

Valassis
2009 Dental Plan Benefits

	PPO		DMO
	Buy Up Plan	Basic Plan	
	In-network	In-Network	In-Network
Annual Deductible			
Individual	\$50	\$50	None
Family	\$150	\$150	None
Preventive Service Covered Percent	100%	100%	Paid according to DMO schedule
Basic Service Covered Percent	80%	50%	Paid according to DMO schedule
Major Service Covered Percent	50%	50%	Paid according to DMO schedule
Annual Benefit Maximum	\$1,500	\$1,000	None
Office Visit Copay	N/A	N/A	\$0
Orthodontic Services	50% (adult and child)	Not covered	Paid according to DMO schedule
			Paid according to DMO schedule
Orthodontic Deductible	\$0	Not covered	None
Orthodontic Lifetime Maximum	\$1,500	Not covered	None
*The deductible applies to: Basic & Major services only			

Partial List of Plan Provisions	PPO		DMO
	Buy Up Plan	Basic Plan	
	In-network	In-Network	In-Network
PREVENTIVE - Deductible does not apply			
Oral examinations (a)	100%	100%	100%
Cleanings, including scaling and polishing (a) Adult/Child	100%	100%	100%
Fluoride (a)	100%	100%	100%
Sealants (permanent molars only, once every 3 years) (a)	100%	100%	\$10.00 Co-Payment
Bitewing X-rays (a)	100%	100%	100%
Full mouth series X-rays (a)	100%	100%	100%
Space maintainers	100%	100%	100%
BASIC - Coverage is after deductible is met			Paid according to DMO schedule, see www.valassisbenefits.com for schedule
Root canal therapy, with X-rays and cultures			
Anterior teeth/Bicuspid teeth	80%	50%	
Amalgam (silver) fillings	80%	50%	
Composite fillings (anterior teeth only)	80%	50%	
Stainless steel crowns	80%	50%	
Scaling and root planing (a)	80%	50%	
Gingivectomy	80%	50%	
Incision and drainage of abscess	80%	50%	
Uncomplicated extractions	80%	50%	
Surgical removal of erupted tooth	80%	50%	
Surgical removal of impacted tooth (soft tissue)	80%	50%	
TMJ/Occlusal guard and palliative treatment only	80%	50%	
MAJOR - Coverage is after deductible is met			Paid according to DMO schedule, see www.valassisbenefits.com for schedule
Root canal therapy, molar teeth, with X-rays and cultures	80%	50%	
Osseous surgery (a)	80%	50%	
Surgical removal of impacted tooth (partial bony/full bony)	80%	50%	
General anesthesia/intravenous sedation	80%	50%	
Inlays (except stainless steel)	50%	50%	
Onlays (except stainless steel)	50%	50%	
Crowns	50%	50%	
Full & partial dentures	50%	50%	
Denture repairs	80%	50%	
Pontics	50%	50%	

(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.

NOTE: This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Consult your plan documents to determine governing contractual provisions, including procedures, exclusions, pre-certification requirements and limitations relating to our plan.