

COSE MEWA - Dental Plan 5

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	Not Covered	
Inlays, Onlays (one every five years)	Not Covered	
Endodontics/Pulp Services	Not Covered	
Periodontal Services	Not Covered	
Crowns (one every five years)	Not Covered	
Bridgework (pontics and abutments-one every five years)	Not Covered	
Partial and Complete Dentures (one every five years)	Not Covered	
Orthodontia		
Orthodontic Lifetime Maximum (per member)	NA	
Orthodontic Diagnostic Services	Not Covered	
Minor Treatment for Tooth Guidance	Not Covered	
Minor Treatment for Harmful Habits	Not Covered	
Interceptive Orthodontic Treatment	Not Covered	
Comprehensive Orthodontic Treatment	Not Covered	

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