



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

**Monthly Cost**

Employee	\$ 25.00
Employee + One Dependent	\$ 41.00
Employee + Two or More Dependents	\$ 75.00

Benefit Maximum, Per Person, Per Policy Year .....	\$1,000
Insured Percentage of Allowable Charge	
Type I Dental Services .....	100%
Type II Dental Services .....	80%
Deductible, Per Person, Per Policy Year .....	\$50

*This deductible applies to Type II 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*
- ◆ Bitewing 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 Filling
- ◆ Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- ◆ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

**Type II Dental Services(Endodontics & Complex Oral 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)

**OTHER POLICY PROVISIONS**

**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 15<sup>th</sup> 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.*