
Direct Reimbursement Dental Plan

Effective Date: October 1, 2008

The plan year deductible per insured is \$0.00. The plan year deductible per family is \$0.00. The plan year maximum per insured is \$1,000.00. Any licensed provider/dentist can be used. No pre-determination/prior authorization is required.

DIAGNOSTIC AND PREVENTIVE SERVICES - 50% coverage.

- Oral Exams & X-rays
- Sealants (no age limit)
- Fluoride Treatments (no age limit)
- Routine Teeth Cleanings (no limit)

BASIC SERVICES - 50% coverage.

- Space Maintainers
- Simple Extractions
- Fillings
- Consultations
- Endodontics
- Surgical Extractions
- Recementations/Repairs
- General Anesthesia

MAJOR SERVICES - 50% coverage.

- Periodontics
- Dentures
- Inlays/Onlays
- Bridges
- Crowns & Build-ups
- Implants
- Rebases / Relines
- Veneers

ORTHODONTIA SERVICES

50% coverage for children up age 26 & adult orthodontia. Orthodontia Lifetime Maximum is \$1,000.

MONTHLY RATES

Employee Only	\$0.00
Employee + Dependent(s)	\$27.85
****Split (both spouses work for Guilford County Schools)	\$17.10

*Payments to dentists are calculated on the 90th percentile of usual and customary charges for the providers in that area.

**No waiting period applies for employees and/or dependents that enroll when first eligible. A 12-month waiting period applies for Major and Orthodontic Services for late enrollees.

****In order to qualify for "split" rates, both spouses must be enrolled in the same dental plan. One employee carries children.

This is a brief description of your dental benefits and does not contain all limitations and exclusions under either plan. For more complete information, please consult your plan booklet(s) or your benefits administrator. For more information on the Direct Reimbursement Plan, call 336-889-2003.