




# Dental Plans

	<b>DHMO</b>
	<b>GOLDEN WEST PACESETTER</b>
<b>PLAN BENEFITS</b>	
<b>ANNUAL MAXIMUM</b>	None
<b>DEDUCTIBLE</b> Individual/Family	None
<b>PREVENTIVE</b> Exams X-Rays Cleanings Fluoride Treatment, Child	No Charge
<b>BASIC SERVICES</b> Basic Restorative Endodontics Periodontics Sealants	\$8 - Filling Root Canal- \$100 Anterior /\$200 Molar \$100 per Quad, Gingivectomy \$20 per tooth
<b>MAJOR SERVICES</b> Crown Fixed Bridges Oral Surgery Prosthodontics	\$250 + lab fees \$200 - \$250 Simple Extraction - \$10, Impaction - \$70 \$200 - \$250
<b>ORTHODONTIA</b> Child Adult Lifetime Maximum	\$1,795 \$1,795 Discounted Plan Benefits
<b>COSMETIC</b>	Not Covered

The information in this summary is not intended to take the place of, or change the official Plan Documents or Evidence of Coverage. In the event that the information in this brochure differs from the Plan Document, the Plan Document shall prevail.