

RETIREE DENTAL PLANS

**THIS COMPARISON IS ONLY A SUMMARY OF BENEFITS.
BENEFITS WILL BE ADMINISTERED AS DESCRIBED IN EACH PLAN'S SUBSCRIBER
AGREEMENT OR PLAN DOCUMENT.**

NOTE: The Comprehensive Plan has a three-year lock-in provision. If you choose this option, this level of coverage will remain in effect until you elect to change during an open change period following three full years of participation.

ISU Dental Plans		
Plan Provisions	Basic Option	Comprehensive Option
Deductibles	None	\$25 annual deductible/contract combined for basic & major restorative
Annual maximum benefit	\$750/person/year	\$1500/person/year excludes orthodontics
Diagnostic/preventative – limitations apply, see certificate		
*Check-ups	100%--2 per year	100%--2 per year
*Cleanings	100%--2 per year	100%--2 per year
*X-rays	100%	100%
*Topical fluoride—under age 19	1 every 12 months	1 every 12 months
*Topical fluoride—adults	1 every 12 months	1 every 12 months
*Sealants—under age 14	100%	100%
*Space maintainers—under age 14	100%	100%
Basic Restorative		
*Non-gold fillings	50%	80% after deductible
*Root canal	50%	80% after deductible
*Treatment for gum disease	50%	80% after deductible
*Extractions	50%	80% after deductible
*Anesthesia	50%	80% after deductible
Major Restorative		
* Implants ***New for 2006***	Not covered	50% after deductible
*Gold and porcelain inlays&onlays	50%	50% after deductible
*Crowns and jackets	50%	50% after deductible
*Bridgework	Not covered	50% after deductible
*Dentures	Not covered	50% after deductible
Orthodontics	Not covered	50% coverage, lifetime maximum benefit of \$2000 after \$50 deductible