

Benefit Category	Qualifications	BASE PLAN		HIGHER PLAN	
		POINT 32	PRINCIPAL	POINT 32	PRINCIPAL
Benefit Maximum per Calendar Year		\$1,500 / member	\$1,000 / member	\$2,000 / member	\$1,000 / member
Annual Deductible		\$50 (i) / \$150 (f)	\$50 (i) / \$150 (f)	\$50 (i) / \$150 (f)	\$50 (i) / \$150 (f)
Preventive & Diagnostic Covered Services		Plan pays:	Plan pays:	Plan pays:	Plan pays:
Periodic Oral Exams	Twice per calendar year	100%	100%	100%	100%
Prophylaxis	Twice per calendar year	100%	100%	100%	100%
Bitewing X-rays	Twice per calendar year	100%	100% (once)	100%	100% (once)
Periapical X-rays	Four films per calendar year	100%	100%	100%	100%
Full Mouth X-Rays	One per 60 months	100%	100%	100%	100%
Topical Fluoride	Twice per calendar year up to age 19	100%	100% (age 14)	100%	100% (age 14)
Sealants	Two per tooth per lifetime up to age 19	100%	80%	100%	80%
Space Maintainers	Space maintainers for premature loss of a primary rooth up to age 16	100%	not specified	100%	not specified
Basic Restorative Covered Services					
Fillings - Composite and Amalgam	Once every 24 months per tooth	80%	80%	80%	80%
Emergency Palliative Treatment	Only if services other than exam and x-rays were performed	80%	80%	80%	80%
Oral Surgery - Simple Extractions	One per tooth	80%	0%	80%	50%
Oral Appliances for Treatment of Bruxism		80%	not specified	80%	not specified
Endodontics					
Root Canals / Pulpal Therapy	One treatment per tooth in any 2-year period	80%	0%	80%	
Periodontics					
Scaling and Root Planing	Once in 24 months, per quadrant from age 21	80%	0%	80%	80%
Non-Surgical / Surgical (root planing & therapy)	Once in 24 months, per quadrant from age 21	80%	0%	80%	80%
Oral Surgery					
Extraction of Impacted Teeth		80%	0%	80%	50%
Major Restorative Covered Services					
Prostodontics - Bridges & Dentures	One replacement within 84 months	50%	0%	50%	50%
Crowns / Inlays / Onlays	After the first 12 months of insertion and per 12 months per tooth thereafter	50%	0%	50%	50%
Implants	Once per tooth per 60 months, age 16 or older	50%	0%	50%	50%
Orthodontia					
To age 19 or To Any Age		50%	not covered	50%	50%
Orthodontia Lifetime Maximum		\$1,500	not covered	\$1,500	\$1,000
RATES					
	Employee	\$32.50	\$27.52	\$57.28	\$53.52
	Employee + Spouse	\$65.01	\$61.16	\$114.55	\$120.85
	Employee + Child(ren)	\$81.26	\$70.25	\$143.19	\$114.21
	Family	\$113.77	\$109.84	\$200.47	\$185.03

*NOTE: The rates shown for Principal are the rates from last year (i.e., effective thru June 30, 2024).

The rates shown for Point 32 are the rates that would be effective July 1, 2024 thru June 30, 2025.