Global Dental Basic Benefit

The Schedule

For You and Your Dependents
To receive comprehensive dental coverage, you and your Dependents may be required to pay a portion of the Covered Expenses for services and supplies. That portion is the Coinsurance and Deductible.

Coinsurance
The term Coinsurance means the percentage of charges for Covered Expenses that a covered person is required to pay under the Plan.

Deductibles
Deductibles are expenses to be paid by you or your Dependent. Deductibles are in addition to any Coinsurance. Once the Deductible maximum in The Schedule has been reached you and your family need not satisfy any further dental deductible for the rest of that year.

Maximum Reimbursable Charge
Unless otherwise noted, services are paid based on the Maximum Reimbursable Charge. For this plan, the Maximum Reimbursable Charge is calculated at the 80th percentile of all charges made by providers of such service or supply in the geographic area.

BENEFIT HIGHLIGHTS	
Classes I, II, III Calendar Year Maximum	$1,000
Calendar Year Deductible	
Individual	$50 per person
Class I	
Preventive Care	100% not subject to plan deductible
Class II	
Basic Restorative	80% after plan deductible
Class III	
Major Restorative	50% after plan deductible
Class IV	
Orthodontia	Not Covered

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