

TRINITY HEALTH HOME SERVICES, – 2009 HIGHLIGHTS

DENTAL PLAN HIGHLIGHTS

You have the choice of two dental plan options – Premier High plan and Preferred Standard plan. Below is a brief summary of the plan features. The information provided below represents associate co-insurance / co-payment responsibility.

DENTAL Plan Highlights	Premier	Preferred	
		In Network	Out of Network
Annual Deductible			
Individual	\$25	\$25	\$50
Family	\$50	\$75	\$150
Preventive Services	100% covered	100% covered	100% covered
Basic Services	20%	40%	50%
Major Restorative Services	50%	50%	50%
Orthodontics (to age 19)	50%	N/A	N/A
Maximums			
Per Person Annual (non-orthodontics)	\$1,500	\$1,000	\$1,000
Per Person Lifetime (orthodontics)	\$1,500	N/A	N/A

- ◆ Fluoride treatments covered once every 12 months to age 14.
- ◆ Bitewing x-rays 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.