



Monthly Rates

EP505

Employee	\$36.00
Employee + One	\$66.00
Employee + 2 or more	\$104.00

One Source Business Solutions

	Coverage Available	In Network	Out of Network*
Type I – Diagnostic & Preventive Services	Oral Exam (one every 6 months) Prophylaxis (cleaning, once per six months) Topical Fluoride (children under age 16, once per 12 months) Sealants (1 per 3 year period; limited to children under 16 for non-carious molars) X-Rays (limitations apply)	100%	100%
Type II – Basic Services	Simple Restorative (amalgam, synthetic or composite fillings) Non-surgical Periodontics Non-surgical Tooth Extraction Space Maintainers (limited to children under age 16)	80%	80%
Type III – Major Services	Major Restorative Bridge (crowns, inlays/outlays) Endodontics (root canal) Surgical Tooth Extraction Prosthetics Repair (bridge, denture) Repair Surgical Periodontics (includes treatment of disease of the gum) Emergency Palliative Treatment	50%	50%
Type IV – Orthodontic Services	Orthodontics (Dependent children 18 years of age or younger)	50%	50%
	Coverage Available	In Network	Out of Network*
Calendar Year Deductible (Maximum 3 per Family)	Type I Type II, III, IV	None \$50	None \$50
Calendar Year Maximum Benefit	Type I, II, III Type IV	\$1,000 \$500	\$1,000 \$500
Lifetime Maximum Benefit	Type I, II, III Type IV	Unlimited \$1,000	Unlimited \$1,000
Waiting Periods**	Type I, II	No Waiting Period	No Waiting Period
	Type III, IV	No Waiting Period (True Group, 75%+ participation)	No Waiting Period (True Group, 75%+ participation)