



ASCENT BENEFITS COMPANY

Individual Plan Options

Options:	Coverage	Plan Green	Plan Blue	Plan Purple	Plan Orange
Annual Maximum <i>(benefit year)</i>		\$2,000	\$1,500	\$1,000	\$1,000
Deductible <i>(benefit year)</i> <i>(per person, applies to all services)</i>		\$50	\$50	\$75	\$100
Covered Dental Services					
Type 1 Preventive Services Exams <i>(limited to 2 per person in a benefit year)</i> Cleanings <i>(limited to 2 per person in a benefit year)</i> Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 16)</i> Space Maintainers <i>(under age 14)</i> Sealants <i>(under age 15)</i>		100%	100%	90%	70%
Type 2 Basic Services Bitewing X-rays <i>(limited to 1 set per person in a benefit year)</i> X-rays <i>(full mouth/panoramic – limited to 1 per person in 60 months)</i> Simple Extractions Fillings		50%	50%	50%	50%
Type 3A Major Services – 12 month waiting period* Gum Disease Treatment Root Canals Surgical Extractions General Anesthesia Denture Relines and Rebases, Adjustments Repairs to Crowns, Dentures and Bridges		50%	50%	40%	30%
Type 3B Major Services – 24 month waiting period* Special Restorative Crowns Complete and partial dentures Fixed Bridgework		50%	50%	40%	30%
Monthly Premium Rates <i>(Three-month premium payment required to enroll)</i>					
Individual Only		\$40.67	\$38.28	\$29.56	\$22.37
Individual + Family		\$94.73	\$89.93	\$70.04	\$52.98

* If within the past 60 days you have been covered under an Ascent Benefits Company group plan, and had at least 12 months of continuous coverage under that plan, waiting periods may be waived. Dentists, employees and dependents of dental offices do not qualify for this plan. For additional benefit information and limitations, please refer to the benefit booklet which is available at: www.ascentbenefits.com

