

COSE MEWA - Dental Plan 4

Benefit Period: January 1 through December 31

Member Pays

Services	In-Network	Non-Network
Benefit Period Deductible (per member)	\$50	\$100
Benefit Period Maximum (per member)	\$1,000	
Preventive Services		
Oral Exams (two per benefit period)	0%	20%
Bite Wing X-Rays (two sets per benefit period)	0%	20%
Prophylaxis (cleaning – two per benefit period)	0%	20%
Sealants (one every rolling 36 months per tooth)	0%	20%
Basic Services		
Consultations and Other Exams by Specialist	20% after deductible	40% after deductible
Diagnostic X-Rays	20% after deductible	40% after deductible
Composite or Amalgam Fillings	20% after deductible	40% after deductible
Space Maintainers (limited to eligible dependents up to age 19)	20% after deductible	40% after deductible
Emergency Palliative Treatment (includes emergency oral exam)	20% after deductible	40% after deductible
Minor Restorative Services	20% after deductible	40% after deductible
Repairs, Relines and Adjustments of Prosthetics	20% after deductible	40% after deductible
Simple Extractions	20% after deductible	40% after deductible
Impactions (impacted tooth)	20% after deductible	40% after deductible
Minor Oral Surgery Services	20% after deductible	40% after deductible
General Anesthesia	20% after deductible	40% after deductible
Major Services		
Gold Foil Restoration	40% after deductible	50% after deductible
Inlays, Onlays (one every five years)	40% after deductible	50% after deductible
Endodontics/Pulp Services	40% after deductible	50% after deductible
Periodontal Services	40% after deductible	50% after deductible
Crowns (one every five years)	40% after deductible	50% after deductible
Bridgework (pontics and abutments-one every five years)	40% after deductible	50% after deductible
Partial and Complete Dentures (one every five years)	40% after deductible	50% after deductible
Orthodontia (Available to group - sponsored plans)		
Orthodontic Lifetime Maximum (per member)	\$1,000	
Orthodontic Diagnostic Services	40%	50%
Minor Treatment for Tooth Guidance	40%	50%
Minor Treatment for Harmful Habits	40%	50%
Interceptive Orthodontic Treatment	40%	50%
Comprehensive Orthodontic Treatment	40%	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)