

COSE MEWA - Dental Plan 8

Benefit Period: January 1 through December 31

Member Pays

Services	In-Network	Non-Network
Benefit Period Deductible (per member)	\$75	\$150
Benefit Period Maximum (per member)	\$1,500	\$750
Preventive Services		
Oral Exams (two per benefit period)	0%	50%
Bite Wing X-Rays (two sets per benefit period)	0%	50%
Prophylaxis (cleaning – two per benefit period)	0%	50%
Sealants (one every rolling 36 months per tooth)	0%	50%
Basic Services		
Consultations and Other Exams by Specialist		50%
Diagnostic X-Rays		50%
Composite or Amalgam Fillings		50%
Space Maintainers (limited to eligible dependents up to age 19)		50%
Emergency Palliative Treatment (includes emergency oral exam)		50%
Minor Restorative Services		50%
Repairs, Relines and Adjustments of Prosthetics		50%
Simple Extractions		50%
Impactions (impacted tooth)		50%
Minor Oral Surgery Services		50%
General Anesthesia		50%
Major Services		
Gold Foil Restoration		50% after deductible
Inlays, Onlays (one every five years)		50% after deductible
Endodontics/Pulp Services		50% after deductible
Periodontal Services		50% after deductible
Crowns (one every five years)		50% after deductible
Bridgework (pontics and abutments-one every five years)		50% after deductible
Partial and Complete Dentures (one every five years)		50% after deductible
Orthodontia (Available to group - sponsored plans)		
Orthodontic Lifetime Maximum (per member)	\$2,000	\$1,000
Orthodontic Diagnostic Services		50%
Minor Treatment for Tooth Guidance		50%
Minor Treatment for Harmful Habits		50%
Interceptive Orthodontic Treatment		50%
Comprehensive Orthodontic Treatment		50%

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)