



Diocese of Tucson
COVERED DENTAL SERVICES
VOLUNTARY PLAN – Group #6574

ROUTINE SERVICES	BASIC SERVICES	MAJOR SERVICES	ORTHODONTIC SERVICES
Deductible: None	Deductible: \$50.00 per Person; \$150.00 per Family		Deductible: None
Covered at 100%	Covered at 80%	Covered at 50%	Covered at 50%
Diagnostic: Exams, evaluations or consultations (Twice in a benefit year) X-rays: Full Mouth/Panorex or vertical bitewings (Once in a 5-year period) Bitewing (Once in a benefit year) Periapical (six per benefit year) Preventive: Routine Cleanings (Limited to twice in a benefit year, or one difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to not more than once in a five-year period.) Topical Application of Fluoride (children through age 17 -Twice in a benefit year) Space Maintainers (For missing posterior primary (baby) teeth up to age 14)	Restorative: Fillings silver amalgam and for front teeth only, synthetic tooth color fillings (once per surface every two years) Stainless Steel Crowns (For primary (baby) teeth only) Oral Surgery: Simple Extractions Emergency: Treatment for the relief of pain	* Becomes a benefit following 6 months of continuous group coverage under this plan. Restorative: Crowns, Onlays Endodontics: Root Canal Treatment (Permanent Teeth) Pulpotomy (Primary (baby) Teeth) Periodontics: Treatment of Gum Disease – subject to \$1,000 maximum lifetime benefits. (Non-surgical-once every two years Surgical once every three years) Prosthodontics: Bridges Partial Dentures Complete Dentures Bridge & Denture Repair: Repair of such appliances to their original condition including relining of dentures. Replacement: A seven-year waiting period applies to lost, misplaced or stolen bridges or dentures, and replacement restorations including crowns and onlays.	* Becomes a benefit following 12 months of continuous group coverage under this plan. Benefit for child(ren) only, age eight (8) or older up to age nineteen (19). Children must be banded prior to age seventeen (17). Lifetime Orthodontia benefit limited to a maximum of \$750. per patient – payable in two (2) payments – upon initial banding and twelve months after. This maximum is separate from the calendar year maximum for your other dental benefits.
Annual Maximum: \$1,000 per person on routine, basic & major services. <i>All diagnostic, preventive, basic and major services contribute to calendar year maximum.</i>			Lifetime Maximum: \$750 per person

Student Age: 19-25 (**) Predetermination recommended for services over \$250

BENEFITS SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT