



**Available to you as a member of
Georgia National Guard Dental Plan**

Monthly Cost	
Employee	\$12.50
Employee and One Dependent	\$17.00
Employee and Two or More Dependents	\$22.50

The following is a sample of some of the most frequently used dental treatments. When you enroll for coverage, treatments you receive from your Participating General Dentist will be provided at discounted fees called copayments. After you enroll, a complete list of copayments will be mailed to your home along with your Certificate of Benefits.

DENTAL TREATMENT	YOU PAY
APPOINTMENTS	
Office Visit.....	\$5
Initial Oral Evaluation.....	NO CHARGE
Periodic Oral Evaluation.....	NO CHARGE
DIAGNOSTIC DENTISTRY	
Complete X-Ray Series, Including Bitewings.....	NO CHARGE
Study models.....	NO CHARGE
PREVENTIVE DENTISTRY	
Routine Cleaning - Adult (once every six months).....	NO CHARGE
Routine Cleaning - Child (once every six months).....	NO CHARGE
Application of Fluoride (up to 18 years of age).....	NO CHARGE
Oral Hygiene Instruction.....	NO CHARGE
Application of Sealant, Per Tooth.....	\$12
Fixed Space Maintainer.....	\$50*
FILLINGS/CROWNS	
Silver Fillings	
One Surface.....	\$20
Two Surfaces.....	\$25
Three Surfaces.....	\$30
White Fillings	
One Surface, Anterior.....	\$25
Two Surfaces, Anterior.....	\$35
Three Surfaces, Anterior.....	\$45
One Surface, Posterior.....	\$65
Two Surfaces, Posterior.....	\$80
Three Surfaces, Posterior.....	\$95
Crowns - Porcelain to High Noble Metal..... (cost of precious and semi-precious metal is additional)	\$265
Bonding Labial Veneer - Laboratory.....	\$255*
ROOT CANALS	
Anterior.....	\$130
Bicuspid.....	\$205
Molar.....	\$245

*Members are responsible for additional lab fees for these services.

DENTAL TREATMENT	YOU PAY
PERIODONTICS	
Periodontal Scaling and Root Planing, Per Quadrant.....	\$55
Full Mouth Debridement (complicated cleaning).....	\$65
DENTURES	
Complete Denture - Upper or Lower.....	\$305
Partial Denture - Upper or Lower.....	\$305
ORAL SURGERY	
Single Tooth Extraction.....	\$20
Each Additional Tooth Extraction.....	\$20
Removal of Impacted Tooth	
Soft Tissue.....	\$55
Partial Bony.....	\$75
Complete Bony.....	\$85
Complete Bony, with Complications.....	\$110

OTHER SERVICES	
Local Anesthesia (with operative procedures).....	NO CHARGE

ORTHODONTICS

The following copayments which provide up to 24 months of routine Orthodontics for Class I, II and III services apply to those Participating Orthodontists and Participating General Dentists who perform those services.

8070/8080 Orthodontic Treatment for Children — up to 19 years of age
8070 Orthodontic Treatment for Adults

	Child	Adult
Exam/Evaluation	50.00	50.00
Records/Treatment Planning	150.00	150.00
Orthodontic Treatment	1,950.00	2,150.00
Fabrication and Initial Placement of Retainer	200.00	200.00

Orthodontic Retention for children and adults is provided at a 25% reduction from the Participating Orthodontist's or Participating General Dentist's usual fee.

All procedures listed may not be performed by the Participating General Dentist you select. The copayments shown apply to those DentiCare Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Charges for procedures not listed on the Copayment Schedule, that are performed by your Participating General Dentist, shall be at 80% of your General Dentist's usual and customary charges for such procedures.

Should the services of a specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist, or Pedodontist) be necessary, you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist listed in our Directory. Orthodontic copayments, included in the schedule, apply to Participating Orthodontists and Participating General Dentists who perform those services. All other treatments provided by a Participating Specialist are available at 25% off the Specialist's usual and customary fees. Payment for services performed by a non-participating specialist will be the responsibility of the Member. Specialist services are available only in areas where DentiCare has a Participating Specialist.

Limitations and Exclusions

The Plan does not provide benefits for the following:

1. Cost of hospitalization, pharmaceuticals and general anesthesia.
2. Services which, in the opinion of the Participating Dentist(s) or Specialist(s), are not necessary for the patient's dental health, except for those procedures listed on the Copayment Schedule classified as cosmetic procedures.
3. Services that cannot be performed because of the general health of the patient.
4. Treatment which, in the opinion of the Participating General Dentist, must be performed by a non-participating specialist.
5. Services performed by a non-participating dentist.