

NOVA DENTAL INSURANCE COVERAGE **Effective January 1, 2011**

Calendar Year Benefit Per Family Member: \$1,000.00

Deductible: None

Preventive Services Covered At 100%
Of NOVA Negotiated Rate for the following types of services:

Initial/Periodic Exams	Bitewing X-Rays
Cleanings	Full Mouth X-Rays – Once every 3 years
Fluoride – 1/year to age 18	Pulp Vitality Test
Sealants – 1/tooth/year to age 18	

Basic Services Covered At 65%
Of NOVA Negotiated Rate for the following types of service:

All Other X-Rays	Oral Surgery
Endodontics	Periodontics
Fillings	Simple Extractions

Major Services Covered At 40%
Of NOVA Negotiated Rate for the following types of services:

Bridges	Dentures
Crowns	Inlays/Onlays

Example of Benefits with treatment received from In-Network Dentist vs. Out of Network Dentist

In-network Dentist bills \$150 for covered preventative services rendered. NOVA negotiated rate and payment is \$100. In-network dentist must accept the \$100 as payment in full and discount the additional \$50. Cost to member at in-network provider = \$0.

Out of network dentist bills \$150 for covered preventative services rendered. NOVA negotiated rate and payment is \$100. Out of network will bill patient the additional \$50. Cost to member for same services at out of network provider = \$50.

Summary Plan Document is currently being developed and will be distributed to all members upon completion.

Please note: Orthodontia is not a covered benefit.