



Muncie Community Schools Dental Benefit Summary - 2017

Please Note: Dental coverage requires a separate benefit election

Calendar Year Maximum Benefit per Covered Person - \$500

Calendar Year Deductible - None

Lifetime Orthodontic Maximum - \$1,000 (per Covered Person under age 19)

Preventive Services - 100%

Routine Exams, cleanings, fluoride under age 18, bitewing x-rays - all 2 per year

Basic & Major Services - 50%

*Fillings, Crowns, Simple Extractions, Oral Surgery, Endodontics, Periodontics, Veneers, Dentures, Bridges,
Dental Implants*

Orthodontia Services - 50% - for Covered Persons under age 19 only

Please Note: Impacted 3rd molars are covered under the Medical Plan

Please Note: This summary is only a brief snapshot of your Plan, please see your Plan Document for details

Unified 12.2016