

MERCY MEDICAL CENTER, SIOUX CITY – 2009 HIGHLIGHTS

(MMS AND HOMECARE)

DENTAL PLAN

Shown below is a brief summary of the your dental plan's features, along with your portion of the co-insurance / co-payment responsibility.

DENTAL Plan Highlights	Premier Standard
Annual Deductible Individual Family	\$50 \$150
Preventive Services	20%
Basic Services	50%
Major Restorative Services	50%
Orthodontics (to age 19)	Not Covered
Maximums Per Person Annual (non-orthodontics) Per Person Lifetime (orthodontics)	\$800 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.