

**CEBT  
VOLUNTARY DENTAL BENEFITS  
WITHOUT ORTHODONTIC COVERAGE**

**Eligible Expenses:** Eligible Dental Expenses are the **reasonable, necessary and customary charges:** If the provider **charges above the reasonable, necessary and customary guidelines,** the member will be responsible for the difference.

**Type I - Preventative Services** Oral exams, prophylaxis, and fluoride treatments, sealants and X-rays.

Deductible	Waved
Coinsurance	80% of R&C

**Type II - Basic Services and** Emergency palliative services, space maintainers, simple extractions, anesthesia restorative fillings, oral surgery, endodontics, periodontics.

Deductible	\$50 Single / \$150 Family
Coinsurance	80% of R&C

**Type III - Major Services** Onlays and crowns, dentures, bridges, prothetic repairs, and other prosthetic devices.

Deductible	Combined with Basic
Coinsurance	50% of R&C

**ANNUAL MAXIMUM** \$1,200

**R&C**

Charges that are considered to be above the Reasonable & Customary (R&C) guidelines, could be the responsibility of the member.

**CEBT Voluntary Dental Benefits:**

1. Employee and dependents can go to any dentist of their choice
2. An employee or dependent may only enroll or drop coverage during the next open enrollment period.
3. An employer must have at least 25% of the eligible employees enroll in the plan in order to have the coverage offered

**Late Entry Restrictions**

If any employee or dependent drops coverage or does not apply when first eligible, he or she must wait at least 24 months to enroll or re-enroll, and then may only enroll during an open enrollment.

**Minimum participation requirements apply. This is a brief description of the program. Certain covered services are subject to other limitations described in the policy. Final interpretation and complete listing and description of any and all benefits, limitations, and exclusions are found in, and are governed by, the Master Policy issued to CEBT and the Participation Agreement. Read the Certificate of Coverage carefully.**