

## **DENTAL 2016**

Plan Benefits	Senior Dental Plan
Preventive Care	100% after your \$15 copayment per exam (exams, cleanings, X-rays, etc.) Please note that benefits for preventive care don't count toward your annual maximum.
Restorative & Prosthodontic Care	50% (fillings, crowns, bridges, dentures, etc.)
<b>Endodontic Care</b>	50% (root canals, etc.)
Orthodontics	50% (up to \$1,500 per lifetime)
Annual Maximum	\$1,100 per person The participant is responsible for all charges after reaching the annual maximum.

