

**CWA LOCAL 1170 – FRONTIER  
DENTAL ASSISTANCE PLAN  
OUTLINE OF COVERAGE  
EFFECTIVE JULY 1, 2017**

**Class I**

Diagnostic & Preventative

- Examinations
- Cleanings
- X-Rays
- Fluoride

**Class I**

**First \$75.00 paid at 100%; balance is subject to Lifetime Deductible; then Plan pays 70%**

**Class II**

Basic/Minor Restorative

- Fillings
- Root Canal Therapy
- Extractions
- Gum Surgery
- Denture Repair
- Sealants

**Class II Class III**

**Services are subject to Lifetime Deductible, then Plan pays 70%**

**Class III**

Major Restorative

- Crowns
- Bridgework
- Dentures

**Class IV**

Orthodontia

- Braces

**Lifetime Orthodontia Maximum: \$1500.00**

**Orthodontia benefits subject to Annual Maximum**

**Class IV**

**Plan pays 70% up to Annual Maximum and Lifetime Orthodontia Maximum of \$1500.00**

**LIFETIME DEDUCTIBLE: \$50.00 (applies to Classes I, II and III combined)**

**ANNUAL MAXIMUM BENEFIT: \$950.00 Individual/\$1500.00 family**  
(applies to Classes I, II, III and IV combined)

**The Benefit Year is July 1 – June 30.**

**You are encouraged to request a Pre-Treatment Estimate for any dental work expected to cost over \$300.**

**Dependent coverage to age 19. Full-time student coverage to age 23.**

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