

**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.

<b>Plan Provisions</b>	<b>Basic Option</b>	<b>Comprehensive Option</b>
Deductibles	None	\$25 annual deductible/contract combined for basic & major restorative
Annual maximum benefit	\$750/person/year	\$1500/person/year excludes orthodontics
Diagnostic/preventative		
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		
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
Implants	Not covered	50% after deductible
Orthodontics	Not covered	50% coverage, lifetime maximum benefit of \$2000 after \$50 deductible