

## Dental Benefits for Centre College

This is not a contract. It is a *partial list* of benefits and services. For complete details refer to your certificate.

### Deductible

(Each Benefit Period) \$0

### Maximum Benefits

(Per Covered Person each Benefit Period) \$1,000

### Age Limitations

Dependents covered up to age 23, full-time students up to age 25.

### Diagnostic and Preventive Services

- ◆ Oral examination (limited to 2 per calendar year)
- ◆ Palliative emergency treatment
- ◆ Periapical, bitewing, panoramic or complete series x-ray
- ◆ Topical fluoride application (up to age 19)
- ◆ Routine cleanings
- ◆ Sealants (up to age 16)
- ◆ Space maintainers (up to age 11)

### Reimbursement Amount

100% of the Allowable Amount  
No deductible

### Minor Services

- ◆ Routine fillings
- ◆ Simple extractions
- ◆ Root canal therapy
- ◆ Simple denture repair
- ◆ Oral surgery

### Reimbursement Amount

50% of the Allowable Amount  
No deductible

### Major Services\*

- ◆ Inlays or crowns
- ◆ Prosthetic services (bridges, dentures and partials)
- ◆ Periodontic services
- ◆ Implants

### Reimbursement Amount

50% of the Allowable Amount  
No deductible

### Orthodontic Services\*

- ◆ Diagnosis and treatment plan
- ◆ Minor treatment for tooth guidance

### Reimbursement Amount

50% of the Allowable Amount  
No deductible  
Benefits are limited to \$1,000 lifetime maximum for covered dependents under age 19.

**\*12-month waiting period for Major and Orthodontic Services for members enrolled after 1-1-2005.**

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible, and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.