



Dental Summary – Polk County

The type of Treatment or Service covered under each of the Dental Care Units is:

Preventive Procedures	Unit 1
Basic Procedures	Unit 2
Major Procedures	Unit 3
Orthodontia	Unit 4

DENTAL EXPENSE COVERAGE	
Calendar Year Deductible	
Basic & Major Procedures combined	
Per Person	\$25
Per Family	\$75
Orthodontia	
Per Person	\$25
Maximum Payment Limits	
Preventive, Basic & Major Procedures (combined)	\$1,250 per calendar year
Orthodontia	\$1,500 per lifetime
Procedure Categories	
Preventive	100%
Basic	80%
Major	50%
Orthodontia	50%
Dental Treatment Plan	
When charges for a Period of Dental Treatment (other than Emergency Treatment) are expected to exceed \$200, it is strongly recommended that you file a Dental Treatment Plan with the Claims Administrator before treatment begins.	

Charges are applied to the Deductible Amount in the order in which they are incurred. However, if Covered Charges are incurred for Units 2 and 3 on the same date, the charges will be applied to the Deductible Amount in the following order:

- First, to Unit 2 charges; and
- Then, to Unit 3 charges.

Covered Charges used to satisfy the Dental Care Unit 4 Deductible Amount cannot be used to satisfy the deductible amount for Units 2 and 3, and vice versa.

In place of individual Deductibles, a family maximum Deductible may be applied. When this family maximum is satisfied for a calendar year, dental benefits will be payable as if the individual Deductibles had been satisfied for each person in your family. For satisfaction of the family Deductible Amount, no more than one individual Deductible Amount will apply for any one person.