

COSE MEWA - Dental Plan 6

Benefit Period: January 1 through December 31

Member Pays

Services	In-Network	Non-Network
Benefit Period Deductible (per member)	\$25	\$50
Benefit Period Maximum (per member)	\$1,500	\$1,250
Preventive Services		
Oral Exams (two per benefit period)	0%	15%
Bite Wing X-Rays (two sets per benefit period)	0%	15%
Prophylaxis (cleaning – two per benefit period)	0%	15%
Sealants (one every rolling 36 months per tooth)	0%	15%
Basic Services		
Consultations and Other Exams by Specialist	15% after deductible	30% after deductible
Diagnostic X-Rays	15% after deductible	30% after deductible
Composite or Amalgam Fillings	15% after deductible	30% after deductible
Space Maintainers (limited to eligible dependents up to age 19)	15% after deductible	30% after deductible
Emergency Palliative Treatment (includes emergency oral exam)	15% after deductible	30% after deductible
Minor Restorative Services	15% after deductible	30% after deductible
Repairs, Relines and Adjustments of Prosthetics	15% after deductible	30% after deductible
Simple Extractions	15% after deductible	30% after deductible
Impactions (impacted tooth)	15% after deductible	30% after deductible
Minor Oral Surgery Services	15% after deductible	30% after deductible
General Anesthesia	15% after deductible	30% after deductible
Major Services		
Gold Foil Restoration	45% after deductible	55% after deductible
Inlays, Onlays (one every five years)	45% after deductible	55% after deductible
Endodontics/Pulp Services	45% after deductible	55% after deductible
Periodontal Services	45% after deductible	55% after deductible
Crowns (one every five years)	45% after deductible	55% after deductible
Bridgework (pontics and abutments-one every five years)	45% after deductible	55% after deductible
Partial and Complete Dentures (one every five years)	45% after deductible	55% after deductible
Orthodontia (Available to group - sponsored plans)		
Orthodontic Lifetime Maximum (per member)	\$2,000	\$1,000
Orthodontic Diagnostic Services	50% after deductible	
Minor Treatment for Tooth Guidance	50% after deductible	
Minor Treatment for Harmful Habits	50% after deductible	
Interceptive Orthodontic Treatment	50% after deductible	
Comprehensive Orthodontic Treatment	50% after deductible	

Notes:

Percentages shown are member liability.

This plan can be offered as:

1. Contributory/Employer sponsored – Meets 75% participation and is employer paid at 100% or a cost share between employer/employee
2. Voluntary- Employee pays 100% of the cost (Ortho rider not available)