

# Archdiocese of Dubuque— Summary of Covered Services & Benefits



Dental Benefits			
Covered Services	Deductible	Coinsurance	Benefit Period Max
<b>Calendar Year Deductible</b> Per Person Family	\$25 \$75		\$750
<b>Check Ups and Teeth Cleaning</b> (Diagnostic and Preventive Services) 1. Dental I Cleaning (two times/calendar year) 2. Oral Evaluations 3. Fluoride Applications 4. X-rays (full mouth once every three years) 6. Space Maintainers 7. Sealant Applications	Waived	0%	Yes
<b>Cavity Repair and Tooth Extractions</b> (Routine and Restorative Services) 1. Contour of Bone 2. Emergency Treatment 3. General Anesthesia/Sedation 4. Restoration of Decayed or Fractured Teeth 5. Limited Occlusal Adjustment 6. Routine Oral Surgery	Yes	20%	Yes
<b>Root Canals</b> (Endodontic Services Includes) 1. Apico ectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes	20%	Yes
<b>Gum and Bone Diseases</b> (Periodontal Services Includes) 1. Conservative Procedures (Non-Surgical) 2. Maintenance Therapy	Yes	20%	Yes
<b>High Cost Restorations</b> (Cast Restorations Includes) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes	20%	Yes

**Dependent Age Limit: 25**

**Students: No Age Limit**

**Calendar Year Benefit Accumulation: January thru December**

**Coinsurance is shown as the percentage that is the responsibility of the member.**

*This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.*

