

**IMG DENTAL PLAN I
SUMMARY OF DENTAL BENEFITS
OFFERED WITH THE MISSION + PLUS INTERNATIONAL® MEDICAL PLAN**

Maximum Payment US\$1,000 per person per calendar year for Class A , B , & C Benefits.

CLASS A	Dental Plan Pays	Patient Pays
Diagnostic and Preventive Services (Includes oral examinations, prophylaxes and topical applications of fluoride)	100%	0%
Emergency Palliative Treatment (Nonspecific treatment employed by dentists on an emergency basis to temporarily relieve pain.)	100%	0%
CLASS B		
Radiographs (X-rays, as required or in conjunction with the diagnosis of a specific condition.)	80%	20%
Oral Surgery (Extractions and other surgical dental procedures employed by dentists, including pre-operative and post-operative care.)	80%	20%
Endodontics (Procedures employed by dentists for the treatment of teeth with diseased or damaged nerves (for example, root canals).)	80%	20%
Periodontics (Procedures employed by dentists for the treatment of diseases of the gums and supporting structures of the teeth.)	80%	20%
Minor Restorative Services (Services employed by dentists to rebuild, repair or reform the tissues of the teeth. Restorative services include, but are not limited to, those listed below: Minor restorative services include amalgam and resin restorations and relines and repairs to prosthetic appliances.)	80%	20%
CLASS C		
Prosthodontics (Services and appliances such as bridges, partial dentures and complete dentures that replace missing natural teeth.)	50%	50%
Major Restorative Services (Services employed by dentists to rebuild, repair or reform the tissues of the teeth. Restorative services include, but are not limited to, those listed below: Major restorative services include cast restorations crowns and are covered only when the teeth cannot be restored with another filling material.)	50%	50%

EXCLUSIONS AND LIMITATIONS

The benefits described are subject to certain exclusions and limitations that protect your group from unnecessary or inappropriate expenses. Because much dental care is elective, a dental program that provided coverage for every service would be prohibitively expensive. Contractual exclusions and limitations are necessary in every group contract to make dental coverage affordable.

You may contact us for further clarifications and explanations. 1-703-668-0142 or 1-866-INSU-BUY.

DEDUCTIBLE LIMITATIONS

\$50 deductible per person total per calendar year limited to a \$150 family maximum deductible per calendar year on the balance of *Class B* and *Class C* Benefits. The deductible does not apply to the services covered at 100%.