

**SINCLAIR**  
**DENTAL BENEFIT SUMMARY**

	HIGH OPTION	MIDDLE OPTION	STANDARD OPTION
<u>Deductible</u>	\$25 (3/Family)	\$50 (3/Family)	\$75 (3/Family)
<u>Co-Insurance:</u>			
Class I - Preventive *	100%	100%	100%
Class II - Basic Restorative	80/20	80/20	80/20
Class III - Major Restorative	50/50	50/50	50/50
Class IV - Orthodontia *	50/50	N/A	N/A
<u>Yearly Maximum (classes II, III) per covered person</u>	\$2,000	\$1,000	\$750
<u>Lifetime Maximum (class IV)</u>	\$2,000	N/A	N/A

\* The deductible is waived for Class I and Class IV services.

\*\* Eligibility for Orthodontia coverage is limited to dependents through age 18.

Examples of services:

Class I - Oral exams, teeth cleaning and dental x-ray. Flouride treatments, sealants and space maintainers are also covered for children under age 19.

Class II - Amalgam (filling), endodontics, pulpotomy, pulp capping, root canal, apicoectomy, alveolectomy, simple extraction, surgical extraction of erupted teeth, injection of antibiotics, repair of inlays and onlays, and harmful habit appliances.

Class III - Crowns, inlays, onlays, bridges, dentures, gingivectomy, periodontal scaling and root planing.

\* This summary is a general outline. Please refer to the policy contract and benefit booklet for exact details and limitations.