

**COLLIN COUNTY**  
**Dental Plan Summary**  
**January 1, 2012**

Covered Services	Cost
Calendar Year Deductible (Individual/Family)	\$50/\$150
Calendar Year Maximum (Per Person)	\$1,000
Lifetime Orthodontia Maximum (Per Person)	\$1,500
<i>Preventive Services</i> <ul style="list-style-type: none"> <li>• Oral examinations and emergencies</li> <li>• Prophylaxis</li> <li>• Fluoride treatments for children under the age of 19 years</li> <li>• Sealants</li> <li>• Dental X-rays</li> <li>• Appliance therapy for children under the age of 16 years</li> </ul>	Plan pays 80% No Deductible
<i>Basic Services</i> <ul style="list-style-type: none"> <li>• Fillings (Amalgam, Silicate, Acrylic)</li> <li>• Root canal</li> <li>• Periodontic services</li> <li>• Endodontics</li> <li>• Extractions and other oral surgery</li> <li>• Stainless steel &amp; acrylic crowns</li> <li>• Test and laboratory exams</li> </ul>	Plan pays 80% After Deductible
<i>Major Services</i> <ul style="list-style-type: none"> <li>• Gold and porcelain fillings and crowns</li> <li>• Installation of bridgework and crowns</li> <li>• Repair, replacement and maintenance of bridgework and dentures</li> </ul>	Plan pays 50% After Deductible
Coverage Levels	Full-Time Employee Monthly Contribution
Employee Only	\$2.00
Employee & Family	\$24.00
<p>This document is intended as a convenient summary of the major points of this benefit plan. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases.</p>	