



<b>Individual:</b>			
<b>Individual +1:</b>			
<b>Family:</b>			
<b>Deductible:</b>			
<b>Max. Annual Benefit:</b>			
<b>Cleaning:</b>			
<b>X-ray:</b>			
<b>Filling:</b>			
<b>Root Canal:</b>			
<b>Crown:</b>			
<b>Oral Surgery:</b>			
<b>Extractions:</b>			
<b>Dentures   Bridges:</b>			
<b>Implants:</b>			
<b>Orthodontia:</b>			
<b>Vision Benefit:</b>			
<b>Plan Highlights:</b>			
<b>Application Fee:</b>			
<b>Effective Date:</b>			
<b>Dentist Search:</b>			
<b>Plan Brochure:</b>			