

2009 NCAR PREFERRED DENTAL PLAN

Type A Diagnostic and Preventative 100% of UCR charges No Deductible

- Clinical Oral Examinations – Maximum of 2 procedures per 12 months.
- Dental Prophylaxis – Maximum of 2 procedures per 12 months.
- Bitewing X-rays – Maximum of 1 set per 12 months, set includes up to 4 films.
- Fluoride Treatments – Limited to dependent children under the age of 16. Maximum of 1 procedure per 12 months.
- Sealants – Limited to dependent children under the age of 16. Maximum of 1 procedure per lifetime, applications made to permanent molar teeth only.
- Space Maintainers – Limited to dependent children under the age of 16 – for the premature loss of a primary tooth.

Type B Basic Care 80% of UCR charges Subject to \$50 Deductible

- Amalgam Restorations – Replacement of an existing only if in place for 24 months.
- Resin Restorations – Anterior - replacement of an existing only if in place for 24 months.
- Maintenance Prosthodontics – Adjustments and repairs to dentures and fixed bridges. Limited to adjustments and repairs performed more than 12 months after initial insertion.
- Emergency Care Treatment – Maximum of 1 procedure per 12 months.
- Full Mouth X-rays – including panoramic films – Maximum of 1 procedure in a 5 year period.
- Extractions (Simple) – Includes local anesthesia, suturing, if needed, and routine follow-up care.
- Endodontics – Pulpotomy – limited to dependent children under age 14; apicoectomy – Maximum of 1 procedure per lifetime; retrograde fillings – Maximum of 1 procedure per lifetime; root canal therapy – Maximum of 1 procedure per 24 months.

Type C Major Restorative 50% of UCR charges Subject to \$50 Deductible

- Crowns Gold Inlays and Onlays – Benefits are provided only when the tooth, as the result of extensive decay or accidental injury, cannot be restored with a direct placement restoration. Maximum of 1 procedure in a 7 year period. Benefits will be based on the benefit for the corresponding non-cosmetic restoration.
- Prosthodontics – Complete or partial dentures, replacements limited to more than five years after prior placement. Bridge, pontics, and abutment crowns, replacements limited to more than 7 years after the initial placement.
- Extractions (Surgical) – Includes impactions, residual roots, and unerupted teeth.
- Oral Surgery – Includes pre-operative and post-operative care.
- Anesthesia – Only in conjunction with eligible complex oral surgery procedures and subject to review.
- Periodontics – Adjunctive Services – Scaling and root planning, 1 procedure per 24 months, per quadrant. Periodontal prophylaxis, limited to two prophylaxis procedures in a 12-month period.
- Periodontics – Surgical Services – Maximum of 1 procedure per 36 months, per quadrant.

**Annual Maximum Benefit for Types A-B-C for each Insured Person
is \$1,200 per Calendar Year**

Monthly Rates

Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family
\$35	\$70	\$70	\$90	\$115

Managed by the National Association of Workplace Programs

This plan is administered by Fidelity Capital Management Inc., a partner with NCAR. To learn more about our services please visit www.fcmrealtorbenefits.com or give us a call at 919-876-9610