

SAINT ALPHONSUS PHYSICIAN'S, PA (SAP,PA) – 2009 HIGHLIGHTS

DENTAL PLAN

You have a choice between two dental plan options: the Premier High plan and Premier Standard plan. Shown below is a brief summary of each plan's features, along with your portion of the co-insurance / co-payment responsibility.

DENTAL Plan Highlights	Premier High Plan	Premier Standard Plan
Annual deductible		
Individual	\$25	\$50
Family	\$50	\$100
Preventive services	100% covered (\$0 associate cost)	100% covered (\$0 associate cost)
Basic services	20%	40%
Major restorative services	50%	50%
Orthodontics (to age 19)	50%	Not covered
Maximums		
Per-person annual (non-orthodontics)	\$1,500	\$1,000
Per-person lifetime (orthodontics)	\$1,500	Not covered

*Fluoride treatments are covered once every 12 months to age 14.

*Bitewing x-rays are covered once every 12 months.

DISCLAIMER: The information provided in this handout is designed to assist you with understanding your plan options under Trinity Health's Flexible Benefits Program. It is only an overview and it is not intended to be a comprehensive description of your benefit plan design(s). The summary plan descriptions and official plan documents cover these plans in more detail and should be referred to with inquiries on what services are covered by the plan. Whenever there is a discrepancy between printed materials, the official plan documents will prevail.

To view the official summary plan documents, visit <http://mybenefits.trinity-health.org> and click on your Ministry Organization's link.