

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST**  
**VOLUNTARY**  
**DENTAL PLAN DESCRIPTION**

*As of September 1, 2009*

**ELIGIBILITY**

Eligibility will be determined on the same basis as the eligibility provisions of the Egyptian Trust Health Plan. However, late enrollment (enrollment after the person's initial period of eligibility) or transferring between plans is allowed only during an annual enrollment period or within 31 days of a qualifying event.

Dental Coverage	Low Plan	High Plan
<b>Calendar Year Deductible</b> Per Individual Per Family Waived for Preventive Services?	\$50 \$150 No	\$50 \$150 Yes
<b>Percentage Payable (of covered charges)</b>		
<b>Preventive Services</b> (such as oral exams, routine teeth cleaning, fluoride treatments, x-rays)	80%	100%
<b>Basic Services</b> (such as simple extractions, basic fillings, repair of bridges & dentures, recementing crowns & bridges, surgical extractions, general anesthesia & intravenous sedation, endodontics, periodontics)	70%	80%
<b>Major Services</b> (such as crowns, implants, bridges, dentures) <b>See note below.</b>	Not Covered	1 <sup>st</sup> Year: Not Covered 2 <sup>nd</sup> Year: 50% 3 <sup>rd</sup> Year: 50%
<b>Calendar Year Maximum</b>	\$750	1 <sup>st</sup> Year: \$750 2 <sup>nd</sup> Year: \$1000 3 <sup>rd</sup> Year: \$1500
<b>Dependent Child Orthodontia*</b>	<b>Not Covered</b>	<b>Children Only Covered</b>
Calendar Year Deductible Percentage Payable (of covered charges) Calendar Year Maximum Lifetime Maximum <b>*A 12 month waiting period applies to all orthodontia.</b>		\$0/\$0 50% \$500 \$1000

**Rates Effective September 1, 2009**

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COVERAGE TYPE	HIGH PLAN	COVERAGE TYPE	LOW PLAN
Emp. Only	\$27.44	Emp. Only	\$13.26
Emp. + 1 Dependent	\$51.12	Emp. + 1 Dependent	\$26.58
Emp. + 2 or more Dependents	\$76.12	Emp. + 2 or more Dependents	\$48.76