### Diagnostic & Preventive Services
- Oral examinations (once every 6-months)
- Bitewing X-rays (once every 6 months for children to age 18; once every 12 months for adults over age 18)
- Full mouth X-rays (once in a 5-year period)
- Emergency palliative treatment
- Prophylaxis (once every 6-months)
- Fluoride treatment (once every 6-months to age 18)
- Space maintainers (to treat premature loss of primary teeth)
- Application of sealants (on permanent first and second molars with no restorations and the occlusal surface intact; first molars to age 9 and second molars up to age 14; does not include the repair or replacement of a sealant on any tooth within 3 years of application)

### Basic Services
- Restorations (amalgam, synthetic, plastic, or resin fillings)
- Periodontics
- Endodontics
- Oral surgery (surgical procedures including extractions, incision and drainage of abscesses; and administration of anesthesia and post-operative care)
- Crowns, jackets, inlays, onlays, and cast restorations are a benefit only if teeth cannot be restored with amalgam, plastic, or composite restorations (on the same tooth, benefit only once every 5 years)

### IN-NETWORK

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Incentive level</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%, 80%, 90%, 100%</td>
<td>Incentive level</td>
</tr>
</tbody>
</table>

### OUT-OF-NETWORK

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<td>70%, 80%, 90%, 100%</td>
<td>(Fees based on MAC*)</td>
</tr>
</tbody>
</table>

*MAC based on the 100th percentile of the National Dental Advisory Survey Fee Report
## Major Services

- Installation of fixed bridges to replace one or more missing natural teeth (prosthodontic appliances are benefits once every five years)
- Installation of partial dentures and complete dentures if provided to replace missing natural teeth (includes all adjustments made during the 6-month period following installation; prosthodontic appliances are benefits once every five years)
- Installation of precision attachments for removable dentures; repair of full or partial dentures including addition of clasps, rests, or teeth to existing partial removable dentures.
- Rebasing or relining removable dentures (limit twice per year)

### Orthodontia

**Coverage-50%**

- **Maximum benefit/person/calendar year**: $1,500
- **Lifetime maximum orthodontia benefits/person**: $1,250
- **Deductibles**: None
- **Predetermination of benefits**: When a course of dental treatment is expected to exceed $300, predetermination of benefits is recommended. The Dentist should submit a claim form outlining the prescribed course of treatment. CVDP will notify the Dentist and patient of the allowable coverage under this Plan.

### IN-NETWORK

**Coverage -50%**

### OUT-OF-NETWORK

**Coverage – 50%** (Fees based on MAC*)

*MAC based on the 100th percentile of the National Dental Advisory Survey Fee Report*