

2007-2008 SUMMARY OF DENTAL BENEFITS

For the Employees of:



LAWRENCE UNIVERSITY

Service	Delta Premier <i>You may choose any dentist.</i>	Care Plus Dental <i>You must choose a Care Plus location.</i>
Service Provider Options	Dentist of Choice	Care Plus Provider (Dental Associates)
Individual Annual Deductible	\$25	None
Family Annual Deductible	\$75	None
Individual Annual Maximum	\$1,000	\$2,000
Individual Lifetime Orthodontic Maximum	\$1,000	See Below
Dependent children are covered to age	19 (end of month)	25 (on birthday)
Full-time students are covered to age	25 (end of month)	25 (on birthday)
Diagnostic and Preventive Services Examinations Bitewing x-rays (Every 12 Months) Full mouth x-rays (Every 5 Years) Teeth cleaning (routine prophylaxis) Space maintainers Fluoride treatments	100%* For covered dependents to age 19	100% For covered dependents thru age 15
Sealants Periodontal maint procedures (12 mo only)	For covered dependents ages 6-19 80%	For covered dependents thru age 15 100%
Regular Restorative Services Oral surgery and extractions Silver and tooth-colored fillings Root canal treatment Gum disease treatment Emergency treatment to relieve pain	80%	100%
Major Restorative Services Crowns, Inlays and Onlays	50%	100%
Prosthetics Partial dentures Complete dentures Fixed bridges Repairs and adjustments	50%	100%
Orthodontics	50%* <i>Maximum lifetime of \$1,000 for each dependent to age 19</i>	100% **

* Deductible does not apply.

** 100% after patient pays \$2,000 (under age 19) or \$2,500 (adults).