

**THE SCOTLAND COUNTY DENTAL PLAN
SUMMARY OF BENEFITS**

**New Annual
Maximum and More
Preventive Services**

Plan Highlights

Plan Year Maximum Benefit	\$1,500 per individual
Plan Year Deductible (Basic & Major services only)	\$25 per individual \$75 per family
Preventive Services	100% of covered charges
Basic Services	80% of covered charges; deductible applies
Major Services	50% of covered charges; deductible applies

Sample Procedure Listing

Class A Preventive: Routine oral exams (two per year), cleanings (two per year), bitewing x-rays (two per year), fluoride treatment for covered Dependent children under age 19 (one per year), Space maintainers for covered children under age 14, Sealants for children under age 19

Class B Basic: Full mouth x-ray (every 3 years), amalgam and composite fillings, periodontic maintenance (once per quadrant in a 12-month period), oral surgery (simple extractions), endodontic

Class C Major: Crowns/inlays/onlays, bridges, dentures

Provider Network: You can see any licensed dentist. The plan does not have a network. It is the dentist’s choice of whether the dentist files the claim for reimbursement or asks you to file the claim. Percentage payable is subject Usual and Customary. Patients responsible for fees over Usual and Customary.

Pre-treatment Estimate: If the cost of a proposed dental treatment exceeds \$300, it may be submitted for an estimate of benefits payable.

Customer Service: (919) 877-9933 or (800) 426-8739 or www.myhealthplanonline.com.

Exclusions apply including but not limited to: implants, orthodontics, cosmetic, replacement of crowns installed less than 5 years before, splinting, TMJ, replacements.

Plan Year: 7/1-6/30

This schedule of benefits is only a summary. Benefits will be determined subject to all Plan conditions, exclusions and limitations. For additional information, refer to the Plan Document.