



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

Monthly Cost

Employee	\$ 35.00
Employee • One Dependent	\$ 63.00
Employee • Two or More Dependents	\$ 98.00

**Benefit Maximum,
Per Person, Per Policy Year\$1,000**
**Insured Percentage of Allowable Charge
Per Person, Per Policy Year**

	Type I	Type II	Type III
During the 1st Year.....	100%	80%	10%
During the 2nd Year.....	100%	80%	25%
During the 3rd Year and thereafter.....	100%	80%	50%

Deductible, Per Person, Per Policy Year..... \$ 50
This deductible applies to Type II and III Services only. (Waived for Type I Services)

Type I Dental Services:

Including:

- Routine Oral Examinations once every 6 months in a row
- Routine Dental Cleanings once every 6 months in a row (Frequencies combined with Periodontal Maintenance)
- Fluoride Treatment once every 12 months in a row *only for children under age 14*
- Sealants once per permanent molar *only for children under age 16*
- Space Maintainer *only for children under age 16 (includes adjustments within 6 months of installation)*
- Harmful Habit Appliance, once per person *only for children under age 16*
 - Blewing X-Rays - once every 12 months

Type II Dental Services:

Including:

- X-Rays:
 - Complete series - once every 60 months
 - Panoramic - (only considered with the removal of impacted teeth)
 - Other X-Rays (see Certificate of Insurance)

- New Fillings; Replacement Fillings - once every 24 months per Filing
- Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Type III Dental Services:

Including:

- Endodontics (includes root canal therapy)
- Complex Oral Surgery; General Anesthesia and IV Sedation when medically required for such Surgery
- Minor Gum Disease Treatment: (Minor Periodontics)
 - Provisional Splinting, Occlusal Adjustments - once every 12 months
 - Scaling and Root Planing - once every 24 months per area
 - Periodontal Maintenance - once every 6 months (Frequencies combined with Routine Dental Cleanings)
- Major Gum Disease Treatment: (Major Periodontics)
 - Gingivectomy, Osseous Surgery, other major periodontic procedures - once every 36 months per area
- Initial Placement, Replacement and Maintenance of Inlays, Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

Limitations and Exclusions

No benefits are payable for: natural teeth missing on date of insurance; care that is not necessary, not listed under the Schedule of Dental Services in your Group Policy, not professionally endorsed; experimental or cosmetic in nature; care for which there is no legal obligation to pay, not incurred while insured; work-related; TMJ disorders, orthodontics, implants, vertical dimension, bite registration; emergency oral exam; loss due to riot, felony, or assault.

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted to Protective Life Insurance Company for an estimate of benefits payable.

Eligibility

Member or former member of the Georgia National Guard, spouses and unmarried dependent children.

Late Entrants

Failure to act now can cause delay in your benefits. Open enrollment can only occur once every Spring for April 1 effective dates. Premiums are due prior to the month of coverage. All forms submitted by the 15th of the month are effective the first of the following month.

This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy, which alone determines all rights and benefits.