

PPO Gold Dental Plan

Sample Dental Plan	Coverage	
	IN-NETWORK*	OUT-OF-NETWORK
Type I Procedures – Preventive Initial and Periodic Oral Exams Cleanings (Prophylaxis) Space Maintainers X-rays Fluoride Application (under age 16) Sealants (children age 6 but under age 16)	100% of Maximum Allowable Charges, no deductible	100% of Usual, Customary and Reasonable Charges, no deductible
Type II Procedures – Basic Simple Extractions Recementation of Crowns Fillings (Amalgam and Composite Restorations) Full and Partial Denture Repair Repair of Crowns and Bridges Surgical Extractions Root Canals (Endodontics) Gum Disease (Periodontics) Alveolar or Gingival reconstructions	90% of Maximum Allowable Charges, after deductible	80% of Usual, Customary and Reasonable Charges, after deductible
Type III Procedures – Major Crowns Dentures Pontics Bridges Inlays	60% of Maximum Allowable Charges, after deductible	50% of Usual, Customary and Reasonable Charges, after deductible
Type IV – Orthodontia	No Coverage	No Coverage
Contract Year Deductible	\$ 25 per Member \$ 75 per Family	
Contract Year Maximum Benefit For Type I, II and III Procedures	\$ 1,500 per Member (Combined in- and out-of network benefit is \$1,500)	

***In-Network** - Coverage is greater when you use a Participating MLH Dentist, to locate a participating dentist, visit our Web site at www.mamsi.com.

All MLH PPO dental plans are not subject to a waiting period for Preventive, Basic and Major procedures.

MLH PPO Dental Plan is provided through, administered and billed by MAMSI Life and Health Insurance Company. This is a sample summary of benefits only; for more information, please contact a sales office near you. Services can be provided by any licensed dentist. Maximum Allowable Charges and Usual, Customary and Reasonable Charges are determined by the Plan.