# Retiree Dental Plan Summary and Comparison

<table>
<thead>
<tr>
<th>Dental Plans</th>
<th>Basic Plan</th>
<th>Ortho Plan</th>
<th>High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Covered Service</strong></td>
<td><strong>Deductible</strong></td>
<td><strong>Annual Maximum Benefit</strong> (includes all services)</td>
<td><strong>Preventive and Diagnostic Services</strong></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$50 per person <strong>$50 per person</strong></td>
<td><strong>$500 per person</strong></td>
<td><strong>80% after deductible</strong></td>
</tr>
<tr>
<td></td>
<td>$150 per family <strong>$150 per family</strong></td>
<td><strong>$500 per person</strong> (excluding orthodontia)</td>
<td><strong>100% (no deductible)</strong></td>
</tr>
<tr>
<td></td>
<td>Applies to all services</td>
<td>Applies to all services except preventive and diagnostic services</td>
<td><strong>100% (no deductible)</strong></td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong> (includes all services)</td>
<td><strong>$500 per person</strong></td>
<td><strong>$500 per person</strong> (excluding orthodontia)</td>
<td><strong>$1,000 per person</strong></td>
</tr>
<tr>
<td><strong>Preventive and Diagnostic Services</strong></td>
<td><strong>80% after deductible</strong></td>
<td><strong>100% (no deductible)</strong></td>
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</tr>
</tbody>
</table>

**Covered services under each plan include:**
- Examinations, diagnosis and cleanings up to twice a year
- Bite-wing or full mouth X-rays
- Topical fluoride application for dependent children to age 16 (up to twice a year)

**Restorative Services**
- 80% after deductible

**Covered services under each plan include:**
- Emergency treatment for relief of pain
- Fillings (amalgam, synthetic porcelain and plastic restorations)
- Extractions and other oral surgery including pre- and post-operative care
- Anesthesia for restorative services

**Major Services**
- 60% after deductible

**Covered services under each plan include:**
- Root canals or treatment of diseases of the tooth pulp
- Treatment of the gums and supporting tissues
- Repair of full or partial dentures • Dentures and bridges
- Crowns (plastic, veneer, gold)

**Orthodontia Services**
- Not covered

**50%* (after deductible); Lifetime maximum benefit is $1,000 per person. Treatment begins when first appliance is installed (see Limitations) **

* Not covered