



GANNON UNIVERSITY

Diagnostic/Preventive Services	*
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- *First 12 months of enrollment is payable at 80% of BAI Allowances
- *Year 2 and thereafter is payable at 100% of BAI Allowances

Routine Oral Examinations (once every 6-consecutive months)
Routine X-rays (Bitewings once every 6-consecutive months under age 19; and age 19 and over once every 12 months)
Full Mouth Series or Panorex x-ray, accompanied by Bitewings, are limited to full-mouth series allowance (1 in 60 months)
Fluoride Treatments under age 19 (once every 6-consecutive months)
Prophylaxis (once every 6-consecutive months)
Sealants once per tooth in 36 months(thru age 10 on unfilled permanent 1st molars; thru age 15 on unfilled perm. 2nd molars)
Palliative emergency treatment
Space Maintainers under age 19

Primary Services	*
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- *First 12 months of enrollment is payable at 75% of BAI Allowances
- *Year 2 and thereafter is payable at 100% of BAI Allowances

Fillings (posterior composite allowed)
Endodontics (root canal therapy)
Repairs to Dentures
Oral Surgery
General Anesthesia for covered complex Oral Surgery when medically necessary
Non-surgical Periodontics (treatment of gum disease)

Major Restorative Services	*
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- *First 12 months of enrollment is payable at 25% of BAI Allowances
- *Year 2 and thereafter is payable at 75% of BAI Allowances

Periodontal Surgery
Crowns, Inlays, Onlays (Replacements are limited to once in 5 years)
Prosthodontics (bridges, partial and complete dentures) (Replacements are limited to once in 5 years)
No Missing Tooth Clause

Deductible applies to Primary/Major Services during first 12 months of coverage only	\$50 Ind./\$150 Family
Maximum Benefit Per Person for all services per Calendar Year	\$1,500
Orthodontics	Not covered
Orthodontic Lifetime Maximum Benefit	Not covered

THIS IS A SUMMARY OF BENEFITS ONLY. POLICY PROVISIONS DETERMINE ALL COVERED DENTAL SERVICES AND BENEFITS INCLUDING EXCLUSIONS, LIMITATIONS, ETC.