



**PARKLAND COLLEGE SUMMARY OF BENEFITS – DENTAL**

**Lifetime Maximum Benefit**

Individual Lifetime Maximum Benefit for Orthodontic Services \$2,000

**Plan Year Maximum Benefit (Per covered person)**

\$2,000

Plan Year Maximum Benefit includes Preventive, Restorative and Major dental services.

**Plan Year Deductible (Excluding medical expenses)**

Single \$0

Family \$0

There is no Plan Year Deductible on this Plan.

**Plan Year Service Limits**

**Limited to:**

Oral Exams (Diagnostic services)	1 every six months
Cleaning of Teeth	2 every 12 months
Full Mouth X-rays	1 every 36 months
Bitewing X-rays	2 series every 12 months
Extra Oral Superior, Inferior Maxillary Films	2 every 12 months
Panoramic Film, Maxilla and Mandible X-rays	1 every 36 months
Fluoride Treatment	1 every 12 months
Space Maintainers	Children under age 14

**Preventive Services**

**You Pay**

Oral Exams	0%
Cleaning of Teeth	0%
Fluoride Applications	0%
Sealants	0%
X-rays (Full-mouth and bitewing)	0%
Emergency Office Visits	0%

**General Services**

Fillings	20%
General Anesthesia	20%
Injectible Antibiotics	20%
Extractions (Erupted teeth, including erupted wisdom teeth)	20%
Endodontic Procedures and Root Canal Therapy	20%
Periodontics	20%
Oral Surgery (Including pre- and post-operative care)	20%
Denture Repairs and Adjustments	20%
Repairs to Crowns and Bridges	20%
X-rays (Associated with restorative care)	20%

**Major Services**

Crowns and Gold Restorations	50%
Bridges	50%
Inlays	50%
Onlays	50%
Full and Partial Dentures	50%
Dental Implants	50%

**Orthodontic Services**

Orthodontics (Plan pays up to \$2,000 per lifetime)	50%
---	-----

Orthodontia benefits are not included in the \$2,000 Plan Year Maximum Benefit limit.