

DENTAL



Resource Equity Group, Agent/Admin.
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Good dental health requires a commitment to ongoing maintenance. Many common oral diseases can be prevented by simply maintaining good oral hygiene. With the Group Dental plan, employees and their dependents may visit any dentist of their choice without restriction.

This plan features a PPO through the Dentemax (www.dentemax.com) national dental network. This network includes dental professionals who have agreed to provide dental services at negotiated fees-which can significantly lower your out-of-pocket expense.

Annual maximum benefit per person: \$1,000.



Preventive Care:

- >Routine Exams
- >Bitewing X-rays
- >Fluoride treatment
- >Prophylaxis
- >Harmful habit appliances
- >Sealants

Basic Services:

- >Full mouth/panoramic x-rays
- >Other X-rays, such as periapicals & extraoral films
- >Pulp vitality tests
- >Biopsy and examination of oral tissue
- >Pin retention
- >Space maintainers

- >Fillings
- >General anesthesia in conjunction with surgery
- >Tissue conditioning
- >Injectable antibiotics used solely for treatment of a dental condition

Major Services:

- >Non-routine office visits, such as emergency exam, detailed and extensive oral exam
- >Prefabricated stainless steel crowns
- >Adjustments/repairs to dentures and crowns
- >Recementation
- >Simple extractions
- >Surgical extractions and other oral surgery
- >Inlays and onlays
- >Crowns
- >Dentures
- >Bridges
- >Post and core
- >Core buildup
- >Endodontics: Vital pulpotomy, Apexification, Root canal therapy, Apicoectomy, Hemisection
- >Periodontics: Periodontal maintenance, Acticite therapy, Sub-gingival curettage, Root planing and scaling, Gingivectomy, Gingivoplasty, Pedicle or free soft tissue graft, Osseous surgery, Osseous grafts, Muco-gingival surgery.

Plan Pays

(of maximum allowable charge)

100%
(no deductible)

80%
combined \$50 per year deductible

50%
combined \$50 per year deductible
(12 month waiting period for new enrollments)

WEEKLY DEDUCTION:

Employee only.....\$ 9.74
 Employee & Spouse.....\$19.48
 Employee & Children...\$21.86
 Employee & Family.....\$31.60

THIS IS A GENERAL SUMMARY. FOR A COMPLETE DESCRIPTION, PLEASE REFER TO YOUR DENTAL BENEFITS BOOKLET. Some additional restrictions and/or exclusions apply.