

Highlights of your Dental Coverage

Plan #: 05; Group: 09A; Plan: E3

J; 92?if2= 85; UZLLELV

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

A56715i' 375UETLEZLFIFII

~ fi& ~ / ~ , fiii

fififii i' ~ fi& ~ iK%~ iZSELEWLFIEWLSŁWZfi!LLEL!3i\$. 05; 09A; 4B: E3

- , 5*65= 5. 79;1, 589. /1" ; 9B. : L. 4GL' . 4B (When performed 6 or more months after placement)
- , 5?30i" ; 9B. L. 4GL' . 4B (When performed 6 or more months after placement)
- ~ . /9/9. 76:
- ~ . /9/9. 76&C5; 3?G*i, 997" 3. 34(Once per tooth every 24 consecutive months)
- / 5; 9/9. 76:
- / 5; 9/9. 734 30 75. 3. 65 (4 PPY)
- 24 9270' 58; 05= 5. 7(Once every 36 consecutive months)
- / 5; 9/9. 734%634 @3. /1, 997/ 4B. 0 @ (Once per quadrant every 24 consecutive months)
- / 5; 9/9. 734%2; @5; G (Once per quadrant every 36 consecutive months)
- / 5; 9/9. 734%9A7&0: 25J ; 3AZ (Once per quadrant every 36 consecutive months)
- / ; 9. 7C9/9. 76: i< 5. 72; 5: LK; 0@5: D
- ~ : 734879. 19;1, 5?465= 5. 79A' 5. 72; 5: !/ 3; 734 i3. /1- 05/iK; 0@5:

	~ fi *fi ~ &+ ' ,)	' \$&*~ - *fi ~ &+ ' ,)
	Deductible, then 20%	Deductible, then 20%
	Deductible, then 20%	Deductible, then 20%
	Deductible, then 20%	Deductible, then 20%
	Deductible, then 20%	Deductible, then 20%
	Deductible, then 20%	Deductible, then 20%
	Deductible, then 20%	Deductible, then 20%
	Deductible, then 20%	Deductible, then 20%

