



## Lamoille North Supervisory Union Schedule of Dental Benefits

Benefit	
Class 1 – Diagnostic/Preventive Care	100%
Class 2 – Basic Care	90%
Class 3 – Major Care	50%
Individual Calendar Year Deductible:	None
Individual Calendar Year Maximum: (applies to classes 1,2&3)	\$1,500

### NOTES:

1. Please see the “Covered Dental Expenses” section for further details.
2. This Plan is participating with the Dental Blue® preferred provider dental network. These preferred providers will bill the Contract Administrator directly and write off charges that exceed their contractual allowances.
3. All covered charges, except for Class 1 services, billed by non-participating providers will be subject to a maximum allowable benefit.

## **COVERED DENTAL EXPENSES**

Covered dental expense means the maximum allowable charge made by a dentist for the performance of a dental service covered by the dental portion of the Plan, provided such a service is performed by or under the direction of a licensed dentist for necessary care of the teeth.

The total amount payable for covered dental expenses incurred by the employee and each covered dependent(s) in any one (1) calendar year for dental services will in no event exceed the maximums shown in the Schedule of Benefits.

### **Class 1: Diagnostic and Preventive Care**

Oral Examinations (includes initial and periodic) – once every 6 months

Cleanings (prophylaxis) (child prophylaxis through age 12, adult prophylaxis thereafter) – once every 6 months - (this can include a routine prophylaxis, full mouth debridement, or periodontal maintenance – a periodontal maintenance will count toward the limitation but will be payable as a Class 2 service)

Fluoride Treatments – 1 treatment per calendar year; only for dependent children under age 19

Sealants - 1 treatment per tooth per lifetime; only for dependent children under age 14

Space Maintainers – only for dependent children under age 15; only when space is being maintained for an erupting permanent tooth

X-rays and Diagnostics:

Full Mouth and Panoramic - once every 3 calendar years

Bitewings - once per calendar year

Individual Teeth - as needed

### **Class 2: Basic Care**

Emergency treatment

Fillings

Extractions

Oral surgery

General and local anesthesia, Analgesia

Endodontics

Periodontics

Repair of prosthetic appliances

### **Class 3: Major Care**

Crowns

Dentures

Bridges

Implants