

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

1/1/09

ORAL SURGERY

**MAXIMUM
AMOUNTS**

Extractions

(Includes anesthetics and routine post-operative care)

Extraction, Coronal remnants.....	91.00
Removal of erupted tooth.....	180.00
Removal of impacted tooth, partially bony.....	301.00
Removal of impacted tooth, completely bony.....	354.00

MAJOR RESTORATIVE SERVICES

Restorative Cast Restorations and crowns are covered only when necessitated by decay or traumatic injury and the tooth cannot be restored with a routine filling material. All major services are subject to 5 year replacement limit.

Inlay Restorations

One surface.....	426.00
Two surfaces.....	449.00
Three surfaces.....	480.00

Crowns - Single Restorations/and Abutment Crowns

Porcelain jacket.....	497.00
Porcelain with Hi Noble metal.....	541.00
Porcelain with semi-precious metal.....	515.00
Full cast Hi Nobel.....	522.00
Stainless steel.....	158.00
Post and core.....	180.00

Pontics

Cast Gold.....	551.00
Porcelain fused to metal.....	499.00

PROSTHODONTIC SERVICES

DENTURES AND PARTIAL DENTURES covered charge for dentures and partial dentures including adjustments and relines within six months after installation. Specialized techniques and characterizations are not covered.

Complete Dentures

(Includes post-delivery care)

Complete Upper.....	647.00
Complete Lower.....	647.00