



## D/S Services, Inc. Group Number 902-14-38340-000

<i>Dental Select Plan</i>	<b>Adult Benefits (Dental Select)</b> Employee, Spouse and Dependent Child(ren) ages 19 to 26 Orthodontia for Child(ren) under 19		<b>Dental Pediatric Essentials Health Benefits (EHB)</b> Dependent Child(ren) under age 19 Certified in Michigan	
			In-Network	Out-of-Network
<b>Program Deductible</b> Per Individual Family Limit Waived for Type I Services	\$100 Lifetime No Limit No		\$100 per Contract Year None Yes	
<b>Annual Out-of-Pocket Maximum</b> Individual Family	None None		\$350 \$700	n/a n/a
<b>Type I Preventive Services</b>	<b>100%</b> oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months), full mouth X-rays, space maintainers, pain treatment		<b>100%</b> oral exams, cleanings (2 per 12 months), bitewing X-rays, (2 per 12 months), full mouth X-rays, space maintainers, pain treatment, sealants, fluoride treatment	
<b>Benefit Waiting Period</b>	None		None	
<b>Type II Basic Services</b>	<b>80%</b> fillings, anesthesia, simple & surgical extractions, endodontics, oral surgery, periodontics		<b>80%</b> fillings, recementation of crowns and inlays	
<b>Benefit Waiting Period</b>	None		None	
<b>Type III Major Services</b>	<b>50%</b> crowns, inlays, onlays, dentures, bridges, implants		<b>50%</b> anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants	
<b>Benefit Waiting Period</b>	12 months		None	
<b>Type IV Orthodontia</b> <b>Benefit Waiting Period</b> <b>Lifetime Maximum</b>	<b>Adults</b> <i>not covered</i> <i>n/a</i> <i>n/a</i>	<b>Child(ren) under 19</b> 50% 12 months \$1,000	<i>not covered</i>	<i>not covered</i>
<b>Contract Year Maximum</b>	\$1,500		None	\$1,000

**Disclaimer: This is a summary of benefits only. Please refer to the policy for benefit details. Payment is based upon allowable charges in the area in which service is rendered. Any dentist charge above the allowable charge is not a covered expense.**

