

## Diocese of La Crosse Lay Group Employee Dental Benefit Plan

### COVERAGE SUMMARY

<b>DIAGNOSTIC &amp; PREVENTATIVE</b>	Examinations, Bitewing X-rays, Teeth Cleaning <b>2 times per benefit year</b>	<b>100%</b>
<b>PREVENTIVE CHARGES</b>		<b>100%</b>
<b>BASIC DENTAL</b>	<ul style="list-style-type: none"> <li>• Extractions &amp; other oral surgery,</li> <li>• Restorations - amalgam, composite (front teeth), stainless steel prefabricated crowns (1 per tooth in a 3-year period)</li> <li>• Endodontics (root canal treatment &amp; therapy)</li> <li>• Periodontics (treatment of gum</li> <li>• Repairs/adjustments to prosthetic appliances &amp; Dentures</li> <li>• Anesthesia and Injections</li> <li>• Emergency Palliative Treatment</li> </ul>	<b>80%</b>
<b>MAJOR DENTAL</b>	<ul style="list-style-type: none"> <li>• Crowns, inlays or onlays</li> <li>• Prosthetics - fixed bridgework, partial dentures, and complete dentures, or implants to replace missing permanent teeth</li> <li>• Porcelain veneers on crowns on the six front teeth, bicuspid and upper first molars.</li> </ul>	<b>50%</b>
<b>MAXIMUM PER PARTICIPANT PER CALENDAR YEAR</b>		<b>\$1,000</b>
<b>MAXIMUM PER FAMILY PER CALENDAR YEAR</b>		<b>\$2,000</b>
<b>DEDUCTIBLE PER PARTICIPANT PER CALENDAR YEAR</b>		<b>None</b>
<b>MAXIMUM FAMILY DEDUCTIBLE PER CALENDAR YEAR</b>		<b>None</b>
<b>DEDUCTIBLE</b>		<b>\$0.00</b>

### PREMIUMS

<b>EMPLOYEE ONLY (INDIVIDUAL)</b>	<b>\$41.00</b>
<b>EMPLOYEE PLUS ONE DEPENDENT</b>	<b>\$62.00</b>
<b>EMPLOYEE PLUS TWO 2 OR MORE (FAMILY)</b>	<b>\$104.00</b>