



Ohio Oil and Gas Association

Group Number 902-14-32500-000

Program Deductible Per Individual Family Limit Waived for Type I Services	\$100 Lifetime No Limit No
Type I Preventive Services	100% oral exams, cleanings (two per 12 months), bitewing X-rays (one per 12 months)
Type II Basic Services Benefit Waiting Period	80% space maintainers, fillings, pain treatment, sealants, full mouth X-rays None
Type III Major Services Benefit Waiting Period	50% anesthesia, endodontics, simple and surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants 12 months
Contract Year Maximum	\$1,000
Type IV Orthodontia	Not Available
Takeover Benefit	Preferred*

**Preferred Takeover — The waiting period(s) for existing employees, including those who weren't on the prior plan, will be waived. The prior dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. All waiting periods will apply to future new employees.*

Disclaimer: This is a summary of benefits only. Please refer to the policy for comprehensive benefit details. Payment is based upon allowable charges in the area in which service is rendered. Any dentist charge above the allowable charge is not a covered expense.

Monthly Rates

Employee \$ 28.92 | Employee plus spouse \$ 57.83 | Employee plus child(ren) \$ 57.99 | Employee plus family \$ 88.09

Rates are guaranteed for 12 months.

