

Group Dental Plan

San Francisco Trial Lawyers Association

- ✓ **NO WAITING PERIODS**
- ✓ Employees can select from all plans within a Group
- ✓ Gold & Platinum Plans pay Endodontics & Periodontics at 90%
- ✓ 24 hour access to your benefit information at www.healthedgeinc.com

SELECTDENT GROUP PLANS				
Participating and Non Participating Providers paid at the applicable Fee Schedule (FMC or Connection Dental)				
	Silver	Gold	Platinum	Benefits
Calendar Year Maximum (3 Per Family)	\$1,000	\$1,500	\$2,000	
Calendar Year Deductible	\$50	\$50	\$50	
Preventative Services No Waiting Period	100%	100%	100% <i>Deductible Waived</i>	Exams – 2 per calendar year Cleanings – 2 per calendar year Bitewing X-rays – 2 per calendar yr Fluoride – 1 per calendar year to age 16.
Basic Services No Waiting Period	50%	90%	90%	Simple Extractions Fillings Space Maintainers Diagnostic X-rays Oral Surgery Endodontics (Root Canal) Periodontics, Nightguards, Scaling 1 per quadrant every 6 months
Major Services No Waiting Period	50%	50%	50%	Bridges Dentures Crowns Sealants to age 16 - \$50 calendar year maximum
Orthodontic Services No Waiting Period Calendar Year Maximum Lifetime Maximum	Not Covered	50% \$350 \$1,000	50% \$500 \$1,500	Straightening of Teeth Dependent children to age 19 only
GROUP PREMIUM RATES				
Employee Only	\$41.50	\$49.51	\$58.91	Rates apply to all of California Rates represent Groups with Prior Coverage. An Additional 10% will be added if no prior coverage.
Employee + Spouse	\$83.01	\$99.01	\$117.82	
Employee + Child(ren)	\$87.20	\$104.03	\$123.71	
Employee + Family	\$120.36	\$143.62	\$170.84	

- Prior extractions not covered unless it includes replacement of a natural tooth lost or extracted while covered under this plan. Limitation ends after covered under this policy for 36 consecutive months.
- Unmarried dependent children are covered from age 19 until their 23rd birthday, if enrolled as full-time students
- Prosthetic replacement – one time every 5 years.

**THIS FORM IS A SUMMARY OF PLAN BENEFITS ONLY –
REFER TO BENEFIT CERTIFICATE FOR COMPLETE BENEFIT DETAILS
INCLUDING LIMITATIONS AND EXCLUSIONS.**