



## HENDRIX COLLEGE VOLUNTARY GROUP DENTAL PLAN V- L

### Benefits

#### **A - Diagnostic & Preventive Services:**

Routine Periodic Exams  
X-Rays  
Fluoride Treatment  
Prophylaxis (Cleaning)  
Sealants

### Coverage (%)

100%  
(no deductible)

#### **B - Basic Services:**

Fillings – Composite Resin  
Endodontics (Root Canals)  
Simple Extractions  
Nonsurgical Periodontics (Gum Treatment)  
Oral Surgery (Surgical Extractions)

80%  
(after deductible)

#### **C - Major Services:**

Inlays, Onlays,  
Crowns & Bridges  
Dentures, Full or Partial  
Surgical Periodontics  
Implants

50%  
(after deductible)

#### **Deductibles & Annual Maximum:**

\$50 Per Calendar Year Deductible Per Member (3 x Family Max.) – Waived on Diagnostic & Preventive Services  
\$1,500 Per Calendar Year Maximum Per Member

**Includes Calendar-Year Maximum Rollover Benefit – this feature allows members to rollover a portion of their unused calendar-year maximum for future use.**

- Minimum employee participation is the greater of 10 contracts or 20% of eligible employees.

This outline is only a guide. This description is not legally binding. The controlling terms of the Plan are set forth in the Benefit Certificate incorporated in the Arkansas Blue Cross and Blue Shield Group Insurance Contract. Any discrepancies between this outline and the Benefit Certificate will be resolved in favor of the Benefit Certificate.

TIER	RATES
Employee Only	\$37.90
Employee + 1	\$66.10
Employee & Family	\$94.70