



Hopewell Center, Inc.

Dental Benefit Plan Summary-



DENTAL SERVICES- Separate Election Required	
Calendar Year Maximum per Covered Person <i>(all services combined)</i>	\$1,500
Orthodontia Lifetime Maximum for all Covered Persons	\$1,500
Calendar Year Deductible	None
Covered Dental Services	Diagnostic and Preventive Services – 100% paid by Plan General/Restorative (fillings) – 80% paid by Plan Specialty (Endodontic/Periodontal) – 80% paid by Plan Prosthodontic (Crowns/Dentures)- 50% paid by Plan Orthodontia (Dependent to age 19 only) – 50% paid by Plan