewings, two films (Limited to twice during any calendar year).....	28.00
Bitewings, four films (Limited to twice during any calendar year).....	42.00
<b>Prophylaxis</b> (Limited to twice during any calendar year)	
Prophylaxis for persons age 14 or over.....	70.00
Prophylaxis for children under age 14.....	42.00
<b>Fluoride Treatment</b> (Limited to children under age 19)	
Topical application of fluoride.....	26.00
(Limited to once during any calendar year)	
<b>Space Maintainers</b> (Includes adjustments within 6 months after installation)	
Fixed, unilateral type(Limited to children under age 16).....	126.00
<b>Sealants -</b> Limited to permanent molar teeth once in each 36 month period.....	
	29.00
<b>GENERAL SERVICES</b>	
Limited Oral Evaluation-problem focused 2 per calendar year .....	37.00
*Emergency palliative treatment.....	79.00
Consultation by other than dentist providing treatment.....	109.00
General Anesthesia in conjunction with surgical procedures by report only.	
*When no other service performed on same day.	