



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