

SIHO DENTAL INSURANCE DESIGNS

| Services | Paramount Plan | Preferred Plan | Standard Plan | Value Plan |
|---|----------------|----------------|---------------|-------------|
| Calendar Year Deductible | NONE | NONE | NONE | NONE |
| Plan Year Benefit | \$1,500 | \$1,250 | \$1,000 | \$750 |
| Lifetime Orthodontia Maximum | \$1,000 | \$1,250 | \$1,000 | N/A |
| Preventive Services <ul style="list-style-type: none"> Oral Exam (2 per calendar year) Routine Cleanings (2 per calendar year) Fluoride Treatment for Children up to age 16 (2 treatments per calendar year) Space Maintainers for Children Topical Sealants for unrestored molar teeth (1 treatment for Children in a 3 year period) | 100% | 100% | 100% | 100% |
| Diagnostic Services <ul style="list-style-type: none"> Bitewing X-Rays (once every 12months) Full Mouth (one every 3 years) | 100% | 100% | 80% | 60% |
| Basic Services <ul style="list-style-type: none"> Amalgam, Silicate & Composite Fillings Stainless Steel Crowns Simple Extractions Repairs of dentures, bridgework, and crowns (one every 2 years) | 80% | 80% | 60% | 50% |
| Major Services <ul style="list-style-type: none"> Oral Surgery & Complex Extractions Periodontal Therapy Endodontic Therapy Full & Partial Dentures Implants as an Alternate Procedure Crowns Bridges | 50% | 80% | 60% | 50% |
| Orthodontia (for children under age 19) | 50% | 50% | 50% | Not Covered |
| Employee Only: | \$33.29 | \$34.15 | \$29.04 | \$26.29 |
| Employee + Spouse: | \$69.91 | \$71.73 | \$60.96 | \$55.20 |
| Employee + Child(ren): | \$87.35 | \$89.58 | \$76.15 | \$68.94 |
| Employee + Family: | \$122.81 | \$126.04 | \$107.14 | \$97.00 |