

**CEBT
VOLUNTARY DENTAL BENEFITS
WITH 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%

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

Deductible	\$50 Single / \$150 Family
Coinsurance	80%

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

Deductible	Combined with Basic
Coinsurance	50%

ANNUAL MAXIMUM \$1,200

Type IV - Orthodontia Services Eligible dependent children to age 19. Treatment must be completed prior to age 19.

Coinsurance	50%
Max. Lifetime Benefit	\$1,200

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.

**** Waiting Period**

Waived for orthodontia work in progress; however, we will reduce our lifetime benefit of \$1,200 by the amount of benefits paid by the previous carrier. Dependents that do not currently have work in progress must satisfy the six (6) month waiting period.

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.