

COSE MEWA - Dental Plan 7

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 (major services only)	\$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	0%	50%
Diagnostic X-Rays	0%	50%
Composite or Amalgam Fillings	0%	50%
Space Maintainers (limited to eligible dependents up to age 19)	0%	50%
Emergency Palliative Treatment (includes emergency oral exam)	0%	50%
Minor Restorative Services	0%	50%
Repairs, Relines and Adjustments of Prosthetics	0%	50%
Simple Extractions	0%	50%
Impactions (impacted tooth)	0%	50%
Minor Oral Surgery Services	0%	50%
General Anesthesia	0%	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)