



Dental Benefit Summary

	City of Moberly Dental Plan Effective July 1, 2006 Benefit
Type of Plan	Self Funded Indemnity
Deductible	
<ul style="list-style-type: none"> • Individual • Family 	\$50 \$150
Deductible Waived for Preventive	Yes
Calendar Year Maximum	\$1,250
Office Visit Copay	None
Coinsurance	
<ul style="list-style-type: none"> • Preventive • Basic • Major 	100%, deductible waived 80% after deductible 50% after deductible
Orthodontia <i>(Children to age 19)</i>	50% after deductible
Additional Notes:	
Bitewing X-rays	Covered as required
Sealants	Covered as Basic, for dependent children under age 19, limited to caries-free occlusal surfaces of the first and second permanent molars, once in 5 years
Fluoride Treatments	Topical application for patients under age 19, once in any benefit period
Root Canal Therapy	Covered as Basic, root canal filling and pulpal therapy
General Anesthetic	Covered when part of complete dental procedure
Surgical Removal of Impacted Tooth	Covered as Basic
Special Note:	
This Benefit Analysis is only intended to highlight some of the major benefit provisions of the company's contract and should not be relied upon as a complete detailed representation of the contract. Please refer to the company contract for further detail.	