

**DENTAL INSURANCE
SUMMARY OF BENEFITS
CITY OF MENASHA**

Group Number:	1191	Dependents to Age:	25
Effective Date of Program:	March 1, 1991	Full-time Students to Age:	25

COVERED BENEFITS

Payment for procedures provided by dentists for treatment of dental disease or injury will be made on the basis of usual, customary, and reasonable (UCR) fees.

Coverage A	Diagnostic & Preventive Services	80%
Coverage B	Regular Restorative Services	80%
Coverage C(1)	Special Restorative Services	80%
Coverage C(2)	Special Restorative Services	80%
Coverage D	Orthodontic Services	50%
	Limited Oral Surgical Services	

DEDUCTIBLE

Per Person Per Coverage Year	\$ 0.00
Per Family Per Coverage Year	\$ 0.00

MAXIMUM BENEFIT

Per Person Per Coverage Year	\$ 1,500.00
Oral Surgical Services Per Person/ Per Benefit/Year	\$3,000.00
Orthodontic Maximum Benefit Per Person, Per Lifetime	\$ 0.00

After you have satisfied the deductible requirements as stated, the program provides payment at the indicated percentage of fees, up to the maximum stated for each eligible person in each coverage year. A coverage year is a twelve-month period of time over which deductibles (if any) and maximums apply. The coverage year is January 1 through December 31.

SPECIAL CONDITIONS

Orthodontic benefits are included in the individual annual maximum.

Third-Party Administrator:	Delta Dental Plan of Wisconsin P O Box 828 Stevens Point, WI 54481
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