

MANAGEMENT BENEFIT FUND METRODENT SELECT PPO & CAREINGTON NETWORKS PLAN DESCRIPTION & FEE SCHEDULE

This document is a brief description of the program. In cases of discrepancy the dental program document will control.

ELIGIBILITY All employees eligible for benefits under the Management Benefit Fund. Eligible Dependents include the lawful spouse and each dependent child from birth until the age of 28. ANNUAL MAXIMUM S 50.000 per individual per year DEDUCTIBLE In-Network \$50 individual \$150 Family, Out of network \$100 individual \$300 family Deductible is waived for Diagnostic and preventive services PLAN LIMITATIONS Examination — one in six months Prophylaxis — one in six months Prophylaxis — one in six months Replacement of prosthetics — not more than one in three years Palliative treatment — not payable on same day as other therapy Sealant — permanent molars, to age 16, once per 24 months Fluoride Treatment — one per 6 months to age 16 Orthodontice-Seculo Bleen maximum. In Network 100% of the schedule—out of network 80% of maximum fee allowan Orthodontice Deductible in network \$50 ut of Network \$100. Localized Delivery of Chemo Agents-Periodontists only Specialist consultation — includes examination Denture Reline — 6 months after delivery, once in a three year period Cone Beam Scans - once per 24 months Periodontal Maintenance-once per 3 months Periodontal Maintenance-once per 3 months Periodontal Maintenance-once per 3 months Periodontal Amintenance-once per 3 months Periodontal Charling of the dental coverage for a proposed treatment plan before the work begins and expenses are incurred. Please note- a pre-treatment plan before the work begins and expenses are incurred. Please note- a pre-treatment plan before the work begins and expenses are incurred. Please note- a pre-treatment plan before the work		
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