

Your Dental Plan Options



You may keep the same plan design you now have or choose our new lower cost 'Low Plan' option. You may still visit **any dentist** you choose!

High Plan (Current Plan Design)	Low Plan (NEW option)
\$2,000 Annual Maximum All Procedures	\$1,000 Annual Maximum Preventive Procedures do not reduce this maximum*
No Deductible	\$25 Deductible (waived for Preventive Procedures)
Preventive – Covered at 100%	Preventive – Covered at 100%
Oral Exams & Cleanings – 2 per calendar year	Oral Exams & Cleanings – 2 per calendar year
Topical Fluoride Application – 1 per calendar year (Adult & Child)	Topical Fluoride Application – 1 per calendar year (Child only)
Bitewing X-rays - 1 set per calendar year	Bitewing X-rays - 1 set per calendar year
Full Mouth X-rays – 1 per 60 months	Full Mouth X-rays – 1 per 60 months
Palliative (Emergency Treatment)	Palliative (Emergency Treatment)
Oral Cancer Screening	Oral Cancer Screening – NOT COVERED
Basic – Covered at 60%	Basic – Covered at 50%
Fillings – Amalgam & Resin	Fillings – Amalgam & Resin
Periodontal Services (gingivectomy, gingivoplasty, osseous surgery, scaling, and root planing)	Periodontal Services (gingivectomy, gingivoplasty, osseous surgery, scaling, and root planing)
Periodontal Maintenance after Therapy – 4 per year (less number of cleanings received)	Periodontal Maintenance after Therapy – 2 per year (less number of cleanings received)
Periodontal Surgery	Periodontal Surgery
Simple & Surgical Extractions/Oral Surgery	Simple & Surgical Extractions/Oral Surgery
Endodontics/Root Canals	Endodontics/Root Canals
General Anesthesia	General Anesthesia
Consultations	Consultations
Denture Repair	
Major – Covered at 50%	Major – Covered at 50%
Bridges & Dentures– Replace once every 5 years	Bridges & Dentures – Replace once every 5 years
Denture Relining, Rebasing & Adjustments	Denture Repair, Relining, Rebasing & Adjustments
Tissue Conditioning	Tissue Conditioning
Crowns – 1 per tooth every 5 years	Crowns – 1 per tooth every 5 years
Implants	Implants – NOT COVERED

Monthly Rates	High Plan	Low Plan
Member Only	\$ 47.76	\$ 36.12
Member & Child(ren)	\$ 74.40	\$ 70.56
Member & Associate **	\$ 95.52	\$ 72.24
Member & Spouse	\$ 107.48	\$ 86.56
Member, Spouse & Child(ren)	\$ 133.68	\$ 119.96

* This means you can have 2 cleanings and exams and still have \$1000 left for any Basic or Major procedures.

** Associate is a dues-paying spouse of an active NCRGEA Member.

This highlight sheet contains a sample listing of procedures. See your dental certificate for a full listing of procedures, frequencies, and exclusions.