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## ESC-20 Benefit Cooperative

## SUMMARY OF BENEFITS

2008

	<b>SILVER DISCOUNT PLAN</b>
	<b>In-Network Benefits Only</b>
<b>Preventive</b> Routine exams, cleanings (2 per calendar year), topical fluoride, x-rays	<b>Up to 90% Fee Reduction</b>
<b>Basic</b> Fillings, extractions, and oral surgery	<b>Up to 60% Fee Reduction</b>
<b>Major</b> Crowns, bridges, dentures and endodontics and periodontics	<b>Up to 50% Fee Reduction</b>
<b>Orthodontics</b>  Children and Adults: Lifetime Max:	<b>20% Discount</b> <b>No Maximum</b>
<b>Maximum Benefit</b> <i>(Per Calendar Year)</i> Preventive, Basic and Major services per person per year.	<b>No Maximum</b>
<b>Deductible</b> <i>(Per Calendar Year)</i>  Per Person: Family Max:	<b>\$0</b>
<b>Specialists</b> Endodontists, Oral Surgeons, Orthodontists, Periodontists, Prosthodontists, Pediatric Specialists*.	<b>20% Discount</b>

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and in the case of a discrepancy, the plan documents apply. Please refer to the Group Certificate Booklet for a complete description of benefits, limitations and exclusions.