

DENTAL SUMMARIES

Incentive Plan

Calendar Year Maximum per Person	\$1,000
PREVENTIVE (CLASS I) Examinations/x-rays (routine exam once every 6 months) Prophylaxis (cleanings)(once every 6 months) Fissure Sealants Space Maintainers	Plan Pays 1 st year 70% 2 nd year 80% 3 rd year 90% 4 th year 100%
BASIC (CLASS II & III) Restorative Dentistry (treatment of tooth decay with amalgam, synthetic porcelain, & plastic materials, crown & cast restorations) Oral surgery (surgical extractions & certain other minor surgical procedures) Endodontics (pulp therapy & root canal filling) Periodontics (treatment of tissues supporting the teeth)	Plan Pays 1 st year 70% 2 nd year 80% 3 rd year 90% 4 th year 100%
MAJOR (CLASS IV) Dentures & Bridgework (construction or repair of fixed bridges, partials, and complete dentures)	Plan Pays 50%
ORTHODONTIC BENEFIT Lifetime maximum benefit is \$1,000	Plan Pays 50%

Traditional Plan

Calendar Year Maximum per Person	\$1,500
PREVENTIVE (CLASS I) Examinations/x-rays (routine exam once every 6 months) Prophylaxis (cleanings)(once every 6 months) Fissure Sealants Space Maintainers	Plan Pays 100%
BASIC (CLASS II) Restorative Dentistry (fillings) Oral surgery (surgical extractions & certain other minor surgical procedures) Endodontics (pulp therapy & root canal filling) Periodontics (treatment of tissues supporting the teeth)	Plan Pays 80%
MAJOR (CLASS III) Restorative Dentistry (treatment of tooth decay with crowns, gold or cast restorations, inlays and onlays) Dentures & Bridgework (construction or repair of rixed bridges, partials, and complete dentures)	Plan Pays 60%
ORTHODONTIC BENEFIT Lifetime maximum benefit is \$1,000	Plan Pays 50%

The above information is intended as a brief outline of the City of Salem Dental plans. In the event of a discrepancy, the benefit contract will supercede the information provided in this summary. You should contact the summary plan document (SPD) for exact benefit plan terms and conditions.