

**CWA LOCAL 1170 – GREECE
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 60%

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 60%

Class III

Major Restorative

- Crowns
- Bridgework
- Dentures

Class IV

Orthodontia

- Braces

Lifetime Orthodontia Maximum: \$1500.00

Orthodontia benefits subject to all Annual Maximums

Class IV

Plan pays 60% 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: \$550.00 Individual/\$1,000.00 family
(applies to Classes I, II, III and IV combined)

The Benefit Year is January 1 – December 31.

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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