

Miami University Dental Benefit Plans 2009

Basic Dental Plan 7188-3000

Monthly premium: Single Coverage \$1.23 Family Coverage \$14.02

Covered Services	Plan Pays ¹	You Pay
Class I Benefits		
Diagnostic and Preventive Services (exam, cleaning, fluoride treatments, X-rays)	100%	0%
Class II Benefits		
Oral surgery, endodontic services, relines and repairs, minor restorative services (fillings), major restorative services (crowns), periodontic services	65% ²	35% ²
Class III Benefits		
Prosthodontic services (bridges, dentures)	65% ²	35% ²
Class IV Benefits		
Orthodontic services	50% ³	50%

¹Annual benefit per person per year is \$1000

²\$50 deductible per year

³Lifetime maximum per person for orthodontic services is \$1000

Enhanced Dental Plan 7188-4000

Monthly premium: Single Coverage \$7.39 Family Coverage \$30.96

Covered Services	Plan Pays ¹	You Pay
Class I Benefits		
Diagnostic and Preventive Services (exam, cleaning, fluoride treatments, X-rays)	100%	0%
Class II Benefits		
Oral surgery, endodontic services, relines and repairs, minor restorative services (fillings), periodontic services, major restorative services (crowns)	80% ²	20% ²
Class III Benefits		
Prosthodontic services (bridges, dentures), implants	65% ²	35% ²
Class IV Benefits		
Orthodontic services	50% ³	50%

¹Annual benefit per person per year is \$1500

²\$50 deductible per year

³Lifetime maximum per person for orthodontic services is \$1500