



# Members' Insurance Trust Dental Benefits

## Coverages

Benefit Type	Coverage Description	Calendar Year Deductible	Payment Percentage
Type A	Preventive	None	100%
Type B	Routine Restorative	\$50 (Individual) \$150 (Family) For Type B, C, D, E, and F Expenses Combined	80%
Type C	Endodontic		80%
Type D	Periodontic		80%
Type E	Major Restorative		50%
Type F	Orthodontics		50%

## Maximum Benefits

Type A through Type E Expenses ..... \$1,000 per calendar year/per person

Type A Preventive Care Limitations:

Exams, Cleanings, X-rays .....	2 per calendar year
Fluoride Treatment .....	1 per calendar year up to age 19
Sealants .....	up to age 17
Space Maintenance .....	up to age 14
Panoramic .....	1 in 36 months
Full Mouth X-rays.....	1 in 36 months

Type F Expenses ..... \$1,000 per lifetime (*dependent children only*)

## Rates

Coverage Type	Rate per Month
Single	\$40.00
Employee/Spouse	\$80.00
Employee/Children	\$95.55
Family	\$136.66

**Late Applicants:** Benefits are limited to Type A and B expenses only during the first 12 months of coverage. (This does not apply to new enrollees and dependents who enroll when they first become eligible.)

Please note: changes to dental coverage elections can only be made at open enrollment unless the enrolled member has a qualifying event.

## Covered Dental Expenses

Covered Dental Expenses are those Reasonable and Customary charges made by your Dentist for services or procedures recognized by the current edition of The American Dental Association's Current Dental Terminology manual. These expenses must be incurred after you become covered under this Group Dental Plan and not be listed in the Dental Exclusions and Limitations section of this plan. Examples of covered dental expenses:

### + Type A Benefits Preventive Care Expenses

These procedures consist of Diagnostic and/or Preventive services, such as:

- Periodic Oral Examinations
- Dental Prophylaxis
- Periodontal Maintenance
- Fluoride Treatment
- Bitewing X-Rays
- Sealants
- Space Maintenance
- Panoramic X-Rays
- Full Mouth X-Rays

### + Type B Benefits Routine Restorative Expenses

These procedures consist of minor routine repair and maintenance services such as:

- Amalgam Fillings
- Repairs to Dentures
- Denture Relining
- Simple Extractions
- Surgical Extractions
- Anesthesia

### + Type C, D, E Benefits Major Restorative Expenses

Type C procedures consist of Endodontic services such as:

- Pulp Capping
- Root Canal Therapy

Type D procedures consist of Periodontic services such as:

- Gingivectomy
- Periodontal Scaling and Root Planing

Type E procedures consist of Major Restorative and Prosthodontics, such as:

- Dentures
- Pontics
- Crowns
- Gold Inlays

### + Type F Benefits Orthodontic Care Expenses

Type F procedures consist of Orthodontic services

- Only for covered dependent children under age 19

Contact us today

1-800-327-1021

mitinfo@scmedical.org

www.scmamit.com

